



1st Primary Health Care Congress 2023 Abstract Book



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Word from Co-chairs

Welcome to our inaugural Primary Health Care (PHC) Congress in Africa, held at Amref International University's main campus along Langata Road in Nairobi. Since the early 1960s, Amref Health Africa has been leading programs in PHC. This was long before the Alma Ata Declaration of 1978. Forty-five years after the declaration, the PHC Agenda is yet to be fully actualized. The implementation of PHC in Africa has especially been hampered by lack of evidence, context relevance, and limited involvement of communities.

Amref International University (AMIU), the research and training arm of Amref Health Africa in collaboration with the Kenya Ministry of Health, local and global stakeholders have taken up the challenge of convening the 1st Primary Health Care Congress in Africa. Through the theme, Aligning Practice to evidence in strengthening PHC for lasting health change in Africa, the Congress will deliberate on the extent to which PHC practices in Africa are evidence-based and share new evidence for improving the same

The three-day convening brings together scholars, researchers, health professionals primary health care leaders, and implementers to deliberate on Primary Health Care in Africa and interrogate if our systems are advised by evidence. Through the conference's five scientific tracks: Evidence-based community approaches - models that strengthen equitable access to PHC services; Social determinants of health; Priority PHC service delivery interventions that transform the health of communities; Interventions to leverage emerging global issues to improve PHC and Evidence for systems strengthening: Social accountability, Health leadership, and management; Health financing and entrepreneurship scholars will share the latest findings and discuss the gaps.

Further, the congress hosts more than ten (10) partner-led panel sessions in diverse areas of Primary Health Care and engages the delegates on new and disruptive innovations in service delivery. The sessions challenge delegates to think and act towards evidence-based PHC systems in Africa. Exhibitors will engage delegates on the innovations that promote access to quality Primary Care.

On behalf of the 1st Primary Health Care Congress 2023 Organising Committee, we are pleased to bring you opportunities to learn, share, discuss, collaborate, inspire and contribute in shaping Primary Health Care systems in Africa through research.

Prof Joachim Osur, Vice Chancellor, AMIU - Chair

Dr Alice S Lakati Director, RICE, AMIU - Co-Chair

Congress Themes and Sub-themes

Theme: Aligning practice to evidence in strengthening PHC for lasting health change in Africa

Sub-themes

- Evidence-based community approaches - models that strengthen equitable access to PHC services
- Social determinants of health - evidence-based interventions that improve health in communities
- Priority PHC service delivery interventions that transform the health of communities (RMNCAH, mental health, NCDs)
- Interventions to leverage emerging global issues to improve PHC: Climate change; Advances in technology; Global health security
- Evidence for systems strengthening: Social accountability, health leadership, and management; health financing and entrepreneurship

Congress Dates: 29th November to 1st December 2023

Overview

It has been 45 years since the landmark 1978 Alma-Ata Declaration, which defined Primary Health Care (PHC) as “essential healthcare based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford¹.”

The goal of PHC is to provide better health services for all, making it an integral part of a country’s health system and the central function for the community’s overall social and economic development. The aim is to achieve the highest possible level of health and well-being, ensuring equitable distribution and a sustainable healthy life without financial burden on patients.

Despite the promulgation of the PHC agenda after the Alma-Ata Declaration, its actualization has remained elusive. The declaration outlined eight key elements and four pillars necessary to support the actualization of the vision of improved health outcomes for the population. The eight elements include (1) Health education; (2) Nutritional promotion including food supply; (3) Supply of adequate safe water and sanitation; (4) Maternal and child health care; (5) Immunization against major infectious diseases; (6) Prevention and control of endemic diseases; (7) Appropriate treatment of common diseases and injuries; and (8) Provision of essential drugs¹. The four pillars emphasized Community Participation, Inter-sectoral Coordination, Appropriate Technology, and the availability of Support Mechanism. Additional declarations such as the Abuja Declaration, Maputo Declaration, Ouagadougou Declaration and Bamako Declaration have also been made. These notwithstanding, the PHC agenda is yet to be fully realized, and the scientific foundation of PHC requires further examination. The implementation of PHC in Africa has been hindered by the lack of evidence, contextual relevance, and limited community involvement. Much of the researches that informs PHC is not Africa-led, and even when evidence is generated within Africa, its translation to programs and policy remains dismal. In light of these challenges, Amref International University has taken the initiative to convene research partners, programme implementers, policy makers and other stakeholders from Africa and beyond to deliberate on the extent to which PHC practices in Africa are

¹ The knowledge, ability, and skills of primary health care providers in SEANERN countries: a multi-national cross-sectional study | BMC Health Services Research | Full Text (biomedcentral.com)

evidence-based and to share recent evidence that can enhance PHC practice.

The goal of primary healthcare is to promote communities' access to the highest possible level of health and well-being through equitable distribution by concentrating on the public needs for a sustainable healthy life without any financial burden on patients. This includes access to promotive, preventive, curative, rehabilitative and palliative health services over the course of an individual's lifetime. This inaugural Primary health Care Congress 2023 has carefully identified five subthemes that put emphasis on the importance of generating evidence for PHC while focusing on day-to-day issues affecting PHC as enumerated by practitioners.

Congress Committees

Organizing Committee

Name	Institution	Role
Prof Joachim Osur	Amref International University	Chair
Dr Alice Lakati	Amref International University	Co-chair
Patrick Okwarah	Amref International University	Secretary
Prof George Ayodo	Jaramogi Oginga Odinga University of Science and Technology	Member
Beatrice Mukusa	Amref International University	Member
Betty Buyuka	Amref International University	Member
Nicky Blundel	Amref Alumni	Member
Dr Daniel Ochiel	African Population and Health Research Centre (APHRC)	Member
Peter Ofware	Health Right	Member
Dr Dancan Irungu	Amref International University	Member
Dr Dickens Omondi	Jaramogi Oginga Odinga University of Science and Technology	Member
Dr Essam Said	Nairobi City County	Member
Gilbert Bwire Wangalwa	Amref Health Africa	Member
Dr Mercy Mwangangi	Amref Health Africa	Member
Priscilla Ngunju	Amref International University	Member

Scientific Committee

Name	Institution	Role
Dr. Alice Lakati	Amref International University	Chair
Prof George Ayodo	Jaramogi Oginga Odinga University of Science and Technology	Co-chair
Dr Josephat Nyagero	Amref International University	Member
Dr Dickens Omondi	Jaramogi Oginga Odinga University of Science and Technology	Member
Dr Dan Onguru	Jaramogi Oginga Odinga University of Science and Technology	Member
John Okere	Health Right, Kenya	Member
Dr Shehu Awandu	Jaramogi Oginga Odinga University of Science and Technology	Member
Dr Essam Saida	Nairobi City County	Member
Dr Peninah Masibo	University of California San Francisco	Member
Dr Shiprah Kuria	Amref Health Africa	Member
Mr Samuel Muhula	Amref Health Africa	Member
Mr Jarim Omogi	Amref International University	Member
Dr Malkia Abuga	Community Health Services Officers Association	Member
Name Ogenya	Community Health Services Officers Association	Member
Yvonne Opanga	Amref Health Africa	Member

Abstract Reviewers

Dr Alice Lakati	Amref International University	Chair
Prof George Ayodo	Jaramogi Oginga Odinga University of Science and Technology	Co-Chair
Dr Damaris Ochanda	Masinde Muliro University of Science and Technology	Member
Dr Shehu Awandu	Jaramogi Oginga Odinga University of Science and Technology	Member
Dr Dickens Omondi	Jaramogi Oginga Odinga University of Science and Technology	Member
Dr Malkia Abuga	Community Health Services Officers Association	Member
Dr Josephat Nyagero	Amref International University	Member
Dr Esther Osir	Jaramogi Oginga Odinga University of Science and Technology	Member
Dr Shiphrah Kuria	Amref Health Africa	Member
John Okere	Health Right, Kenya	Member
Dr Dan Onguru	Jaramogi Oginga Odinga University of Science and Technology	Member
Dr Chifundo Msokera	Global Health Network	Member
Mr Samuel Muhula	Amref Health Africa	Member
Beatrice Mukabana	Masinde Muliro University of Science and Technology	Member
Dr Hams Bashiri	Global Health Network	Member
Jarim Omogi	Amref International University	Member
Daniel Karenga	Amref Health Africa	Member
Dr Nixon Amuomo	Rongo University	Member

Yvonne Opanga	Amref Health Africa	Member
Dr Joshua Agolla	Jaramogi Oginga Odinga University of Science and Technology	Member
Dr Peninah Masibo	University of California San Francisco	Member
Dr Cynthia Waliaula	Amref Health Africa-Kenya	Member
Madalitso Tolani	Amref Health Africa-Malawi	Member
Benard Guyah	Maseno University	Member
Dr Lucy Njiru	Amref International University	Member
Dr Michael Mutabazi	Amref International University	Member
Edward Omondi	Amref Health Africa	Member

Congress Secretariat

Patrick Okwarah	Amref International University	Chair
Saida Mjema Kassim	Amref Health Africa	Co-Chair
Dr Lydiah Atambo	Amref International University	Co-Chair
Moses Sadia	Jaramogi Oginga Odinga University of Science and Technology	Member
Ezekiel Chepkuyeng	Alumni Amref International University	Member
Dr. Vivian Manyeki	Amref International University	Member
Julia Ombese	Amref International University	Member
Dr Ahmed Salat	Amref International University	Member
Yvonne Lanco	Amref International University	Member
Josephine Orare	Alumni-Amref International University	Member
Joseph Wasonga	Amref International University	Member

Partners

- Africa Society of Sexual Medicine
- Africa Population and Health Research Centre
- Bela Risu Foundation
- Centre for Health Solutions, Kenya
- Center for Public Health and Development
- International Centre for Research on Women
- LactaHub Family Larsson- Rosenquist Foundation
- United Nations Fund for Population Activities
- Global Challenges Research Fund

Co-Convenors

- Africa Population and Health Research Center
- Community Health Services Development Officers Association
- Health Right, Kenya
- Jaramogi Oginga Odinga University of Science and Technology
- Nairobi City County
- Reproductive Health Network Kenya
- The Global Health Network

Description of Plenary Sessions

Wednesday, 29 th November 2023	
8.30-8.45 am	Anthems (Kenya, East Africa and SADC) Video on the Journey of PHC Master of Ceremony: Dr Josephat Nyagero, Dean of Students, AMIU
8.45-9.00 am	Welcome remarks and Congress Objectives Prof Joachim Osur , Vice Chancellor, AMIU
9.00-9.15 am	Keynote address: Global Overview of PHC: Progress, Challenges and Opportunities <ul style="list-style-type: none">• HE Governor of Kisumu, Prof Anyang' Nyong'o
9.15-9.45 am	Opening Remarks <ul style="list-style-type: none">• Prof Emily Akuno, Vice Chancellor, Jaramogi Oginga Odinga University of Science and Technology• Dr Githinji Gitahi, GCEO, Amref Health Africa• Hon. Susan Nakhumicha, Cabinet Secretary, Ministry of Health, Kenya
9.45-10.00 am	Photo session with Cabinet Secretary and Sponsors

10.00-11.00 am

Plenary 1 Panel session, Primary Health Care: The Past, Present and Future

Session Overview: The goal of PHC is to provide better health services for all, making it an integral part of a country's health system and the central function for the community's overall social and economic development. This opening plenary discussion will discuss the Global overview of PHC, progress, challenges and opportunities, provoking delegates to issues that have been addressed and those not addressed. The session aims to challenge delegates to think about the ongoing challenges in PHC and global health while also looking to the future.

Moderator:

- **Dr Alice Lakati**, Director, Research and Community Extension

Panelists:

- **Dr Patrick Amoth EBS**, Director General of Health, MOH
- **Dr Meshack Ndirangu**, Country Director, Amref Health Africa, Kenya
- **Prof Dennis Wilms**, McMaster University, Canada
- **Dr Roy Shaffer**, Mwalimu Mzee of Primary Health Care
- **Ambassador Elkana Odembo**

Thursday, 30th November 2023

8.45-9.00 am

Plenary 2: PHC Strategies for One Health and Climate Change

Keynote Speaker: **Prof Trudie Lang**, Founder, Global Health Network

9.00-10.00 am

Session Overview: Unprecedented climate changes have been recorded as a consequence of global warming, mainly driven by human activity. These changes relate directly and indirectly with various aspects of human health, including disease occurrence and implementation or delivery of Primary Health Care. One of the areas significantly affected by climate change is the spread and management of zoonotic diseases, with the implementation of One Health approach for zoonotic disease management still facing several challenges. This plenary discussion will focus on Primary Health Care strategies for one health and climate change. It will interrogate the effect of climate change on PHC and how PHC systems are responding to the challenge.

Moderator:

- **Peter Ofware**, Kenya Country Director, Health Right, Kenya

Panellists:

- **Mr Kay Kutschkau**, Lead Knowledge Management & LactaHub, Family Larsson- Rosenquist Foundation
- **Mr Martin Muchangi**, Director, Population Health and Environment, Amref Health Africa
- **Prof Matilu Mwau**, Senior Principal Scientist, Kenya Medical Research Institute
- **Dr Diana Onyango**, Head of Technical Team, Farm Africa
- **Dr Ambrose Kipyegon**, Africa One Health University Network

Friday, 1st December 2023

8.45 am-9.00 am

Plenary 3: Emerging health and recurring emergencies: Progress, Challenges, and Opportunities in HIV/AIDS and Future Pandemics

Keynote Speaker: **Dr Amos Kibisu**, UNAIDS

9.00-10.00 am

Session overview Global action to combat HIV/AIDS has had an immense impact in the African Region. By the end of 2017, 15.3 million people living with HIV (PLHIV) in the African Region were accessing life-saving antiretroviral drugs (ARVs), representing 70% of the 21.7 million people accessing antiretrovirals (ARV) globally. A lot of research has been conducted in the continent on HIV/AIDS and its significant success has impacted on Primary Health Care System. As the continent emerges from the Covid-19 pandemic, it faces multiple public health emergencies, including emerging and re-emerging infectious diseases.

This third plenary which coincides with World AIDS Day will discuss Progress, challenges, and Opportunities in HIV/AIDS and future pandemics. Further, it will analyze how PHC systems can respond to emerging health and recurring emergencies.

Moderator:

Panellists:

- **Dr Bernard Olayo**, Center for Public Health and Development
- **Prof Serigne Magueye**, President, African Society of Sexual Medicine
- **Mr Jyoti Tewari**, UNFPA
- **Dr Rose Wafula, Head**, NASCOP
- **Dr Irene Muchoki**, Chief of Health, Nairobi County
- **Dr Willis Omwoyo**, Council Member, JOOUST

2.30-2.45 pm	<p>Plenary 4: Closing Plenary: Covid-19 pandemic, lessons and implications on PHC</p> <p>Keynote Speaker: Prof Oscar H. Franco, Professor of Public Health; Julius Center for Health Sciences and Primary Care- Virtual</p>
2.45-4.00 pm	<p>Awards and Launches</p> <p>Awards:</p> <ul style="list-style-type: none"> • Hackathon: Dr Dancan Irungu, Lead- Entrepreneurship and Dean, Graduate School • Best Student, Most disruptive, Most entrepreneurial oral/poster presenters, Prof George Ayodo, JOOUST <p>Launches</p> <ul style="list-style-type: none"> • Journal of Primary Health Care: Prof Serigne Magueye, President, African Society of Sexual Medicine • Primary Health Care Centre of Excellence: Prof Dennis Wilms, McMaster University, Canada <p>Summary Report of the 1st Primary Health Care Congress: Dr Josephat Nyagero, Dean of Students</p> <p>Announcements</p> <p>Vote of thanks: Dr Alice Lakati, Director, Research and Community Extension</p> <p>Official closure: Prof Joachim Osur, Vice Chancellor</p> <p>Departure</p>

Scientific Tracks, Partner Panel Sessions and Workshop

Wednesday, 29th November 2023	
11.30 am-1.00 pm	Abstract presentations and partner-led break-out sessions Track 1.1 Community Participation and Engagement of Community Health Workforce (Venue AG 1) Track 1.2: Models for Universal Health Coverage (Venue AF 1.1) Track 2.2: Resilience (Venue AF 1.2) Track 1.3: Quality Service Delivery (Venue AF 2.1)
1:00 pm- 2.00 pm	Lunch/Networking/Poster Presentations
2.00 pm- 4.00 pm	Break out Partner Panel Sessions and Workshops Panel Session 1: Empowering Primary Healthcare workers for better child and Maternal Health by LactaHub (Venue AG1) Panel Discussion 2: Medical Equipment Management by Centre for Public Health Research and Development (Venue AF1.1) Panel Discussion 3: Fundamentals of Primary Health Care Delivery Models in Kenya: Functionality and Sustainability of Primary Care Networks in Kenya by Amref, Kenya (Venue AF 2.1)
4.00 pm-4.15 pm	Networking Break/ Poster Presentations

4.15 pm- 5.45 pm	<p>Abstract presentations</p> <p>Track 1.4: Digital information for Primary Health Care (Venue AG 1)</p> <p>Track 2.1: Resilience (Venue AF 1.1)</p> <p>Track 2.2: Models for Universal Health Coverage (Venue AF 1.2)</p> <p>Track 2.2: Livelihoods (Venue 2.1)</p>
5.45 pm- 6.00 pm	Networking break

Thursday 30th November 2023

10.00 am-10.30 am	Networking/Poster Presentations
10.30 am-12.00 pm	<p>Abstract presentations</p> <p>Track 2.3: Education (Venue AG 1)</p> <p>Track 3.1: Adolescents & Sexual Reproductive Health (Venue AF 1.1)</p> <p>Track 3.2: Maternal, Child Health & Nutrition (Venue AF 2.1)</p>
12.00 pm- 1.30 pm	<p>Abstract presentations</p> <p>Track 3.3: Mental Health & Gender-based Violence (Venue AF 1.1)</p> <p>Track 3.4: Non-communicable diseases including hypertension and cancers (Venue AF 2.1)</p> <p>Track 3.5: Water Sanitation and Hygiene, Neglected Tropical Diseases and Communicable diseases (Venue AF 2.1)</p>
1.30 pm - 2.30 pm	Lunch and Poster Sessions

2.30 pm- 4.00 pm	<p>Break out Partner Panel Sessions and Workshops</p> <p>Panel Discussion 4: Implementation research by Africa Population and Health Research Centre (APHRC) (Venue AG1)</p> <p>Panel Discussion 5: Addressing social determinants of health through community-based initiatives by International Centre for Research on Women (ICRW) (Venue AF 1.1)</p> <p>Panel Discussion 6: The role of integration in converging vertical programs with primary care by Centre for Health Solutions (CHS). Venue AF 1.2</p> <p>Panel Discussion 7: Understanding health and health-seeking behaviours at the intersection of prolonged displacement among refugees in Nairobi, Kakuma and Kalobeyei by AMIU/ARQ/IRC (Venue AF 2.1)</p>
4.00 pm- 4.15 pm	Networking Break
4.15-5.45 pm	<p>Panel Discussion 8: Digital innovations in PHC by Amref International University-Tekeleza project. (Venue AF1.1)</p> <p>Panel Discussion 9: The role of global SRHR commitments in the realization of PHC by Reproductive Health Network, Kenya (Venue AF 2.1)</p>
5.45 pm-6.30 pm	Launch of 1000 Research Challenge by the Global Health Network with Amref International University and Amref Health Africa
Friday, 1st December 2023	
10.00 am-10.30 am	Networking Break/Poster Presentations

10.30.am-12.00 pm	<p>Abstract presentations and partner-led Workshops</p> <p>Track 4.1: Improving PHC in the face of climate change; maintaining health system resilience (Venue Venue AF 1.1)</p> <p>Track 4.2: Zoonoses and evidence on the one Health approach (Venue AF 1.2)</p> <p>Track 4.3: Use of technology to improve communities’ access to Primary Healthcare (Venue AF 2.1)</p> <p>Parallel Workshops</p> <p>African Society for Sexual Medicine Sexual and Reproductive Health and Rights Concurrent Session: ASSM, UNFPA, NAYA, The Girl Generation (Venue AG 1)</p>
12.00 pm-1.30 pm	<p>Abstract presentations and partner-led Workshops</p> <p>Track 4.4: New evidence on the management of infectious diseases including environmental drivers of antimicrobial resistance (Venue AF 1.1)</p> <p>Track 5.1: Role of citizens’ voices in improving access to PHC services (Venue AF 1.2)</p> <p>Track 5.2: Effective health leadership and governance approaches and Practices (Venue AF 2.1)</p>
1.30 pm-2.30 pm	<p>Lunch and Poster Presentations</p>

Abstracts

Poster Presentation Schedule

Day 1 Posters Presentation

Abstract ID	Track	Abstract title	Presenting author	Country
139	1.1	Family MUAC-Home based nutrition screening tool for identifying malnourished children in low literacy communities	Benson Musau	Kenya
50	1.1	Assessment of the impact of social behavior on the uptake of the Intermittent Preventive Treatment (IPTp-SP 3) among pregnant women in Hamisi Sub County.	Mercy Wafula	Kenya
42	1.1	Community Health Workers` Social media Groups: An Important Platform to Share TB information and improve Community TB services in Mwanza region, Tanzania:	Edward Chilolo	Tanzania
127	1.1	Reaching Adolescents and Young People With SRHR Information In Religious Institution Within Mombasa Specifically Kisauni And Nyali Constituency	Rehema Rashid	Kenya
79	1.1	Equity of access to primary healthcare for vulnerable, General and Key populations in Suna East Migori County Kenya.	Phelix Odhiambo	Kenya

69	1.1	Realist review of community coalitions and outreach interventions to increase access to primary care for vulnerable populations.	Silas Awuor	Kenya
85	1.1	HPV the silent infection	Ibrahim Lwongi	Kenya
281	1.1	The use of Client-Centered Approaches to improve Covid-19 vaccination coverage in the Saving Lives and Livelihood Project in Tanzania	Sarah Kweyamba	Tanzania
289	1.1	Improving immunisation coverage through community engagements and participation	Sylvia Ayebare	Uganda
304	1.1	Empowering youth for health change: the impact of Kenya malaria youth corps in strengthening evidence-based community approaches to primary health care access.	Zipporah Mwangi	Kenya
31	1.1	Strengthening multisectoral platforms to increase demand for Covid-19 vaccination in Nyaribari Masaba, Kisii county.	Joram Oisebe	Kenya
295	1.1	Enhancing orphans vulnerable children graduation rates: a structured mentorship approach in community case management	Georgina Wanza Kingola	Kenya
72	1.1	Community Smearing Day in Prevention and Control of Tungiasis, a Case of Emanyinya Cu In Emuhaya Sub-county, Vihiga County	Fanuel Khainga	Kenya
253	1.1	“Contact Tracing: For Early Tuberculosis Detection”	Sheila Kobia	Kenya

282	1.1	Transforming School Aged Children into Malaria Ambassadors in their immediate Communities through Mentorship, Sensitization, and School-based Participatory Activities among others in Lake Endemic Counties	Ezekiel Kimondiu	Kenya
115	1.1	Use of social accountability to advance Primary Health care through Gender Reproductive Equity.	Judy Mboku	Kenya
15	1.1	Impact of an interprofessional education program on developing skilled graduates well-equipped to practise in rural and underserved areas	Wallace Karuguti	Kenya
257	1.1	Leveraging Community Engagement in Malaria Prevention and Control in Busia County, Kenya, July 2022	Purity Katheu	Kenya
242	1.1	The Efficacy of Using Community Health Practitioners in Strengthening PHC Delivery: A COVID-19 Vaccination Case	Brian Odenyo	Kenya
247	1.1	Empowering Youth to Combat Malaria: Evidence-Based Community Approaches for Lasting Health Change in Africa	Glenn Mwangi	Kenya
199	1.1	Curbing preventable deaths through essential case management and prevention supplies during Cholera outbreak management: A case of Cholera response in Zomba by Amref Malawi.	Darkson Matchado	Malawi
91	1.1	Role Of Mentor Mothers In Elimination of Mother-to-Child Transmission (EMTCT) of HIV/AIDs in Nyahera Sub County Hospital, Kisumu, Kenya.	Duncan Odhiambo	Kenya

43	1.1	A community engagement model to ensure complete uptake of vaccine dosage in Serem Health unit	Reinhard Bonke	Kenya
221	1.1	Enhancing HIV/AIDS Management through Community Defaulter Tracing.	Khadija Badru	Kenya
36	1.2	From Targeted Outreach to Routine: Evaluating the Impact of COVID-19 Vaccination Outreach Campaigns and Their Implications for Sustainable Vaccination Programs.	Vincent Cheruiyot	Kenya
98	1.2	Improving Pre-Exposure Prophylaxis (PrEP) Uptake among Adolescent Girls, Young Women, Pregnant, and Breastfeeding Women in Olenguruone Sub County Hospital	Beatrice Kabugi	Kenya
192	1.2	Ensuring Universal Health Coverage in Emergency Situations: A case of Emergency Response to Cyclone Idai/Ana	Young Samanyika	Malawi
97	1.2	Optimizing Healthcare Resources: Integrating COVID-19 Vaccine in Routine Immunization in Kilimanjaro Region - Tanzania.	Stella Kassone	Tanzania
121	1.3	Reaching Adolescents and Young People with Family Planning Services in Religious institutions within Kisauni and Nyalı Constituencies in Mombasa County.	Wilfred Gambo	Kenya
96	1.3	Acceptance of Community ART Services and its contributing factors among PLHIV; An Exit Survey at Katoro HC in Geita, Tanzania.	Victor Ruzibukya	Tanzania

239	1.3	Paediatric HIV Care, Treatment, and Monitoring: Current Strategies and Future Directions.	Enzi Pascal	Kenya
264	1.3	Building a Strong Primary Care Network: Evidence-Based Community Approaches and Quality Service Delivery. A case for Kilifi county	Mustafa Asman	Kenya
232	1.3	Translation and adaptation of the stroke-specific quality of life scale into Swahili	Emily Nyanumba	Kenya
168	1.3	Prevalence of individuals with traumatic spinal cord injury in Nairobi, Kenya.	Christine Muya	Kenya
218	1.3	Effectiveness of Cohort-based Support in Utilization of ANC services in Muhoroni Sub-County, Kisumu County, Kenya	Maureen Otieno Sidigu	Kenya
22	1.4	Use of Geographical Information System (GIS) in Covid-19 Vaccination Outreaches-Laikipia County	Margaret Luvuze	Kenya
102	1.4	Barriers to healthcare workers' utilization of scan form technology in Homa Bay County, Kenya: A quantitative study on multiple hospitals	Collince Odhiambo	Kenya
62	1.4	The transition from Paper Work to Electronic Community Health Information System (Echis) In Nyahera Community Health Unit-Nyahera Sub County Hospital, Kisumu Kenya	Risper Oyaa	Kenya

93	2.1	Hedge on the path to 90-90-90: Qualitative analysis of barriers to engagement in HIV care among adolescents in Mombasa county in the context of test-and-treat.	Muhammad Shuaib	Kenya
110	2.1	Determinants of net use among children (5-15 years) and its effects on malaria prevalence in Matayos and Samia sub-Counties, Busia County.	James wandera	Kenya
259	2.1	Fostering Resilience for Health Equity: Evidence-Based Insights on Social Determinants	Wangudi Lameck	Kenya
26	2.1	Reaching the Unreached for Antinatal Profile Laboratory Tests in Kisumu West Sub County, Kisumu County, Kenya.	Duncan Odhiambo ong'ayi	Kenya
230	2.1	Immunization defaulter tracing on Rotavirus vaccination for under 5 years children at Kisauni Dispensary, Frere town Ward- Nyali Sub-county.	Susan Mshai	Kenya
23	2.1	Achievement from gender non-conforming men (GNC men) and transgender women frontline workers offering HIV self-testing, assisted partner notification and health talk education services.	Shally Mahmoud	Kenya

Day 2 Poster Presentations

Abstract ID	Track	Abstract title	Presenting author	Country
299	2.2	Empowering Communities for Malaria Control: Evidence -Based Strategies in Strengthening Primary Healthcare a Case of Kenya Malaria Youth Corps.	Faith Nkabai	Kenya
106	2.2	Health Equity in Hard-to-Reach Communities in Nigeria's Abia State: An Asset-Based Community Development Intervention to Influence Community Norms and Address Social Determinants of Health	Jonathan Ajuma	Nigeria
92	2.2	Right to Health of Transgender People Living With HIV In Nairobi Kenya	Steve Mazitsa	Kenya
159	2.2	Social Determinants of Health: A Case Study on Livelihoods and Health outcomes at Migori County Referral Hospital.	George Oyucho	Kenya
254	2.2	Uptake of COVID-19 vaccine among persons living with HIV on antiretroviral Therapy, Siaya County, Kenya.	Philip Opere	Kenya
141	2.2	Prevalence of Tuberculosis Disease in Ndhiwa Sub County	Thomas Odera	Kenya
18	2.2	Housing as a social determinant of health.	Pauline Omutere	Kenya

136	2.2	Widows Economic Challenges contribute to their delay in Accessing Primary Health Care Services	Zilpher Audo	Kenya
219	2.2	The Role of Livelihood Security in Promoting Health in Kenya	Patrick Mutua	Kenya
233	2.2	Improving Adolescent Sexual and Reproductive Health Outcomes Through Life and Vocational Skills Enhancement; Lessons from The Binti Shupavu Project - Homabay County.	David Ongiri	Kenya
237	2.3	Factors Influencing Uptake of Cervical Cancer Screening among Female Students at Pwani University	Odhiambo Ondielo	Kenya
4	2.3	Inclusion of Person-Centred Care in Kenyan Undergraduate Nursing Training-A Documentary Analysis of Moi University School of Nursing Curriculum	Brian Kipkoech	Kenya
176	2.3	Menstrual Hygiene Management Barriers and Enablers in Western Kenya: Assessment by USAID-Funded Western Kenya Sanitation Project	Neville Okwaro	Kenya
202	2.3	Factors Influencing Social Determinants of Health among Youths Between 21 to 35 years Living in Makadara in Nairobi, Kenya.	Knight Kalekye	Kenya
109	2.3	lot-Enabled Healthcare Systems In Africa: Improving Security And Privacy Through Machine Learning And Ethical Considerations	Damilola Oni	Vietnam

73	3.1	Adolescents and Young People Teen Mothers Program Success at Rachuonyo District Hospital, Homabay County 2023.	John Ndungu	Kenya
211	3.1	Stakeholders' Involvement in Upscaling Menstrual Hygiene Through Sanitary Pads Distribution to Adolescent Girls in Jomvu Kuu Ward, Jomvu Sub-County.	Lucy Ngemu	Kenya
155	3.1	Sports - A Platform for Captive and Motivated Dialogue for Adolescents SRHR Knowledge Acquisition and Service Uptake	Madalitso Tolani	Malawi
177	3.1	Harmonising Government Policies on Adolescents' Sexual Rights /Project Requirements/Ministry Of Health Guidelines And Adolescents' Life Circumstances	Diana kebirungi	Uganda
228	3.1	Understanding Barriers To Adolescence Access And Utilization Of Sexual Reproductive Health Services In Ugunja Su County, Siaya -Kenya	Ruth Okoth	Kenya
13	3.1	Strengthening advocacy to reduce frequent uptake of Emergency Contraception Pills (ecps) among students in higher learning institutions.	Lordlaro Lidoros	Kenya
114	3.1	Give A Girl A Hand, Stop Survival Sex and Reduce School Absenteeism	Tanya Tabi	Cameroon

300	3.2	Motorcycle ambulance transport saving the lives of pregnant mothers and children in Turkana south.	Godfred Amanyanya	Kenya
266	3.2	Effect of introducing mobile and digital health innovations on maternal and child health outcomes among women of reproductive age (15-49) in Kakamega, Kenya	Raymond Muhanji	Kenya
27	3.2	Utilisation of antenatal and postnatal group to promote identification and retention of clients seeking MNH services; Case of Bondeni HC, Saboti, Trans-Nzoia County, Kenya	Steven Kituyi	Kenya
84	3.2	Monitoring Maternal and Neonatal Emergency Navigation Triage on Mfangano (momentum): Community-based Study evaluating delays in access to Maternal and Newborn Emergency on Mfangano Island, Kenya	Evance Ogola	Kenya
307	3.2	Prevalence and factors associated with Postpartum Post Traumatic Stress disorder at the Bamenda Regional Hospital, Cameroon.	Josiane Ngouanfo	Cameroon
288	3.2	System Strengthening To Enable Good Accessibility and Utilization of Immunization Services at Mugarustya HC II, Mbarara District	Dancun Taremwa	Uganda
160	3.2	Mama Toto Care Initiative in Jomvu Sub-County By Community Health Services Team	Purity Nthenya	Kenya
19	3.2	Mutual Accountability in the fight against maternal Mortality	Brenda Mubita	Zambia

131	3.2	A Case of Vyemani Community Health Unit- Effective Community to Facility Linkage of Family Planning And Cervical Cancer Screening.	Leah Kusah Anzani	Kenya
37	3.2	Relationship Between Intake of Energy-Dense Diets And Nutritional Status of Adolescents in Primary Schools In Nairobi City County, Kenya	Evelyne Muinga	Kenya
70	3.2	Discrimination and Other Barriers to Accessing Health Care: Viewpoints of HIV positive adolescent with Mild and Moderate Intellectual Disability and their Cares	Silas Awuor	Kenya
279	3.2	Investigating the Prevalence and Determinants of Malnutrition among <5 Children In Korogocho Slum, Nairobi.	Omondi Hannington	Kenya
57	3.2	Chamas a community-based hybrid strategy of peer support in pregnancy and infancy in Western Kenya.	Anjellah Jumah	Kenya
161	3.2	Dietary practices, physical activity, and overnutrition among school-going children aged 8 - 11 years in Thika, Kenya, May 2023	Margaret Mburu	Kenya
14	3.2	Effective Use Of Short Message Service SMS to Improve Maternal, Child and Nutrition Among Pregnant Mothers at Kimwenge Dispensary	Lince Mwaizi	Kenya
108	3.2	Support Supervision Booklet Approach: A Case of Migori County Health Programs Adoption, Implementation and Sustainability.	Kevin Onyango	Kenya

83	3.2	Health Navigation Program: A Community Health Intervention to Expand Access to Emergency Care and Promote Safe Deliveries in Rural Kenya	Evance Ogola	Kenya
105	3.3	The Impact of Youth-Friendly Space on Mental Health	Duncan Kisilu	Kenya
255	3.3	The effect of integrating standardized mental health screening tools into routine primary health care assessments	Daisy Maiyo	Kenya
248	3.3	Revolutionizing Community Well-Being: Evidence-Based Strategies for Mental Health, Gender Equality, and Violence Prevention in Primary Health Care	Brenda Wanjiru	Kenya
188	3.3	The burden of mental health and gender-based violence among men in Chulaimbo hospital Kisumu County, Kenya.	Molvine Atieno	Kenya
267	3.4	Strengthening health systems to improve health outcomes around NCDs at Primary Healthcare Level in Meru county	Raymond Muhanji	Kenya
227	3.4	Ganahola Community Health Unit Engagement with Mikindani Mcm Link Facility To Ensure Increased Cervical Cancer Screening Services For The Community.	Mamu Athman	Kenya
308	3.4	Impact of Intensified Cervical Cancer Screening Towards Scaling Up Early Detection and Initiation of Early Treatment interventions at Nyahera Sub County Hospital	Winnie Odhiambo	Kenya

158	3.4	The innovative approach to decentralized diabetes prevention and management	Ibrahima Gueye	Senegal
150	3.4	Non-communicable disease clinic at a primary healthcare facility: bringing service close to the community	Catherine Ochieng	Kenya
30	3.5	Menstrual Hygiene Management (MHM) in Industries and Workplaces: A Qualitative Evidence from Industries and Sector Offices in Addis Ababa City and Adama Town, Ethiopia	Desalegn Tessema Bekele	Ethiopia
128	3.5	Working with Faith leaders to promote community health and wellbeing	Rozilla Adhiambo	Kenya
261	3.5	Enhancing Healthcare for Neglected Tropical Diseases through Primary Health Care Principles in Kwale County, Kenya.	Karen Kamau	Kenya
8	3.5	Assessment of Households infected by tungiasis to understand the linkage, Case study of Makuchi sub-location, Hamisi Sub-county, Vihiga County Kenya	Obino Tai	Kenya
286	3.5	The Impact of Youth-County Partnerships in the Fight Against Neglected Tropical Diseases (ntds) in Kenyan Counties of the Endemic Regions.	Michael Kimani	Kenya

Day 3 Poster Presentations

Abstract ID	Track	Abstract title	Presenting author	Country
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274	4.1	The struggle of rural areas in maintaining PHC resilience in the wake of climate change: Is there hope?	Nyamolo Vincent	Kenya
75	4.3	My Medics software application	Paul Njige	Tanzania
118	4.4	Pre-Pandemic Cross-Reactive Immunity against SARS-CoV-2 among Congolese individuals in rural and urban areas	Line Pamphile Lobaloba Ingoba	Congo
88	4.4	Trust and Willingness Towards Covid-19 Vaccine Uptakes in achieving Nation Goal- A Case Of Njombe-Tanzania	Catherine Bunga	Tanzania
95	4.4	Advancing Public Health: A Successful Endeavor in Increasing COVID-19, Measles and HPV vaccination uptake through integration approach in Njombe Region	Catherine Bunga	Tanzania
175	5.1	Unveiling Perspectives: Recipients of Care' Feedback on Facility Service Quality"	Mary Mwanabet	Zambia

153	5.1	Utilization of Kenya community scorecard process to help improve service delivery at PHC facilities in Homa Bay County.	Bernard Mboya	Kenya
64	5.1	Evidence For Systems Strengthening: Social Accountability, Health Leadership and Management, Health Financing and Entrepreneurship	David Indasi	United Kingdom
165	5.1	Transforming Health Policy through Citizen-led Social Accountability	Kristine Yakhama	Kenya
61	5.2	Addressing the Wicked Problem of Primary Health Care through a Network of Care: Early Lessons from Ethiopia	Desalegn Zegeye	Ethiopia
28	5.2	Socio-demographic factors for exclusive breastfeeding interruption and linear growth in a comprehensive setting in Homa Bay County.	Micah June	Kenya
126	5.2	Establishing a Risk and Evidence-based Assessment in Molecular Testing Laboratories, Kenya.	Renson Owuor	Kenya
171	5.2	Title: Strengthening Primary Health Care Systems in Busia County's Matayos Sub County: Baseline Assessment	Faiza Barasa	Kenya
243	5.2	External Quality Assessment as an Improvement Project in Rachuonyo East Sub County Hospital.	Everlyne Mboga	Kenya

238	5.2	Health research systems in low-resource settings: From system analysis, understanding, to system building and strengthening: Kenyan Case Study.	Enzi Pascal	Kenya
149	5.3	Integration of Menstrual Hygiene Management awareness with Kitchen Gardening for Adolescent Girls and Young Women in Mombasa County.	Teddy Ruwa	Kenya
201	5.3	Appropriate Sanitation Technology Key to Achieving Sustainable Ultimate Community Sanitation Coverage: Impact of corbelled latrine technology in sanitation promotion in Malawi	Rodrick Mwakula	Malawi

DAY 1: ORAL PRESENTATIONS

Wednesday 29th November 2023 - 11.00 Am - 12.30 pm

AG 1: Track 1.1 Community Participation and Engagement of Community Health Workforce

ABSTRACT 33: “Nyumba kwa Nyumba” Onsite approach to improve uptake of COVID-19 Vaccination in Peri-Urban Population of Kajiado County, Kenya

Caroline Murerwa¹, Saida Kassim¹, Mary Mathenge¹, Joram Onditi¹, Dickson Mwira¹, Joseph Kokumu¹, Yvonne Opanga¹, Esther Wangui¹, Beatrice Odipo¹, Roy Okoth¹, Sarah Kosgei¹ |¹Amref Health Africa |KENYA|Best Practice

Background: COVID-19 vaccination remains a challenge because of accessibility inequities, misinformation and low-risk perception. Currently, Kenya has vaccinated 38% of its population against the national target of 70%. Kajiado County experiences rapid urbanization leading to increased informal settlements. It has a vaccination coverage of 44% amid challenges of low turnout for vaccination at static outreach sites attributed to community’s low health-seeking behaviour, mob psychology, misinformation and competing priorities. Amref SLL project implements Nyumba kwa nyumba onsite initiative to increase uptake of COVID-19 vaccination. This paper demonstrates the outcomes of this initiative.

Implementation: This initiative utilizes Community Health Promoter, Data Clerk and Vaccinators, coordinated by Sub County EPI to offer onsite COVID-19 vaccination and integrated PHC services to the communities. The service package comprises: COVID 19 vaccination, Vitamin A supplementation, deworming, routine immunization and health education. The implementation process includes: mapping of unvaccinated/defaulters households, development of vaccination schedules, community gatekeepers’ engagement, household visits and post Visit activities. Data is uploaded Realtime in Chanjo KE. This has improved vaccine uptake by increasing access to the community including differently abled populations.

Outcomes: Before intervention, 3,384(27.1%) people were vaccinated through static outreaches between Oct 2022-Jan 2023. Post-intervention, 9149 (72.9%) people were vaccinated Feb-May 2023. On integrated PHC services, there was an increased uptake of Measles immunization-17 children, deworming-103 children and Vitamin A-80 children. This is attributed to onsite vaccination, defaulter tracing, one on one interaction, assessment of other health needs and availability of HCWs. This initiative has also contributed to strengthening CHPs capacity through onsite mentorship by the HCWs, however, this may not work in sparsely populated areas.

Conclusions and recommendations: This initiative has demonstrated increased access to COVID-19 vaccination among unvaccinated population, it has potential to increase access to PHC services to peri-urban contexts.

ABSTRACT55: Beyond Clinical Care: Peer-led Approach through Community Adolescent Treatment Supporters to Improve retention and Viral suppression among Adolescents Living with HIV in Siaya, Kenya

Dennis Menya¹, Hilary Ngeso¹, Wayne Otieno¹ | ¹Catholic Medical Mission Board |KENYA| Best Practice

Background: Though significant progress has been made to scale up HIV care and treatment among Adolescents living with HIV(ALHIV), most have poor adherence and suppression. In Kenya, 33% of ALHIVs on antiretroviral therapy (ART) are not virally suppressed. Adolescence presents unique personal and health system barriers. Among strategies to improve ALHIV outcomes is use of peer-led interventions. Thus, CMMB, through its Global Fund HIV program and Kenya Red Cross Society initiated a peer-led approach to provide community peer-peer treatment support to ALHIVs by Community Adolescents Treatment Supporters (CATS) in Siaya county, Kenya. CATS are ALHIVs between 18 and 24 years with optimal treatment outcomes with peer education qualities.

Methodology: In October 2021, the program trained and engaged 51 CATS at 41 Siaya ART clinics. They identified and conducted monthly follow up to a minimum of 15 ALHIVs with sub-optimal treatment outcomes. Through community peer-led treatment approach, CATS provided individualized and group-based adherence, psychosocial and nutritional information support to ALHIVs. Longitudinal trackers for monitoring service provision, viral load results and ART status were reviewed monthly. Quality of data was ensured through a two-step verification at community and health facilities.

Results: Overall, 1.04% ALHIVs were transferred out, 0.1% were lost to follow up and retention of the cohort was at 98% in 2022 against 61% recorded in 2021 while their viral load suppression improved from 64.83% to 95.87%. Triangulated with qualitative feedback from health facilities, this peer-led gave insight into ALHIVs ART attrition points and common causes of poor adherence.

Conclusion: Retention and viral suppression for ALHIVs with various treatment challenges could be enhanced through this model. The model works best when CATS are embedded within a health facility to strengthen community - facility linkage as well as for enhanced supervision and facility ownership of the model.

ABSTRACT 144: The Use of Jamii ni Afya (JnA) Data in Improving Primary Health Care Services in Zanzibar

Aisha Mohammed¹, Tracey Li¹ | ¹D-tree International | TANZANIA | Best Practice

Background: Since 2019 D-tree in collaboration with Zanzibar Ministry of Health has been implementing JnA program using digital Community Health Program (Jamii ni Afya) across all districts. Supported by digital tools, Community Health Volunteers (CHV) provide services to clients and collects client's data. Data use of a high quality will ensure that clients are getting the right services, improve program efficiency and effectiveness.

Implementation: Key activities in the project, beneficiaries, stakeholders. 269 government staff were trained on data use and also were followed up.

Outcomes: Achievements of the intervention, lessons learnt: District Health Management Teams and CHVs supervisors' have the capacity to plan, and monitor CHVs performance and monitoring services. There is improvement in service delivery for July - December, 2022 and January - June, 2023 where by pregnant women enrolled increased from 15,822 to 17,402; pregnant women served increased from 10,999 to 25,150; pregnant women enrolled in the first trimesters increased from 2,674 to 2,881; facility deliveries increased from 85.4 to 86.3%; percent of women attended 4 or more ANC increased from 41.7% to 48.4% and clients' referral completion rate remained constant at 98%.

Conclusions and recommendations: Summary of take away and recommendations for scale up

With the above-mentioned efforts someone can learn that JnA data use supported improvement of service delivery and improves comprehensive

district health planning. By leveraging the power of these data sources, stakeholders can develop targeted interventions, and monitor progress towards improving health outcomes at the district and data of good quality can improve program efficiency and effectiveness. Going forward data use training to stakeholders will be a continuous process focusing on JnA data into DHIS2; conduct assessment to improve its quality and regular follow-up on JnA data use.

ABSTRACT 48: Meaningful adolescent and youth engagement; harnessing the power of participation to bring positive impact-a case study of binti shupavu program in Homabay county

Crinoline Kiriago¹, Charles Orora¹, Joseph Njoroge¹ | ¹Population Services | KENYA | Best Practice

Background: Findings from the 2019 Kenya population census indicate that 24.5% of the population comprises of adolescents aged between 10-19 years of age. Kenya Demographic and Health Survey (KDHS) survey 2022 indicate that teen pregnancies in Homabay county are at 23%. While they form a significant proportion of the population, their engagement in reproductive health service delivery remains disputable. To address this A360 through the Binti shupavu model sought to improve the uptake of contraceptives among adolescents by partnering with adolescents for ownership of their sexual reproductive health and lives.

Implementation: A360 developed a MAYE strategy and established a governance structure consisting of a country panel, youth innovation champions (YICs), youth peer mobilizers and local adolescent forums (LAF). YPPs were trained and worked with the County health management team in service delivery ensuring inclusive participation of young people from the grassroot to the program levels. LAFs served as a platform to engage adolescents in clinics through adolescent -led mobilization and for YICS to have meaningful insights that continue to inform innovation. Routine service statistics data was ABSTRACTed and cross-referenced with the KHIS data.

Outcomes: Between 2021 and 2022, there was an increase in adopters in the selected facilities from 346 to 1,490. Results revealed that the majority of clients (49%) received implants, (35%) injections, (11%) condoms and (5%) pills. Similarly, first time contraceptive adopters were (69%) and (31%) revisit clients. This further indicated that more than half (68%) of clients were aged 17 years and above. Causality was

established through triangulation of data from the previous period and through qualitative analysis. Qualitative data collected attributed the contraceptive uptake among adolescent to the onboarding of YICs and the LAFs.

Conclusion: MAYE intervention showcased remarkable achievements in the improvement of uptake of adolescent contraception.

ABSTRACT 148: Expanding Access to COVID-19 Vaccines Through Door-to-Door Approach in Malawi

Ruth Vellemu¹, Young Samanyika¹, Memory Nkhoma¹, Gift Monyadira¹, Remittor Bonga¹, Thom Salamba¹, Hester Nyasulu¹, Madalitso Tolani¹ | ¹Amref Health Africa | MALAWI | Best Practice

Background: Amref Malawi is implementing a project “Expanding Access to COVID-19 Vaccines” aimed at contributing to the government’s goal of vaccinating 70% of the population against COVID-19 by June 2023, given the low 18.2% full vaccine coverage as of March 2023. The project targeted seven districts: Chikwawa, Blantyre, Zomba, Machinga, Mangochi, Lilongwe, and Mzimba North. Initially, the project began with mobile clinics for vaccinations but progress was unsatisfactory. To improve this, the strategy was shifted to door-to-door mobilization and vaccinations using Community Health workers and vaccine influencers.

Implementation: The project began in October 2022 targeting a minimum of 100,000 COVID-19 vaccine doses administered in 11 months by using mobile clinic teams from district health offices supported by community mobilization using Public Address systems. Midway, only 49,357 doses (49.4% of the target), partly due to Pfizer vaccine shortages. In March 2023, the approach was changed to a door-to-door model, involving Health Surveillance Assistants (HSAs) visiting households and engaging vaccine influencers for demand creation. The project trained 337 community vaccine influencers and 150 religious leaders on COVID-19 information and mobilization empowering them to continue promoting door-to-door vaccination efforts.

Outcomes: Within three months of the door-to-door approach, the number of COVID-19 vaccine doses administered rose from 8,340(8.3%) to 49,357(49.4%) of the target. Door-to-door campaigns accounted for 96.9% of full vaccination rates, with 47,815 doses administered using this method and only 1,542 (3.1%) doses through static mobile clinics. Overall, the project achieved 76.9% full vaccination rates.

Conclusions: The project's shift to door-to-door delivery resulted in a substantial increase in vaccine coverage and achieved remarkable progress. This highlights the value of adapting strategies to local contexts and utilizing community resources effectively. Similar approaches should be considered in future efforts and expansions, particularly when conventional approaches fall short of targets in Malawi and beyond.

ABSTRACT 16: Communities' views, attitudes and recommendations on community-based education of undergraduate Health Sciences students in South Africa

Wallace Karuguti¹, Priscila Daniels², Tracy Ann-adonis¹ | ¹Jomo Kenyatta University of Agriculture and Technology, Nairobi, ²University of the Western cape, Cape Town, South Africa | KENYA | Scientific

Background: Medical and Health Sciences students in South Africa undertake community-based education (CBE). Health professionals based at host sites are jointly responsible for training of these students in conjunction with university staff. This study explored the communities' views, attitudes and recommendations regarding CBE undertaken by these students, in order to improve the quality of community support for these programmes.

Method: A qualitative descriptive study was conducted at CBE placement sites on students from the Faculties of Health Sciences of the University of Limpopo (UL), University of KwaZulu-Natal (UKZN) and University of the Western Cape (UWC). FDGs were held with site facilitators, community leaders and patients. Data were analyzed using NVivo (version 9).

Findings: CBE was seen to benefit communities, students and host institutions as there was perceived improvement of service delivery, better referral to hospitals and reduction of workloads on-site staff. CBE was also seen as having potential for recruiting professionals who have better orientation to the area, and for motivating school pupils for a career in health sciences. Students acquired practical skills and gained confidence and experience. Challenges included poor communication between universities and host sites, burden of student teaching on-site facilitators, cultural and religious sensitivity of students and language barriers. Conclusion: The study revealed that communities have an important role to play in the CBE of future health care professionals. CBE activities could be better organized and managed through formalized partnerships.

ABSTRACT 60: An Innovative Approach to Improving Primary Healthcare Services in Ethiopia: A Woreda-Level Co-Design Workshop

Desalegn Zegeye¹, Temesgen Ayehu¹ | ¹Amref health Africa | ETHIOPIA | Scientific

Background: In recent years, interventions in developing countries have faced challenges and limited success due to ‘one size fit all’ and top-down nature. Lack of local ownership and insufficient consideration of cultural context hinder their effectiveness and sustainability. To address these issues, promoting participatory approaches, fostering cultural sensitivity, and encouraging collaboration among stakeholders are essential for the success of interventions in developing countries. This ABSTRACT presents an innovative approach to address these challenges through a co-design workshop.

Methods: As part of the Improving Primary Health Care Services Delivery Project (IPHCS D), a co-design workshop was conducted in selected pastoralist woredas (equivalent to district) in Ethiopia. The workshop included stakeholders from the government, health facilities, communities, health extension workers, and other sectors. Using tools such as the modified Tanahashi model and causality analysis, the workshop identified bottlenecks and developed strategies to improve access, quality, and accountability in primary healthcare.

Results: Seven co-design workshops were conducted at the woreda level following a rapid assessment of health service and system profiles. The three-day workshops identified key bottlenecks in PHC service delivery, including limited access to essential health commodities, inadequate human resources, poor quality of care, weak governance and accountability mechanisms, and limited community participation. The workshops facilitated joint data collection, gap analysis, and co-designing of interventions, enabling stakeholders to address these bottlenecks collectively and test innovative solutions. The findings from the workshops informed the development of tailored strategies for the local context.

Conclusion: The co-design workshop approach presented in this study offers a promising method to address challenges in primary healthcare services in Ethiopia. By engaging stakeholders and incorporating their perspectives, this approach promotes ownership and commitment. The lessons learned from this model can inform future initiatives in other settings, fostering stakeholder engagement, addressing bottlenecks, and promoting sustainable improvements in primary healthcare delivery.

ABSTRACT 47: Community Health Volunteers (CHVs) as key drivers of Access to Primary Health Care (PHC) Services by People Living with HIV (PLHIV) in Lamu County

Dalmas Onyango^{1,2}|¹Witu Community Development Platform, Lamu,²Witu Community Development Platform, Lamu| KENYA| Best Practice Lamu County is characterized by adverse effects of climate change and attacks by militia groups. The County covers Islands, and as a result, residents incur high transport costs to access health services. Between January-June 2023, WiCoDeP in collaboration with the Kenya Red Cross Society, and Lamu County Government through the Global Fund HIV Project engaged CHVs through a peer model strategy to enhance retention to care, prevention of vertical transmission of HIV and stigma reduction for PLHIV in Lamu County.

Peer model trainings were conducted for CHVs. Paralegal officers were engaged, and mapping of PLHIV psychosocial support groups (PSSG) were conducted. CHVs conducted monthly health education at the PSSG. Paralegals conducted Know Your Right Campaigns (KYRC). Monthly line lists of treatment interrupters were developed by health facilities and CHVs were assigned the tracing role at a ratio of 1:15. Monthly CHVs' and paralegals' reports were submitted to WiCoDeP after reviewing by health facilities and Pro Bono lawyers respectively. 60 CV'S (31.7%male, 68.3%female) were trained on peer models, and 18 (50%male,50%female) were trained on treatment literacy. 6 paralegals (60%male,40%female) were engaged, 10 PLHIV PSSG were mapped and 3 were newly initiated. 109 PLHIV (32.1%male,68.9%female) reached with KYRC, and 81 PLHIV (26.6%male,64.2%female) reached with legal aids clinics. 405 treatment interrupters (33.3%male,66.7%female) were line-listed, 293 (31.4%male,68.6%female) returned to care and 109 were still on follow-up. 29 human rights violation cases were reported (4 male, 25 female), 13 cases were resolved and 16 were still on follow-up. Four sessions on health education were conducted in each PSSG.

CHVs are critical players in scaling-up PHC services in the community. Establishing standards and normative guidance for the remuneration of CHVs and a complete role out of I-monitor will enhance community system strengthening. A transition from donor to domestic financing should be considered.

AF 1.1: Track 1.2 Models for Universal Health Coverage

ABSTRACT 90: A need assessment for People-centered Primary Health Care (PHC) project in Malinyi District Council- Tanzania- February 2023

Frida Akyoo¹ | ¹SOLIDARMED | TANZANIA | Best Practice

Background: Malinyi district has established primary health care facility (PHC) structures. However, the existing services do not cover half of the population due to various factors, including road infrastructure, cultural beliefs, and transport costs. The estimated 56,000 people who live in very remote places face several barriers to accessing the existing health facilities.

Overall objective: To gather information on the disease burden needs and access to care from the community to design a people-centred PHC package in Malinyi District Council.

Methodology: This cross-sectional study applied a mixed-method approach. Qualitative and quantitative data were collected through FGD and in-depth interviews (IDIs) in 10 project villages. The study deployed a community engagement and accountability approach that embraces the full participation of all groups in the community. Random sampling was used to identify 123 households for interviews from ten village registers. Thirty-nine (39) FGD participants and five key informant interviews were purposively selected. The household survey mainly gathered quantitative information using an open data kit. The data collected were analyzed by using MS Excel.

Results: Most people (60%) travel between 6 to 10 kilometres to the health facility. 19% of the women can access care closer to their homes, compared to 9% of the men. Common means of transport to health facilities were motorbike (45%), bicycle (41%), and on foot (14%), with a fare ranging from 20,000 to 30,000 Tshs. Notably, 35% of the population still prefers alternative health care outside the health facilities. The three most reported illnesses were malaria (56%), tuberculosis (15%), and UTI (12%). At the same time, health information was received through community health workers.

Conclusion and recommendations: Implementing a mobile health unit through the PHC project will bring closer healthcare services to the people, and improve the use and access to modern treatment, especially for women, children, and chronically ill people.

ABSTRACT 208: Impact of Convenience on COVID -19 Vaccination Uptake; A study of Africa CDC Urgent Support Rapid Response Initiative in Kenya, May-June 2022

Mbae Janekellen¹, Caroline Murerwa¹, Mary Mathenge¹, Kassim Saida¹, Boniface Malume¹, Charles Ibeneme²|¹ Amref , Nairobi, ²Africa CDC, Lusaka, Zambia| KENYA| Best Practice

Introduction: Vaccination is pivotal in overcoming the COVID-19 pandemic. Despite severe health and economic consequences of the pandemic, the vaccination curve in most countries has flattened sharply since vaccines became widely available. In response, governments around the globe have started programs to increase vaccination rates. In Kenya, Rapid Result Initiative (RRI) was instituted as part of Africa CDC urgent support mechanism to optimize COVID-19 vaccination uptake. At inception, 38% of the eligible population (33,000,000) had received 1st dose while 31% were fully immunized. This ABSTRACT highlights the impact of convenience on COVID-19 vaccination of eligible populations through outreaches/campaigns.

Description of Intervention: Outreaches were conducted in areas where the communities had to walk for more 30 minutes to access a health facility. This was done concurrently in the five counties for a period of two months Community sensitization and mobilization were done prior to the actual outreaches communicating the areas where vaccination teams would visit. We conducted a descriptive retrospective study using program reports from May-June 2022. Data on KPIs were extracted from Africa CDC DHIS2 and triangulated with the National Chanjo Ke COVID-19 platform. Quantitative data was analyzed using frequencies, rates, and proportions.

Outcomes: A total of 293,819 doses of Covid-19 vaccines were administered within May-June 2022, of which 250,685 (86%) was administered through outreaches/campaigns. National coverage increased from 31% - 34% while subnational coverages across supported counties increased as follows; Homabay (27% - 38%), Kajiado (29% - 34%), Kisii (30% - 36%), Kitui (17% -22%), and Nyamira 31% - 41%).

Conclusion/Recommendations: The RRI vaccine convenience strategy resulted to an improvement in COVID-19 Vaccination uptake, contributing 3% to the national coverage. We, therefore, recommend more investment in strategies that allow for proximity to vaccination centres, reduction in client waiting time and decreased transportation costs for optimal COVID-19 vaccine uptake.

ABSTRACT 129: Health-Related Quality of Life between Insured and Uninsured Households at Rural Communities of Southwestern Ethiopia, December 2022: A Comparative Cross-Sectional Study

Tesfahun Meto¹, Serawit Lakew¹, Tesfaye Feleke¹ | ¹Arba Minch University | ETHIOPIA | Scientific

Background: Community-based health insurance (CBHI) is one of the strategies among others to be used for the achievement of universal health coverage (UHC) through providing financial protection to the citizens of a country. The schemes have been seen as effective in reducing out-of-pocket (OOP) payments and improving access to the healthcare services. This study tried to assess health-related quality of life between members and non-members of the scheme in rural southwest Ethiopia.

Method: A community-based comparative cross-sectional study was conducted between the insured and uninsured populations of Arba Minch district of south Ethiopia. A standardized WHOQOL-BREF questionnaire was used. Cross-tab and frequency table analysis were done for mono-variable and bivariable analysis. Multiple linear regressions were employed to determine associations by adjusting for potential confounders. The association decision was made after fitted assumptions and adjustments.

Results: About six hundred thirty-four (634) households completed the survey with a response rate of 97.2%. More than 90% of the participants were illiterate and elementary education completed and farmers. Most uninsured family members claimed that they had difficulty affording annual payments 72.5%, $P < 0.001$. Willingness to pay was higher for insured members of households (72.2%), $P < 0.001$. Being insured had experienced a higher quality of life than uninsured, β (95% CI), 4.15 (2.52, 5.77), and $P < 0.001$. Marital status other than married had lower quality of life experiences than married alone, β (95% CI), -6.83 (-9.75, -3.92), and $P < 0.001$. Male respondents were experiencing lower quality than females, β (95% CI), -2.49 (-4.25, -0.72), and $P = 0.006$. Family number of the household and quality of life had positive linear relations, β (95% CI), 0.87 (0.43, 1.31), $P < 0.001$.

Conclusions: Being insured had positive implications for quality of life. Inhabitants have to be encouraged to the scheme membership.

Keywords: Ethiopia, Uninsured, Universal health coverage.

ABSTRACT 303: Linda Uzazi: A Multifaceted Approach Towards Improving Maternal and Child Health Outcomes in Underserved Communities of Kitui County

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Background: Maternal and child health remains a global priority, particularly in resource-constrained settings. Kitui South sub county grapples with significant barriers that hinder access and optimal utilization of quality maternal and child health services. Women begin prenatal care late and fail to attend 8 antenatal care (ANC) visits recommended by WHO. Long distances to health facilities, high transport costs and limited awareness on the importance of early ANC, social-cultural beliefs are among the barriers. In response, CMMB introduced a Group Antenatal initiative dubbed Linda Uzazi, to enhance accessibility and quality maternal health services.

Implementation: In 2019, CMMB sensitized the health management teams, Healthcare workers (HCWs) and Community Health Promoters (CHPs) on group ANC implementation. CHPs mobilized pregnant mothers for services and formation of groups. The mothers were cohorted according to their age (below 19 & above 20 years) and gestational age at first contact. A total of 66 groups were established in 43 health facilities (HFs). HCWs scheduled pregnant mothers on the same day each month for a comprehensive package of integrated services and information. The women received individualized care. Group education is done by either a HCW, CHP or an experienced mother. Through the groups, women learned from each other and developed strong peer support. The social capital and loans raised in the groups promote individual birth planning.

Outcomes: Through the initiative, fourth ANC and SBA coverage improved from 34.4% in 2019 to 64% in 2022 and 47.5% in 2019 to 75.4% in 2022 respectively. Further, home deliveries reduced by 33% as at 2022. The immunization coverage improved from 64% in 2019 to 88.5% in 2022.

Conclusion: Group ANC presents a promising strategy for enhancing MNCH care. The results underscore the need for the continued expansion and replication of such initiative in similar contexts to further improve MNCH outcomes.

ABSTRACT 39: The Capacity of the Ethiopian Primary Health Care System to Achieve Universal Health Coverage and SDGs

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| Scientific

Background: Strong primary health care (PHC) system requires adequate capacity to deliver quality PHC services to the population. Assessing the capacity of PHC systems helps to provide information on the state of the PHC system and informs evidence-based decision-making.

Methods: We assessed the capacity of the Ethiopian PHC system in-terms of input domains such as physical infrastructure, health workforce, medicines and medical supplies, and health information systems, using the WHO's PHC Measurement Framework and Indicators (PHCMFI). Data were collected through a review of documents, secondary datasets, and key informant interviews. Indicators for each domain were assessed based on selected indicators and an average domain score was computed by taking the unweighted average of indicators in each domain.

Results: The average infrastructure score was 55%, with the lowest score for availability of communication equipment (32%) and improved water (53%). The average score for medicines and medical supplies was 47%. Essential medicines and basic laboratory diagnostic tests were available in 39% and 48% of facilities, respectively. The health workforce density for core professional categories (physicians, nurses, and midwives) was 1.23 per 1000 population, which is only 28% of the WHO's standard to achieve UHC. Comprehensive workforce motivation mechanisms were not in place. The average health-information system score was 38%, with low birth and death notification and registration, and data quality and use were sub-optimal.

Conclusions and Recommendations: The assessment revealed that the capacity of the Ethiopian PHC system in-terms of PHC inputs is sub-optimal to deliver quality PHC services. This calls for improving the availability of basic amenities at PHCs, strengthening the logistics management system, and designing and implementing workforce motivation mechanisms. Furthermore, it is imperative to improve data quality and use through mentorship, supervision, regular review, and feedback and building the capacity of PHC performance monitoring teams.

ABSTRACT 195: Combating low COVID-19 Vaccination Uptake through a myriad of Mobilisation Approaches: A case of Saving Lives and Livelihoods Project (Malawi)

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Background: Malawi like the rest of Africa, had significantly lagged behind in achieving the recommended 70% coverage. Amref, through Africa CDC Saving Lives and Livelihoods (SSL) project supported Ministry of Health's (Malawi) efforts to achieve 70% coverage of COVID-19 vaccination among eligible populations by July 2023. The SLL project targeted Blantyre, Lilongwe and Mzimba North districts.

Implementation: Amref initially relied on volunteers to mobilise clients for COVID-19 vaccination to outreach COVID 19 Vaccination Centres (CVCs). However, the yield from this strategy was very low (1,317) in the 1st month (October 2022) compared to the monthly target of 40,000. Other mobilisation strategies were adopted including outreach clinics targeting institutions or gatherings like markets, work places, prisons and football matches; school outreach clinics; and door-to-door vaccinations.

Outcomes: Mixed approach resulted in the increase in figures of doses per month from 1,317 in October 2022 to 3,444 in November 2022, 8,967 in December 2022 and 25,192 in March 2023[1]. Most (39%) of doses were realised from door to door; 12% from outreach clinics; and 8% were from school outreach clinics. The rest (41%) were from static clinics and back data entry. The project ended up contributing to the increase in overall COVID-19 vaccination coverage from 19% at baseline to 31% in Blantyre, 21% to 24% in Lilongwe and 30% to 53% in Mzimba North[2]. Overall, the project contributed 63% (158,278) of all doses (251,248) administered across the 3 districts during the project period[3].

Conclusions and recommendations: Flexible in use of client mobilisation strategies and provision of services closer to beneficiaries increases beneficiary service utilisation evidenced by the results. [1] SLL Project data[2] Covid-19 Vaccination coverage as at June 2023, EPI-MoH[3] Covid-19 Vaccination coverage as at June 2023, EPI-MoH

ABSTRACT 67: Epidemiology Of Sexual Dysfunctions: The Case Of Patients At The Sexology Clinic, Nairobi Kenya

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Background: Silence on sexual health in most parts of the world makes it difficult to estimate the prevalence of sexual dysfunctions. Evidence in open societies shows sexual dysfunctions are common diseases in primary healthcare settings. The culture on sex in Africa has a direct impact on the availability of sexual health services. Health systems cannot adequately plan and avail services without understanding the disease patterns. In Kenya, there is paucity on epidemiology of sexual dysfunctions due to unavailability and uncollected routine data on sexual dysfunctions. This study aimed to outline the sexual dysfunctions among patients seeking health services in the sexology clinic in Nairobi.

Methods: Quantitative retrospective analysis was done. The study was done at the sexology clinic in Nairobi. Records of patients seen at the clinic for 12 months were analysed. A total of 396 files were reviewed (362 males and 34 females) with a standard tool developed by the researchers. Socio-demographic and medical details of patients were captured. Data was analysed with SPSS and expressed in tables and figures. Disease associations to socio-demographic characteristics were analysed. Classification of sexual disorders was done using the International Classification of Diseases-11.

Results: The prevalent sexual disorders in both genders were: sexual arousal problems (76.4%), sexual desire problems (16.42%), and orgasmic disorders (3.6%). Congenital sexual disorders (0.09%) were the least common disorders. Disease distribution were dependent on patient age and sex. Ethnicity and religion didn't affect disease distribution.

Conclusion: The sexual dysfunctions seen in Nairobi were similar to those in other populations where studies have been done.

Recommendation: Health promotion programs in other populations should be customized to Nairobi population because of similar disease patterns. Treatment should be adapted from countries with advancement in sexual medicine. The health system should collect routine sexual health data to help with planning treatments.

ABSTRACT 71: Expanding the use of community health workers in rural settings: a potential strategy for progress towards universal health coverage

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Introduction: Community health worker (CHW) programmes have been used for periods to improve access to health services in rural settings in low- and middle-income countries. With more than half of the world's population currently living in rural areas and this population expected to grow, equitable access to health services in rural areas is critically important. The main aim of this study was to understand the extent to which CHW programmes have been successfully increases progress towards universal health coverage in Masogo sub county Hospital, Kisumu county.

Methodology: The study design included developing a questionnaire that administered after a population frame 50 CHW had been determined through cluster sampling method to get required sample size. The study was descriptive cross sectional. Data was collected using a structured questionnaire and was analyzed using computer data base SPSS, chi-square and presented using texts, pie charts, tables.

Result: out of 50 CHW 50(100%) of the CHW had a knowledge on their responsibility within the community while 40 (80%) of them were able to refer those who are sick for medication to the Hospital easily and in good time. On the management of some condition 50 (100%) of the CHW were able to test and treat some condition such as malaria while for the ANC mother 100% of the pregnant women were able to deliver in the hospital.

Conclusion: From the study we found that CHW have play a great role in reducing under five children death with the hospital catchment area and also increase the linkage percentage rate of the community members to the hospital. The main challenge which the CHW were experiencing was lack of motivation from the facility.

Keywords; Community health, Primary health, Rural health.

ABSTRACT 20: Primary Care Network (Hubs and Spokes). A Major Pillar to PHC: Samburu East Assessment Lessons, Samburu County

Geoffrey Mukuria¹ | ¹Ministry of Health| KENYA| Scientific

Background: Global evidence has shown that primary health care can facilitate the achievement of primary health care. The objective of the assessment was to conduct a baseline assessment of the Primary care Network in Samburu East. The assessment was significant as it informed the establishment of primary hubs and spokes in Samburu County. The findings informed the establishment of other Primary Care Networks in the County.

Methods: It was a survey by design. A questionnaire was designed by a selected team, and shared with other stakeholders for their input. The questions were in line with the WHO building blocks. The assessment was carried out in all 20 public health facilities in Samburu East. Data was collected from healthcare workers. Data were coded and analyzed using SPSS version 26.

Results: Human Resource: 58% of healthcare workers had been trained on LARC. Most healthcare workers had not been trained on KQMH (9%) and HMIS (12%). Health Leadership and Management: 20% of committees were not functional. 30% had the committees trained on their roles. Health Financing: 15% of facilities filled NHIF claims. Health Infrastructure: 10% had no source of power, 15% received water from the municipal reticulation network and 70% relied on rainwater harvesting.

Service Delivery: Out of the QITs formed, only 45% were functional. 30% had a standby gas for solar/electricity immunization fridge. Health Commodities and Supplies: 50% had essential medical drugs available at the time of the visit. Health Information System: 60% of the community units had no community unit chalkboard.

Conclusions and Recommendations: Orient healthcare workers on Kenya PHC strategic framework. Consider refresher training for health Committees. Upgrade facility to offer essential services. Accredite facilities with NHIF. Improve water catchment. Ensure that facilities have adequate drugs. Print and distribute MOH/HIS tools

ABSTRACT 179: Co-creating behavior change Communication for market-based menstrual health and hygiene: Case of USAID funded Western Kenya Sanitation Project.

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Low stakeholder engagement in developing social behaviour change packages hinders girls' and women's ability to practice good menstrual health and hygiene (MHH). Western Kenya is characterized by inadequate basic information on management of menstrual cycle. This undermines health improvement, limits opportunities and lowers the social status of women and girls, and reduces the opportunities for a market-based MHH platform. Thus, interventions have not significantly contributed to improving MHH services, dignified client interactions and community responses to existing and emerging menstrual problems. This also reduces demand for, access to and uptake of market-based MHH services and products at the household level. To 'break the silence' and establish a market-based MHH platform by ensuring MHH awareness and access to accurate and consistent MHH information and education, and to promote sustainable stakeholder participation, the USAID-funded Western Kenya Sanitation Project adopted a co-creation approach with stakeholders in the counties of Bungoma, Busia, Kakamega, Siaya, Homa Bay, Kisii, Kisumu, and Migori, to develop a social behavior change and communication strategy. The co-creation process focused on five key areas: (i) identified key target audiences (primary, secondary, tertiary) and preferred channels for MHH information, (ii) established a multifaceted approach to MHH in the collection and dissemination of MHH information through advocacy, social mobilization, community mobilization and engagement, (iii) fostered innovation for communicating MHH through engagement of community health promoters, social media and radio programs, and (iv) increased the capacity of county government officials to effect sustainable change in MHH communication. The co-creation process facilitates the alignment between individuals and other members of the stakeholder group with cross-pollination of expertise and viewpoints, which in turn moves the participants from the end of the value chain to being central in planning and delivering MHH information. This has catalyzed an all-systems approach that enables adaptability for all-inclusive and sustainable implementation.

ABSTRACT 156: Effectiveness of indoor residual spray on malaria control; review of malaria cases among children under five years in Rachuonyo North Sub County, Homa Bay County.

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Background: Indoor residual spraying (IRS) is one of the core interventions implemented in western Kenya for prevention of malaria. IRS has been implemented in Homa Bay County from 2018 to 2023. The objective of this study was to assess the effect of IRS on malaria cases among children under 5 in areas sprayed with organophosphates and neonicotinoids and without IRS.

Methods: A retrospective study was conducted to assess the trend of malaria incidence over the last four years (2019 - 2022) using recorded blood smear reports in laboratory registers in health facilities. Data was retrieved from health facilities in Rachuonyo North sub-county in Homa Bay County (IRS plus pyrethroid-only ITNs) and Nyakach sub-county in Kisumu County (pyrethroid-only ITNs). Descriptive analysis was performed, and malaria incidence rates estimated for each sub-county. The association between the incidence rates, sub-county and season were determined by regression analysis.

Results: Over the last four years, a total of 37,008 and 37,295 malaria-suspected cases were tested for malaria in Rachuonyo North and Nyakach, respectively. In Rachuonyo North, the highest incidence was observed in 2020 (12 per 1000 population) and lowest in 2021 (8.3 per 1000 population). In Nyakach, the highest incidence was recorded in 2022 (295 per 1000 population) and lowest in 2019 (223 per 1000 population). Malaria was recorded all year round with two major malaria peak seasons observed: one from January to March and September to November. A significant variation of malaria cases was observed across the sub-counties ($p < 0.05$).

Conclusion: Malaria reduction in Rachuonyo North seemed to be associated with the implementation of IRS and standard ITNs since 2018. Although a reduction in malaria cases has been recorded in Rachuonyo North, additional interventions beyond ITNs may need to be put in place in Nyakach to facilitate further burden reduction as was the case in Rachuonyo North.

ABSTRACT 205: Reach every child strategy for improving access and utilization of immunization Services in Hard-to-Reach Areas: a case of Mambai Community Unit, Vihiga County, Kenya

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Background: Access to quality essential healthcare services and vaccines for all is key to achieving universal health coverage. Inequities driven by differences in place of residence and socio-economic status persist among different communities hindering the achievement of sustained performance on immunization indicators. Innovative community-based Reach Every Child (REC) interventions can reduce these local inequities. This study determines the effect of an enhanced door-to-door mapping of immunization defaulter's strategy on improving immunization coverage.

Methods: This was a cross-sectional review of the facility immunization data for April, May and June 2023 for Givudimbuli Health Center. Through review of the Immunization data, all the unimmunized children on Measles-Rubella (MR) 1&2 and Malaria vaccines were identified and documented in the defaulter tracing register. In July 2023, intensified 5-day door-to-door defaulter tracing by community health volunteers (CHV) was conducted in every household where they collected the Mother-child booklet from parents for verification of immunization status and ask them to go for immunization at the facility. Immunization coverage performance was measured against the facility immunization target

Results: Cumulatively, a total of 85 unimmunized children were identified within the period. MR1 -6, MR2-49, and malaria vaccine 30. Of the total unimmunized children, 86% (73/85) were traced and immunized. Some were traced but had not yet been vaccinated 5% (4/85). Nine per cent of the unimmunized children were lost to follow-up. There was significant increase in immunization coverage for measles-Rubella 2 vaccines at 175% (42/24). During verification, three children were found to have been immunized but was not captured in the permanent register.

Conclusion: Hard-to-reach populations require multiple REC strategies to reach every child with immunization. Health facilities should actively analyze and use routine immunization data and invest in community health strengthening systems to identify hard-to-reach areas to be targeted with outreaches to improve immunization coverage.

ABSTRACT 142: Eliminating Gender-based violence against women and girls by addressing underlying causes and ensuring access to reproductive health rights: A case story of Spotlight Initiative, Malawi

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Background: Malawi faces significant Sexual and Reproductive Health Rights (SRHR) challenges, including high rates of violence against women (37.5%), early motherhood, and child marriages. The Spotlight Initiative (SI), a collaborative endeavour involving the Malawian government, the European Union, the United Nations, and Civil Society, strives to address these issues. Implemented in partnership with Amref Malawi, the initiative aims to eradicate violence against women and girls, including Sexual and Gender-Based Violence (SGBV) and Harmful Norms by addressing culturally rooted practices that fuel GBV.

Implementation: The SI project has six pillars and Amref is implementing pillars 3 and 4, focused on prevention and changing social norms; and delivering essential quality services through GBV survivor support respectively. Amref deals with elimination of harmful social/cultural norms through implementation of safe space mentorship, which provides secure environments for positive behaviour change, economic empowerment for gender equality and male involvement through barbershop tool kit strategy to challenge harmful norms and gender inequalities.

Outcomes: The initiative has achieved notable outcomes, including 227 adolescent girls and young women (AGYW) returning to school, 993 AGYW accessing contraceptives and 85 AGYW holding leadership positions within community structures. AGYW's efforts have led to reporting of gender-based violence cases, with 139 cases referred to community victim support units (CVSUs) for follow-up and 201 early marriage cases withdrawn. Moreover, 1103 AGYW have experienced economic empowerment, with 102 of them doing small-scale businesses and funding their education independently.

Conclusion: The initiative highlights the importance of involving youth, leveraging community structures (CVSUs), and integrating male interventions in combating gender-based violence against women. Challenges like cultural beliefs and resource limitations point to the need for continuous community sensitization and economic empowerment to drive a sustainable positive change for women and girls to enjoy their SRHR to the fullest.

ABSTRACT 270: Application of user-centred design in strengthening the participation of communities in the implementation of Service Delivery Redesign in Kakamega County

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Background: Sustainability and utilization of primary care interventions require implementing around users' experience and expectations. Service Delivery Redesign (SDR) begun implementation in 2021 in Kakamega, requiring a deeply empathetic approach to engaging stakeholders. Their involvement needed to be authentic enough to provide an acceptable package of solutions towards reducing stagnated maternal and neonatal mortalities. Jacaranda Health worked with Thinkplace to use Human centered design (HCD) approach to successfully engage key stakeholders on the SDR project.

Implementation: Through the HCD process, 302 sampled stakeholders played a crucial role in co-creating the SDR implementation pathways. This process involved identifying barriers in the healthcare system at community and hospital levels, designing and testing adaptations from the current service delivery model. The ideation processes leveraged use of card sorting, money activity, visual aids, good advice corner, interviews and focus group discussions. Continuous engagements did expose users to aspects of the adaptation process and documenting feedback on what works. This way, the final interventions were designed and refined by users through rapid feedback loops.

Outcomes: Developing user-centric solutions: Adaptations in hospital infrastructure and reorganization of service points in 2 hospitals and 16 dispensaries met user's expectation leading to ~30% increase in utilization of the revamped spaces. Promoting acceptability and ownership: 88% of stakeholders pledged support for the SDR model. De-risking the model: Being a new innovation, SDR could have suffered the risk of stakeholder rejection if not for HCD. Replication of HCD in government decisions: Kakamega County has established a technical working group to use HCD in identifying and testing service delivery improvement ideas.

Recommendations: Success of primary care interventions is highly dependent on community participation. Embedding users' perspective during a HCD process has proved effective across stakeholders, hence an approach we highly recommend to public and private sector actors.

ABSTRACT 170: Assessing the Socio-economic and Demographic factors associated with Health Seeking Behavior among people of Dodoma Urban District

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Background: Community attitudes and perceptions of health needs significantly impact health promotion. However, many people in Dodoma Urban District do not seek health services, highlighting the need for a quantitative cross-sectional study to identify predictors of health service utilization.

Objectives: The study aims to assess demographic and socio-economic factors influencing health-seeking behaviors among individuals in Dodoma Urban District.

Methods: A 2022 cross-sectional study involving 384 participants from Dodoma Urban District, targeting male and female community members aged 18 and above, used an interviewer and self-administered structured questionnaire. Data analysis was performed using SPSS version 20 for descriptive statistical information.

Results: The study involved 200 community members, with 124(62.0%) exhibiting poor health-seeking behavior. The factors which were associated with the health seeking behavior of the community members were age (AOR:2.373,95%CI: 1.152-4.890, P= <0.05), marital status (AOR:0.151,95%CI:0.032-0.704, P=<0.050) and health insurance (AOR:2.217,95%CI:1.181-4.159, P= <0.05) for the Demographic factors while for Socio-Economic factors, there was first treatment option of the community member (AOR:3.015,95%CI: 1.612-5.641, P= < 0.05). With regarding to the association between health belief model constructs with health seeking behavior, the following are the constructs involved perceived susceptibility(AOR:8.508,95%CI:4.223-17.138,P=<0.001),perceived benefit (AOR: 0.130, 95%CI:0.050-0.215,P=<0.001), perceived barrier(AOR:2.032,95%CI:1.016- 4.063,P= 0.045) and cues to action(AOR:0.024,95%CI:0.006-0.101,P=<0.001).

Conclusion: The study found that majority of community members had poor health seeking behavior, with demographic factors such as age, marital status, and health insurance being associated with this behavior while Socio-economic factors included first treatment option. Also,

health belief model is linked to health seeking behavior, with perceived benefits, barriers, susceptibility, and cues influencing it. Hence to improve community health, policies and strategies should focus on providing effective, accessible, and affordable healthcare services

AF 2.1: Track 1.3 Quality Service Delivery

ABSTRACT 271: Utilizing a ticketing service for equity, accountability, and efficiency in MCH service delivery in Kakamega County, Kenya
Catherine Gitau¹, Olivia Okeno¹, Victor Bwire¹, Maryanne Mwangi¹ | ¹Thinkplace | KENYA | Best Practice

Background: Public health facilities have often been associated with long waiting times, overcrowding, and friction between clients and healthcare workers. Optimizing patient experiences has been highlighted as a critical component of improving the quality of care. Kakamega County partnered with Jacaranda Health and ThinkPlace Kenya to improve the quality of care through a ticketing process for MCH services.

Implementation: Since 2022, ThinkPlace has piloted a manual ticketing service with 11 health facilities. The ticketing process is initiated during Triage with colour-coded tickets for different MCH services. Before introducing ticketing, mothers placed their books at a desk in the waiting area while the healthcare workers waited for books to pile up to be sorted according to the services sought. This would create confusion and friction as books got mixed up, and some Healthcare workers sneaked in clinic books for their friends to be served first.

Outcomes: Impact: Ticketing service is working in 11 health facilities in Kakamega county, benefitting an average of 800 mothers monthly. Promoting equity: Mothers reported increased satisfaction, citing fairness in issuing tickets and services on a first-come, first-served basis. Increasing efficiency: The process unpacked idle time in service rooms, enabling mothers to proceed directly to service rooms. It also revealed duplication of efforts, prompting healthcare workers to integrate services. Innovation: Healthcare workers have nurtured an innovation mindset to sustain the ticketing process by developing innovative ways of ensuring compliance.

Conclusion and recommendations: Ticketing could transform the experience of mothers seeking services in PHC. We recommend adopting a ticketing process across PHC facilities to improve equity and create efficiency in service delivery.

ABSTRACT 315: Monitoring the quality of laboratory testing at primary healthcare level through participation in a proficiency testing programme

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Background: Despite the key role played by medical laboratories in patient management and control of diseases of public health importance, quality of testing is often unknown. Effective patient care and public health interventions cannot be achieved without accurate laboratory testing. The East African Regional External Quality Assessment Scheme (EA-REQAS) was established in 2009 to measure laboratory performance across a range of basic tests, and provide a benchmark against which laboratories can improve the quality of testing.

Methods: Between 2018 and 2022, EA-REQAS distributed ten surveys of proficiency testing (PT) materials. Each survey comprised seven laboratory materials pre-prepared by the Amref Central Laboratory with known but undisclosed results. Surveys were designed as clinical scenarios with 16 clinical, laboratory practical and theory, and public health questions. Laboratories processed the materials, answered the questions and submitted the results using an online template. Amref provided immediate feedback reports to each laboratory and a composite report where performance of all laboratories was benchmarked.

Results: At the end of 2022, 156 primary-level laboratories in 10 countries were enrolled. Materials included serum for HIV and syphilis testing, blood slides for malaria parasites, blood lysate for haemoglobin measurement, slides of sputum for detecting tuberculosis bacilli, thin blood films for blood cell morphology, and slides of bacteria for Gram staining. Mean performance ranged from 55.5 - 60 % (accepted performance $\geq 80\%$). The most challenging tests were slides for tuberculosis bacilli, blood slides for malaria parasites, and blood films for blood cell morphology.

Conclusions and Recommendations: The performance of basic tests including HIV testing and TB screening are not performed to 100% accuracy. Major gaps in laboratory quality require refresher training of staff and attention to quality of laboratory equipment and reagents. PT is an essential tool for continuous quality monitoring and identifying areas that require improvement.

ABSTRACT 275: Enhancing Oxygen Access in Primary Health Care Facilities in Bungoma County, Kenya: Evaluating Innovative Approaches

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Background: In low and middle-income countries, medical oxygen shortages in hospitals impact critical care, surgeries, and treatment. Higher-level facilities in Kenya offer comprehensive oxygen supply but lack readiness for critical respiratory support. This study assessed an innovative oxygen delivery model in level 2, 3, and 4 facilities to improve medical oxygen utilization and reduce referrals.

Methods: Conducted in 20 facilities between October 2022- June 2023. The study had four oxygen delivery scenarios based on distance to referral, existing oxygen infrastructure, patient workload and power availability: Scenario 1 were dispensaries near higher-level facilities equipped with one concentrator. Scenario 2 were facilities with existing oxygen infrastructure, equipped with a concentrator and backup low pressure reservoir. Scenario 3 were high volume facilities with pre-existing oxygen infrastructure equipped with a concentrator and backup cylinder. Scenario 4 were facilities located far from higher-level facilities equipped with a concentrator and backup concentrator. Facilities received oxygen accessories and training. Clinical data was collected in 6 facilities and technical data from all facilities.

Results: Of 11,903 patients, 99% (n = 11,829/11,903) were screened for hypoxemia, and 0.87% (n=103/11,829) received oxygen. Among those receiving oxygen, 90.3% (n=93/103) used project equipment (concentrators; n = 85, cylinders; n = 3, LPR; n = 5), while 9.7% (n=10/103) used facility equipment. Patients presented with diverse conditions: upper respiratory infections (n=1,724), malaria (n=1,618), common cold (n=428), among others. 2% (n=222/11,903) exhibited SPO₂ levels below 90%, 93% (n=11,098/11,903) displayed SPO₂ levels exceeding 90%, and 5% (n=583/11,903) lacked recorded SPO₂ readings. Notably, only 46% (n=103/222) of patients with SPO₂ levels below 90% received oxygen therapy.

Conclusions and Recommendations: Providing essential oxygen equipment and training to healthcare facilities can enhance oxygen access, potentially reducing referral and improving healthcare outcomes in resource-constrained settings. However, more sensitization and training is required at the PHC level to improve utilization.

ABSTRACT 157: Developing a customized approach for strengthening Quality laboratory diagnostics in resource limited settings: Lessons from Homa Bay County Inter-Laboratory Comparison program

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Background: Participation in an external quality assessment (EQA) program or Inter-laboratory comparison (ILC) as required by ISO 15189 standards provides a useful external supplement to the various internal quality controls procedures, which must be employed in the laboratory to maintain a high degree of reliability in the production of results. We developed ILC in 202 as a customized approach to assess the testing phase of Laboratories.

Method: Biannual surveys comprising of 3-5 Tuberculosis smear slides, Malaria blood slides, Serum sample for syphilis and Hepatitis, whole blood for CD4 and complete Blood Count (CBC) were prepared by the liaison committee using standard procedures and validated by an accredited laboratory then distributed to enrolled participants, tested and result submitted by email to the committee. Results are analyzed and feedback reports sent back with advice for corrective action on unsatisfactory performance.

Results: Six surveys have been conducted with participant enrollment increasing from 10 at pilot to 60 at survey six. Malaria parasite species identification performance increased from 30%(3/10) at survey one to 79%(37/47) in survey six. Parasite quantification remained poor at 21%(10/47). Errors of High false negative in TB microscopy were the highest at 14%(33/235). Serology has sustained a performance of 100% across the surveys; however, participation in CD4 and CBC has not been optimal due to inconsistent reagent supplies. Mentorship has been utilized to support unsatisfactory performance corrective actions across sites with quarterly performance reviews incorporating all the stakeholders.

Conclusion: ILC has proved to be an important tool in process improvement and its utilization by accredited laboratories during assessments have demonstrated a cost-effective means of achieving quality while also reaching out to expanded participation. Effective implementation of this program can be used to assess staff competency, performance of equipment and reagents as part of post-market surveillance.

ABSTRACT 268: Quality Client-Centred Services for Key Population in Magena Hospital, Kisii County

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Background: Community ART service delivery model for female sex workers continue to be scaled up with the goal of expanding access to HIV services. In 2016, Kenya Ministry of Health adopted differentiated care service delivery and published guidance “Improving the Quality and Efficiency of Health Services in Kenya. DSD is a client-centred approach that simplifies and adopt HIV services across community

Objective: To determine key population willingness to take ART through community Art groups

Material/ Methods: A retrospective programme implementation from 2015 when integration of KP services was started .Enrolling 1170 female sex workers(56 HIV positive)all above 15 years of age .Through monthly psychosocial support group ,client categorized on residential locality and friendship. In February 2022,2 DSD groups (mogonga, magena) 15 and13 members .Meeting quarterly agreed point an appointed member collect drugs from facility.Verbal consenting was done.Health monitoring and annual viral load taken at the facility .

Results: By June 2023, 2 Community ART groups, each with15-13 FSWs were enrolled into Community ART model .100% turn out during refill days, no missed appointment, lost to follow-up and no discontinuation.All the 28 are viraly suppressed.Stigma and disclosure was addressed. Future plans of establishing a merry-go-round underway. The model has reduced facility waiting time, with improved quality of life to the clients and reduced transport costs.

Conclusion /Recommendations: Community ART groups have improved quality of life to FSW at Magena integrated DICE, Inadequate resources to manage the rising needs, data quality in resource resource-constrained settings and limited human resource constraints remain a challenge to be addressed. Community ART groups improved retention and viral suppression, hence,a model to be adopted across the county.

ABSTRACT 294: Evaluation of the Pioneer Amref Nursing Oncology Programme in Kenya

Alice Lakati¹ | Patrick Okwarah¹ | ¹Amref International University | KENYA | Scientific

Background: Cancer is the third leading cause of mortality in Kenya after infectious and cardiovascular diseases. The need for nurses to provide quality care for cancer patients is undisputed. The Amref Nursing Oncology Programme was launched in 2019 to scale up the training and competencies of nursing professionals in cancer care and management in Kenya.

Objective: To evaluate the learners and graduates of the programme on their reaction, knowledge gain, placement and preferred learning mode in the nursing oncology training programme using the Kirkpatrick approach.

Methods: A mixed-methods study design was adopted to collect data from 109 graduated, 47 ongoing students as well as 11 oncology experts and departmental heads at Cicely McDonell College of Health Sciences (CM-CoHes), KNH School of Nursing and Moi Teaching and Referral Hospital College of Health Sciences. Quantitative data was analyzed using SPSS whereas qualitative data was analyzed thematically using NVivo software.

Findings: Overall, 92.2% and 90.7% of continuing and graduated students respectively, reported satisfaction in all measures of the teaching environment and learning support. CM-CoHes-allied learners were the most satisfied of both graduated and ongoing cohorts. Overall, graduated oncology students reported increased competency in all seven (7) oncology curriculum areas at 91 % versus 35.8%, when the before and after training measures were compared. hopefully, only 32% of graduated nurses were working in oncology-related units with 10% unemployed. 55.3% of ongoing students preferred physical training with 56.9% of graduated students preferring a blended curriculum.

Conclusions: Skills and knowledge acquisition by nurses were demonstrated. However, some students risk losing these skills as some of those who had graduated were neither employed nor placed in oncology units. To guarantee quality care, there is need to scale up the programme with provisions for hybrid modes of learning as well as support the appropriate deployment of oncology nurses

ABSTRACT 216: Universal Access to Maternal Health Care in Bungoma County Through the Primary Health Care Project

Prudence Khaoya¹ |¹Kenyatta University | KENYA | Best Practice

The Primary Health Care project is an initiative aimed at enhancing health at the grassroots level. The project intends to enhance improved health outcomes for women and new-borns, bring down the statistics regarding teenage pregnancy, and make sure that there is an increase in ante-natal care visits in Bungoma County. The project entails various activities along the lines of making sure that Bungoma residents gain improved access to healthcare services. Improved access will be enabled through the input of Community Health Volunteers (CHVs) charged with keeping track of individual cases. The project involves approximately 3,400 CHVs spread evenly across the county. The project aims to benefit pregnant women as well as other sick individuals who do not have access to healthcare facilities. The project also involves the input of Sub-County health care providers who receive sensitization on the said project as they are part of the lead team in implementation. Other stakeholders in the project include Marie Stopes, Stage Media Arts, the Bungoma County government, and Options MAMAYE. With the CHVs working collaboratively with the Sub-County health care providers, mothers in Bungoma will access an improved healthcare system. In the long run, it is envisioned that maternal deaths in the county will also reduce. With maternal and neonatal mortality rates as one of the most important indicators of health care service, Bungoma County administration can learn about its status and performance levels. This project is a positive step towards the attainment of universal health coverage. With the attainment of the desired outcomes, Bungoma County will contribute to the attainment of goal 4 and 5 of the Millennium Development Goals: “Reduce child mortality and Improve maternal health.”

WEDNESDAY 29TH NOVEMBER 2023 - 4.15 PM - 5.45 PM

AG 1: Track 1.4 Digital Information for PHC

ABSTRACT 276: Monitoring Power Quality in Homabay, Siaya, and Vihiga County Referral Hospitals, Kenya

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Introduction: Unreliable power in healthcare facilities hinders quality care delivery, leading to equipment breakdowns which reduce their profitable life span due to power outages, sags and surges. Power outages continue to be a significant concern, especially for hospitals that need to provide uninterrupted healthcare services. Consistent and clean power is crucial for effective healthcare. This study aimed to provide visibility into facility power issues in Homabay, Siaya, and Vihiga County Referral Hospitals.

Methodology: Data was collected from October 2021-July 2022 in the 3 county-level health facilities using ACR Powerwatch Power Quality Monitors (PQMs). These devices were plugged into power outlets and monitored voltage disturbances, outages, and surges. Data was then downloaded using Lite-Link Logger-PC cables connected to laptops and submitted to Kobo Toolbox servers for analysis.

Results: Results revealed insights into power outage frequency, duration, and patterns. Homabay experienced 397 power outages in 102 days (3.9 per day), Siaya had 540 outages in 172 days (3.1 per day), and Vihiga had 591 outages in 274 days (2.2 per day). N-G surges, deviations from expected neutral-ground voltages occurred frequently: Homabay had 11664 in 102 days (114.4 per day), Siaya had 7697 in 172 days (44.8 per day), and Vihiga had 69 in 274 days (0.3 per day). H-N surges, deviations above expected voltages, were less common: Homa Bay had 37 in 102 days (0.4 per day), Siaya had 16 in 172 days (0.1 per day), and Vihiga had 50 in 274 days (0.2 per day).

Conclusions and Recommendations: Power outages and surges reduce timely access to medical equipment service delivery and may cause equipment malfunction. Understanding these power issues is crucial for healthcare equipment and facility maintenance. The findings are key to inform advocacy briefs on power availability, power quality and equipment protection.

Keywords: Power Quality, Outages, Surges, Sags

ABSTRACT 245: Leveraging Digital Information for Primary Healthcare: A Case Study of the Kenya Malaria Youth Corps

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Background: In the realm of global health, the effective utilization of digital information has emerged as a pivotal tool for advancing primary healthcare (PHC) initiatives. This case study delves into the innovative practices of the Kenya Malaria Youth Corps (KeMYC) a dynamic and community-driven organization who have harnessed the power of digital information in revolutionizing malaria control and improve PHC outcomes.

Implementation: Educational Campaigns: Leveraging social media and mobile apps, the KeMYC disseminates malaria prevention and treatment information to the community. Engaging multimedia content, including videos and infographics, ensures that critical information reaches a wide audience, enhancing community awareness and behavior change.

Data-Driven Decision-Making: The KeMYC utilizes data analytics and machine learning algorithms to predict malaria outbreaks and assess the impact of interventions. This data-driven approach enhances the efficiency and effectiveness of PHC efforts.

Community Engagement and Empowerment: Through digital platforms, the KeMYC fosters community engagement, encouraging individuals to actively participate in malaria control efforts. They promote the recruitment of local volunteers and encourage citizen reporting of potential malaria cases.

Outcomes: The Kenya Malaria Youth Corps has harnessed digital information to strengthen PHC services and combat malaria. Their innovative approach not only demonstrates the potential of digital technologies in healthcare but also serves as a model for other regions grappling with infectious diseases and healthcare disparities.

Conclusion: As the world continues to grapple with health challenges, the lessons learned from the KeMYC's experience underscore the transformative power of digital information in advancing primary healthcare and improving health outcomes.

ABSTRACT 140: The effect of digitalization of data collection tools on data quality

Gloria Kokwijjuka¹, Kawua Karungi ¹, Sarah Kweyamba¹, Rita Mutayoba¹, David Shayo¹, Yasinta Bahati¹, Juhudi Mfaume¹ | ¹ Amref H ealth Africa | TANZANIA | Scientific

Background: Data collection is a critical component of any successful project. Quality of data collected directly impacts validity and reliability of subsequent analyses and decision-making. With advancements in technology, data collection tools have evolved, offering a wide array of options to collect, store, and manage data efficiently. This ABSTRACT delves into the effect of data collection tools on improving data quality, focusing on their capabilities to enhance accuracy, consistency, completeness, and timeliness.

Methodology: To curb data quality issues, SLL conducted weekly data verification meetings, daily phone calls, regional data review meetings and DQAs in order to make sure reported data is valid, precise, reliable, timely and integrous. Digitalization of data was done through uploading the SLL daily reporting template to ODK (Open Data Kit) in order to address inaccuracy, reliability and untimeliness of data. It is an open-source mobile data collection platform where forms can be filled offline and sent when a connection is found. Data can be viewed, downloaded, and used as desired. ODK minimizes errors, miscalculations and inconsistencies brought about by the earlier used ways of collecting data

Results: As a result of using ODK, data quality has improved tremendously. Data cleaning for October-December indicated 14.27% discrepancy while the discrepancy in January to May 2023 was 0.043%. Data is now entered timely, more accurate and reliable.

Conclusion: Conclusively, utilization of modern data collection tools, in this case ODK, has significantly improved data quality by enhancing accuracy, consistency, completeness, and timeliness of data. Programs should carefully select appropriate tools, develop proper protocols, and implement data validation measures to capitalize on the advantages of these tools and maintain the integrity of the collected data. The quality data reported by SLL has been highly influenced by changing to a standard online reporting tool (ODK) which ensures data is always protected.

ABSTRACT 191: Digital health tools to improve quality of care for child survival, growth and development.

Andolo Miheso¹, Janet Shauri¹, Dickens Omedo¹, Michael Ruffo¹, Francis Njiri², Fenella Beynon³, Gillian Levine³, Valerie D'Acremont⁴|¹ PATH, Nairobi,²University of Nairobi,³Swiss Tropical and Public Health Institute, Basel, Switzerland,⁴Unisante, Lausanne, Switzerland| KENYA| Best Practice

The multi-country Tools for Integrated Management of Childhood Illness (TIMCI) project aims to improve healthcare provider ability to detect severe illness in children under five and refer them for treatment without delay. Access to tools like pulse oximetry (PO) and digital clinical decision support algorithms (CDSAs) is a critical element of identifying children requiring immediate medical attention and saving lives.

The project implementation in Kenya, led by PATH in collaboration with the MOH, University of Nairobi, Swiss TPH and Unisante, included introduction of the devices across PHC facilities, training, supportive supervision and mentorship, engagement of local CSOs to encourage care-seeking behavior among caregivers, and using monitoring data for program improvement. Following a pilot in 2021, the intervention was rolled out to 60 PHC facilities between 2022-2023.

The CDSA-supported healthcare providers adhere to Integrated Management of Newborn and Childhood Illness guidelines leading to improved classifications and treatment of sick children, reduction of inappropriate antibiotic use, and identification of missed opportunities for immunization, Vitamin A, and deworming. SpO₂ was measured in 99.97% of children under 5 of whom 1.1% (918 / 84,062) had hypoxemia (SpO₂ <90%). Key lessons learned include: 1) Supportive supervision, on-job training, mentorship and continuous medical education greatly contributed to use of PO (99.9%) and CDSA (78%); 2) High workload and staff shortage contributed to inconsistent CDSA use; 3) CDSA and PO contributed to improved capture and recording of vital signs; 4) Counties see value in these tools; two of three have allocated resources for the purchase of PO and CDSA.

This pilot demonstrates that PO and CDSA introduction in PHC facilities is feasible and has potential to improve quality of care and outcomes for children under five. Evidence generated will inform country and global policy and guidelines for scale-up of PO and CDSAs use in primary care settings.

ABSTRACT 24: Community health workers (CHWs) as game changer in improving tuberculosis case notification: Experience from Pwani Region in Tanzania

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Background and challenges to implementation: Tanzania is among the 30 countries in the World with high TB burden with an estimation of 132,000 TB cases in 2021 (WHO TB Report 2021). In the past 15 years, Tanzania in collaboration with development partners have invested efforts to increase case notification to reach 30% target as community contribution. Intervention or response: During July -December 2021, CHWs were engaged to conduct active TB case finding (ACF) and index contact tracing including TB screening and linkage to facilities. CHWs worked hard to educate, sensitize and vigilantly screened clients for TB. Not only that but door to door campaigns were conducted, Screened and sample collection were done. Those who could not afford to go for Xrays, CHWs reported them to Ward Executive Officer for waiver. Furthermore, CHWs facilitated sensitization to the community for TB diagnostic mobile van conducted at Chalinze, Kibaha DC, Kisarawe and Bagamoyo where Confirmed TB cases were initiated treatment. Also Contact Tracing and defaulter tracing were done by CHWs. Recording and reporting of results were done using national standard registers. Data extracted from ETL were disaggregated by quarterly in order to compare performance with previous periods Results/Impact: Majority of clients were referred by CHWs. Data extracted from ETL for the past six quarters (2021-2022) shows four quarters with 30- 31% community contribution while in quarter four 2022 and quarter one 2023 cases jumped to 71% and 51% respectively. The sharp was attributed by robust community sensitization, and presence of TB diagnostic mobile in the affected community. Conclusions: Community health workers are of paramount importance in TB case finding in communities affected when combined with diagnostic TB mobile van outreach. CHWs are potential to our programs and should be included in council health plans for sustainability

ABSTRACT 297: Utility of Active Case Detection of epidemic malaria in Nyamira County, Western Kenya

Wilfred Otambo¹, Wayne Otieno¹, Dorah Wafula¹, Salome Ileli¹, Hilary Ngeso¹ | ¹Catholic medical-mission | KENYA | Scientific

Underreported malaria cases severely limit the efficacy of the interventions. Concerns are on the high malaria cases in the highland areas of western Kenya characterized as a low transmission zone. As Kenya moves towards malaria elimination, there is need to examine malaria burden in this otherwise characterized low transmission setting. The current implementation exercise evaluated the effectiveness of active case surveillance in community case management of highland malaria.

Cross-sectional active case detection (ACD) of malaria was carried out between March to September 2023 in parts of the highland of Nyamira County in eight community health units (CHUs) of Manga and Nyamira North sub-counties. The CHVs conducted weekly household sweeps to examine residents for fever. Finger-prick blood samples were collected from malaria-suspected cases for examination using malaria rapid diagnostic tests. Analyses was done using odds ratio, risk ratio and chi-square test.

The incidence rate in Manga (14.1 incidence/1000 people/month) was similar to that in Nyamira North (13.5 incidence/1000 people/month). The odds of testing positive in Manga (48.0%) were significantly higher than in Nyamira North (32.5%), with an odds ratio (OR) of 1.47 (CI: 1.30-1.66). Additionally, the risk of testing positive in Manga was 1.24 times higher than in Nyamira North. There was a significant difference in malaria positivity rates across the sub-County ($\chi^2= 58.68$, $df=1$, $p<0.0001$) and age group age group. Significant difference in the positivity rates among the contacts were observed across the Manga sub-counties ($\chi^2= 62.34$, $df=4$ $p < 0.001$. Conversely, within Nyamira North, there was no statistically significant difference in the contacts positivity rate, ($\chi^2=2.98$, $df=2$ $p=0.2254$).

Relatively high malaria burden in parts of highland of Nyarima County remains a major concern. The MOH should strengthen capacity for the ACD approach in the CCMm strategy to enhance malaria management as mitigation measures for epidemic malaria control.

ABSTRACT 185: Utilization of one health ‘Kimormor’ Multi-Sectoral Outreaches for enhanced Nutrition Interventions in Migratory Pastoral Communities of Turkana County, Kenya

Catherine Timanoi¹, Mark Mwanja¹, Anthony Arasio¹ | ¹Amref-USAID Imarisha Jamii Project | KENYA | Scientific

Background: According to the Integrated Phase Classification for acute malnutrition, Turkana County was ranked at critical phase (15-30% GAM rates of 27%, or ‘critical phase’ and Integrated Phase Classification 3 as food security insecure or ‘crisis phase (SMART Survey Jan 2023). Turkana County SMART Nutrition surveys 2018-2022 indicated increased stunting rates from 17.4% in 2018 to 21.9% in 2022, while in Jan 2023 the rates reduced to 21.6% due to the increased nutrition surveillance and response by various partners. This paper highlights the utilization of Kimormor Multisector Outreaches to respond to the unique needs of migratory pastoral communities in Loima Sub County, Turkana county.

USAID Imarisha Jamii Intervention: To enhance health care seeking for migratory populations, Amref Health Africa in Kenya implemented the Kimormor One Health Approach. This co-created model encompasses multisectoral approaches on nutrition outcomes.

Results: Nutrition Screening for Children; A total of 716 children were screened for Malnutrition, 201 children were found to be Malnourished (28%) while 32 children were found to be Severely Malnourished. 216 were found to be at risk of being malnourished and received nutrition counselling. Nutrition Screening for Pregnant & Lactating Women; 285 P&L women were screened, 119 were found to be Malnourished (42%), and were referred for enrollment into the SFP Program. 475 children got dewormed, and 136 (under 5yrs) received Vitamin A supplementation.

Conclusion: 1) Implementation of Kimormor One health Outreach contributed to uptake of nutrition services like Vitamin A supplementation, deworming, continuous growth monitoring and screening for malnutrition.

Recommendation: There is need to scale up an innovative Kimormor one-health approach for migratory populations in other sub-counties.

ABSTRACT 311: Bottlenecks and Opportunities in Strengthening Operational Efficiency and Data Interoperability for Primary Healthcare Service Delivery Models in Last Mile Populations in Turkana County, Kenya

Yvonne Opanga¹, Chris Barasa¹, Gilbert Wangalwa¹, Sarah Lokaal², Emmanuel Musombi¹, Jane Sydney Jabilo¹, Joseph Kokumu¹, Dr. Meshack Ndirangu¹|¹ Amref Health Africa, Nairobi, ²Turkana County Government Health Department| KENYA| Scientific

Background: Having reliable primary health care data sources and ensuring data is used to identify bottlenecks and implement course corrections is critical. Great efforts have gone into generating data that tracks the progress on health indicators. However, assessments that assess level of performance for PHC service delivery and operations efficiency seem to have been left behind. This paper highlights the challenges and opportunities for strengthening data for PHC decision-making in Turkana

Methods: The landscape analysis adopted a cross-sectional study design utilizing convergent mixed methods approach implemented in Loima and Turkana Central Sub-counties. Data was collected through desk review of county PHC documents, stakeholder consultative meetings and assessments of models of service delivery. Frequencies and proportions were used to summarize quantitative data using R software. Qualitative data entailed thematic analysis using inductive and deductive methods and triangulated with quantitative data.

Results: Reporting was mainly done on health indicators. 88% and 99% of participants reported that Community Health Units, Level 2 and 3 facilities respectively used paper-based tools for reporting. 9% facilities used Electronic Medical Records. 64% reported that outreach data is captured using facility register and not specific outreach registers. 42% reported data from outreaches is fed into facility reporting systems. 82% facilities analyze and display data. Challenges included: inability to disaggregate data for outreaches on KHIS, inadequate staff to support reporting for facilities and outreaches, inconsistent data quality assessments and erratic supply of reporting tools for container clinics. On operation efficiency, there was minimal availability of performance monitoring digitized systems for HRH, supply chain systems and referral systems. Notable gaps in interoperability of data were reported due to lack of performance management systems.

Conclusions: Need to strengthen performance monitoring systems towards optimal PHC service delivery.

ABSTRACT 180: Leveraging on Digital Platforms in Strengthening Equitable Access to Sexual Reproductive health information and service uptake, Homabay County

Steve Juma¹, Dr. Charles Orora², Lydiah Ndungu² |¹County Youth and Adolescent Network (CYAN Kenya),²Population Services(PS) Kenya, Nairobi|KENYA| Best Practice

Background: Homa Bay County, characterized by socio-economic challenges in both rural, peri-urban and urban areas, faces challenges in teenage pregnancies, high burden of HIV/AIDS, low family planning knowledge, and limited access to reproductive health services. In the age of digital advancements, harnessing the power of youth and technology has the potential to transform primary healthcare access. The DESIP Program sought to address these disparities by integrating youth engagement and digital technology to improve access to healthcare.

Implementation: Implementation involved training youth champions in community dialogue techniques, sexual reproductive health education, peer education, and social media utilization. They employed online platforms like AfRika, WhatsApp, Facebook, and SMS to disseminate relevant information and engagement with the public. Online services were moderated by young people who had access to healthcare experts, facilitating referrals when needed.

Outcomes: Integrating social media increased the utilization of sexual and reproductive health services. The number of adolescents receiving family planning services increased significantly, where (10-19) were 1881 while 20-24 were 3271 in 2019, this increased in 2020 where 10-19 were 2768 and (20-24) were 4129, reflecting the program's impact. Equitable access to primary healthcare services improved due to reduced barriers like distance and transportation issues. Youth engagement enhanced community connectedness and empowerment, while collaboration between digital initiatives and healthcare providers strengthened the integration of technology into health systems.

Conclusion and Recommendation: Working with young people through accurate mapping and implementation was successful. To further reach young people in need of sexual reproductive health information, services, and products, the integration of social media in demand creation should continue. Scaling up social media engagement to other countries is recommended to improve effective referrals for sexual and reproductive health services within communities

ABSTRACT 166: Bridging gaps in contraception communication: Youth using social media to increase uptake of family planning through LIFEYANGU platform

Denis Songa¹ |¹ Youth champion | KENYA | Best Practice

Background: More than 20 social media youth influencers were enrolled on LifeYangu, supported by DSW-KENYA in partnership with Bayer. Lifeyangu is a platform where youth can access contraception information hence being able to make informed decisions on contraception choices, linking them to facilities near them where they can access commodities and services.

Implementation: Distinct info-graphics which included SRHR information coded with graphics e.g. pictures and videos based on Facebook, twitter, Instagram and WhatsApp platforms that have the most subscribers were made and shared extensively. The information was mostly targeted to the youths across the country and was done across most counties in Kenya.

Outcomes: There was increased uptake of contraception information across the country as most youth preferred having SRHR information on social media that is well packaged to meet their needs. They got well blended with the platform because of use of content that reflects their day-to-day lives and isn't too formal, integrating use of short video clips, memes, celebrities, GIFs, Humor and photos. Within the first two months of launching Lifeyangu, from September to November 2022, the site had registered more than 5 million youth visiting and referring others to the website. By February 2023, the platform had reached 8 million people of all ages. The numbers continue to grow as more youth get to know about the platform and get to interact with lifeyangu. Most of them have appreciated the fact that they can now check the nearest facilities offering family planning services and commodities.

Conclusions And Recommendations: The adolescent and youth population in Kenya make up the majority, approximately 75% of the total population, who heavily rely on the internet. Investing in creative communication strategies through internet would be the best way to promote youth inclusivity through contraception attitude transformation and information access.

ABSTRACT 207: Use of community dialogue in malaria control social behavior change intervention among women of Mambai community unit, Vihiga County, Kenya

Mercy Lodendwa¹, Elizabeth Kemigisha¹ | ¹Ministry of Health, Vihiga County| KENYA | Best Practice

Background: Community dialogues bring together key members of a locality to discuss the issues that concern them and devise solutions to the problems raised. Mambai Community Unit (C.U) was experiencing high incidents of malaria especially to children under the age of five. The community employed the use of dialogue between April and September 2022 to get solution to their problems.

Methods: The community dialogues brought together local authorities, religious leaders, head of health Facility, community health workers, women's groups, youth groups, and village members. The dialogues helped people understand the causes of their community's high incidence of malaria, such as improper use of LLINs. Before the sessions begin, Community Health Volunteers (CHVs) mobilize the community by making public announcements about the upcoming sessions in churches, mosques, village meetings and women's groups. Follow ups were done to check on the outcome of the dialogues.

Results: By September, 13 community dialogue sessions were held, reaching out to a total of 2691 people and 1551 households. Women were 73%(n=1,979) and men 27%(n=712) . Follow ups visits showed reduction in misuse of LLINs from 197 to 11 households who were found to be still using the net for fencing. Malaria cases reduced from 24% reported in quarter 2 of 2022 to 10% in quarter 3 after the intervention. Net use in households increased to 98%(n=1520) from 57%(n=884) after being demonstrated to on how to modify rectangular net to circular for ease of tying in the local houses.

Conclusion: Community dialogues have proven to be an effective way to reach large numbers of community members. The benefits of the sessions lie not only with the expansive reach of the dialogues, but also a powerful tool in community social behavior change towards a health intervention.

ABSTRACT59: Chamas for Change, a Primary Health Care service delivery intervention in pregnancy and infancy among communities in Western Kenya

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Background: Maternal mortality remains the leading cause of death among women of reproductive age, while more than 30% of births in Kenya occurring at home without skilled birth attendance. Additionally, a third of the children under 5 years die during the first year of life. These risks are heightened by exposure to health emergencies and pandemic as women and children remain to be most vulnerable.

Implementation: To address these challenges, we adopted a culturally appropriate and acceptable model as a package of care at Level 1 for women and children during pregnancy and infancy. To enhance the formal healthcare system we utilize Chamas as a platform for health education, social education and optional table banking with the aim of improving maternal, newborn, and child health outcomes and socio-economic outcomes. Chamas for Change is implemented collaboratively with different departments of health across 5 counties. We are also piloting community centered care through Chamas by offering screening for NCDs within communities.

Outcomes: Findings from the Chamas individual annual surveys showed that, 93.6% of the Chama women delivered with a skilled birth attendant, 83.7% attended at least 4 ANC visits, 65.9% received 48hr CHP visit and 91.5% exclusively breastfed. 71% participated in table banking. This enabled them to pay for their dependents' school fees, business start-up costs, access healthcare services and pay up NHIF premiums. Chama women have reported to be more empowered and considered role models within their communities. Currently, we have 398 groups with approximately 4,400 women, 258 adolescents and 200 "fathers". Over 15,000 women have graduated from the program in the last 7 years with 90% continuing as fully financial groups.

Conclusion and Recommendation: Participation in chamas is associated with significant increase in uptake of MNCH evidence-based interventions. Additionally, Chamas can be leveraged to build healthy and resilient communities.

ABSTRACT 103: Approaches to tackle FGM among the AGYW in Narok County

Magdaline Lipesa¹, Josephine Achieng¹|¹ BHESP| KENYA | Best Practice

Background: Female Genital Mutilation [FGM] in Kenya in Narok county is very rampant. . In maa community, FGM targets women between the ages of 10-25 years. According to the research that was conducted by BHESP in July 2022 about the origin of FGM among the maa women in the county, it was noted that out of 100 women who underwent FGM, 85 of them were forced and consider the culture barbaric. It was a pity that the olmurunya has contributed to new HIV infections among women in the land because it is only one in the community and it is shared across at one go without realizing eventual effects. Lack of knowledge, retrogressive cultural believes, stigma and discrimination have contributed to the raise of HIV infections considering that the perpetrators are from the same community. BHESP also found out that FGM was introduced by women themselves where by women were to practice the act to please their men. BHESP came up with strategic plans and a project called Tuangamize ukeketaji that speaks on how to sensitize the community on the effects of FGM, girl child education and sexual reproductive health [SRH].

Methods: Establishment of safe houses. We conduct weekly sensitization. Community engagement. Introduction of monthly support groups.

Results: At least 1600 girls are plucky to speak about the consequences of FGM in women. In January 2023, two enkamuratanis [circumcisers] came out in the public to join the lobby group and testify to devastation having witnessed many dying because of FGM. There is a good rapport made among the community. We have the girls' movement in Narok that aim to end HIV BY 2027.

Conclusion: When communities are facilitated to respond to humanitarian calamities by speaking to them the importance of knowing their rights, they actually cooperate.

ABSTRACT 21: Examining the relationship between Partner-related Violence-Contraceptive Use and Consumption of COVID-19 Vaccination (in) Fertility Fears: An Ethnography of young women in Khwisero, Kenya

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This study focused on the multiple dimensions of young women's reproductive health experiences instilled by physical violence by male partners and the impact the dimensions have on new health interventions, such as Covid-19 vaccination uptake. Therefore, drawing on (10- months) of ethnographic work, the research navigated the impact of partner-related violence on contraceptive use and how such instances of violence left traces and trails of trauma that affected the women's consumption of (in)fertility fears that continued to impede on the Covid-19 vaccination rollout in the region. Thus, we seek to understand how the relationship between partner violence and the use of contraceptives intertwined with the complex dynamics of diverse realities and fears within women's Covid-19 vaccination participation. We look into 'Fear' as not just caused by (in)fertility rumor but something indoctrinated by other (partners) and forced on women who have ritualistically accepted it without questioning why? or questioning everything in silence. The findings point out that partner-related violence on contraceptive use provided porous spaces for the women's consumption of the Circulating (in)fertility fears and exacerbated narratives on women's reproductive site as a site of control, struggle, and contention. Second, the findings also suggested that male control on women's family planning uptake significantly impacted how women conversed about and interacted with circulating vaccination (in)fertility fear. Third, some women on 3-month Depo Provera family planning also secretly took up the Covid-19 vaccines without their partners' knowledge. In light of the study conducted, there was an urgent need for multidimensional approaches that combine mainstream medicine, social-cultural, human rights, and gender-based factors to navigate and identify the complex barriers to women's reproductive health-seeking pathways. In addition, there is a need to advocate for women's reproductive health autonomy to address Covid-19 vaccination (in)fertility concerns.

ABSTRACT 32: Mobile Vaccination clinic potential in improving last Mile delivery of covid 19 vaccination in Marsabit county, Kenya

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Background: Understanding the spatial inequalities in vaccination coverage and access is important for planning the use of Mobile Vaccination Clinics (MVC). Marsabit County is within arid and semi-arid region predominantly occupied by nomadic pastoralist communities. By June 2023, COVID 19 vaccination coverage was at 15% against 70% national target. Most health facilities are far to reach posing a challenge in access. This paper demonstrates utilization of MVC to bridge the gap in accessing COVID 19 vaccination.

Implementation: MVC is fitted with solar-powered fridges to maintain cold chain and adheres to infection prevention and control standards. MVC is suitable for outreaches as it offers ample space for work and attracts the community who are eager to know health services offered. It has public address system for community mobilization and engagement. MVC operates 6-8 hours daily, providing COVID 19 and HPV vaccination services by a team of vaccinators, data clerks and mobilisers. Health facility micro plans are used to develop outreach route plans which are shared with community gatekeepers to conduct prior mobilization. MVC vaccination team ensure required supplies and commodities are available before moving to outreach locations. Real time reporting is done in ChanjoKE system. The MVC supports the County occasionally.

Outcomes: In November 2022, February 2023 and April 2023 when the MVC was in the county, 4,382 vaccine doses were administered through 255 outreaches. Out of this, 2,603 doses were administered through 44 MVC outreaches, representing 59% of the total number of doses administered. Additionally, 462 HPV vaccine doses were administered. The main challenge of the model is periodic availability of the MVC as it is not stationed at the county.

Conclusions and Recommendation: The MVC has great potential to improve access to COVID vaccination and primary health care services for last mile mobile populations in sparsely populated regions.

ABSTRACT 293: Improving Skilled birth through Community participatory Learning and action approach in Siaya County.

Philex Onyango¹|¹ Ugunja| KENYA| Best Practice

Siaya county still faces challenges of home deliveries with 30% of women giving birth at home without any skilled care. More effort is still needed to address the concerns on the perceived quality of health services. These factors aggravated by retrogressive gender norms and cultural barriers to utilization of health services in Siaya County has contributed to the high maternal mortality 700 of 10000 live births. The ad hoc community mobilization approaches that have been implemented have fallen short of effective demand creation for skilled delivery services to curb these deaths. Canada Africa Initiative to address Maternal New-born and Child Mortality (CAIA MNCM) project adopted Community participatory Learning and action circle (Plac) model in 18 Villages linked to Ligege Health Centre as from 2018 to 2019, This approach ensures active participation of both duty bearers and right bearers in health in seeking solution to health problems. Plac is a capacity-building process through which community members systematically carry out and evaluate activities in a participatory and sustained way to improve their health through their own initiative. Key to note is that frontline health care workers participate in Participat Plac to learn what women feel about the quality of services they offer. The Cycle has four phases which focus on assessing the situation and identifying maternal and new-born health problems, identifying strategies to address these problems, taking action and measuring progress. The community meetings are facilitated by community health promoters (CHP) who are trained in basic information about maternal new-born and Child health.

Plac being a systematic approach allows community groups to develop mutual support to identify problems and solutions. Through this approach marked increase in skilled delivery in Ligege has been realised. There is increase from 4 to 18 skilled delivery in a month in 2023.

AF 2.1.1: Track 1.2 Models For Universal Health Coverage

ABSTRACT 212: Utilizing Targeted Outreach approaches such as Local Market Days to scale up Access to COVID-19 vaccinations in Luapula- Zambia Sept 22-July 23

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Background: In Zambia, widespread vaccination is critical for overcoming the COVID-19 pandemic. However, vaccination efforts faced obstacles due to vaccine hesitancy driven by declining cases and lifted restrictions. Luapula Province struggled to achieve the government's vaccination goal of 70% coverage among 777,153 eligible individuals. To address this, Amref collaborated with the Ministry of Health and Africa CDC to boost vaccination in Luapula, which had a coverage of 65.3% as at inception.

Description of Intervention: During implementation, targeted outreach campaigns were conducted in remote communities and hard-to-reach areas across the 12 districts of Luapula Province. Targeted mobile vaccination sites were set up during local market days known as "UMUNADA" to reach more eligible individuals. Kobo Toolbox was used for weekly activity reporting, cross-verified with the National DHIS2 Covax tracker, and analyzed using frequencies, rates, and proportion.

Outcomes: Integrating vaccination into community events effectively increased coverage from 65.3% (September 2022) to 83.6% (July 2023) across all districts. A total of 214,606 COVID-19 vaccine doses were administered, with mobile Covid -19 Vaccination Centres (CVCs) during UMUNADA events being twice as effective, averaging 80-100 doses per outreach compared to the usual 40-45 doses in standard outreaches.

Conclusion/recommendation: The study highlighted the success of integrating vaccination into local events such as mobile markets and countering vaccine hesitancy through community engagement. Significant progress was made in improving vaccine uptake contributing 18.3% growth towards national coverage.

Key words: Covid-19, Vaccination, Africa CDC, CVC

ABSTRACT 214: Strengthening Covid-19 Vaccination data management for effective epidemic control in Lesotho

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Introduction: One of the drivers in epidemic control is utilization of quality data. Lesotho started vaccination in March 2021. As at July 2022, 1,108,518 (457,559 males and 650,959 females) doses were administered. As the country intensified on its vaccination efforts, more people were vaccinated and this posed a challenge in data management, as people were not captured thus causing a data backlog and a delay in reporting. This also affected decision making as data was not complete to inform decisions. In August 2022, Africa CDC Saving Lives and livelihoods (SLL) project with support from Mastercard foundation, answered to the call to assist the country to overcome the challenge in data management.

Description Of Intervention: SLL project's interventions included deployment of 52 data clerks in 10 districts of Lesotho based on the need, to assist with data capturing, cleaning and reporting at health facility and community level. With their presence all data from facilities and community outreaches were timely captured, cleaned and reported. The project further supported supportive supervision and data cleaning by Ministry of Health (MOH) personnel in order to ensure correctness and completeness of data.

Outcome: SLL was able to clear data of 15,178 doses that had not been captured within 4 months from project inception. This can be seen by comparing data on doses administered reported with data from DHIS2 (incorporating the backlog): 1,913 in September (44,473- 42,560) 1913; 8,733 in October (35869-27136); 2,480 in November (35,182-32,702)2480; and 2,052 in December (16353-14301).

Conclusion/Recommendations: Deployment of data clerks assisted the member state with resolution of longstanding data backlog, and ensuring timely data capturing and reporting, which consequently assisted MOH access to quality data and timely decision making. We therefore recommend more investment in data management to support timely decision making.

ABSTRACT 215: Impact of the Blended Vaccination Service Delivery Model In Increasing Vaccine accessibility to underserved communities of Mashonaland West and Midlands provinces Zimbabwe January- July 2023

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Background: Since the introduction of Covid- 19 vaccination in Zimbabwe in February 2021, Mashonaland West and Midlands Provinces had challenges in achieving the 70% coverage among eligible population. Mastercard Foundation funded Saving Lives and Livelihoods project implemented a blended Covid 19 vaccination model to support the 2 provinces to reach underserved communities. key interventions were Supporting in vaccine administration, Data Management, and capacity building to healthcare workers. At inception, 58% of the eligible population (11,239,479) had received 1st dose while 43% were fully immunized.

Description Of Intervention: The Blended Vaccination Service Delivery Model was adopted which included Integrated outreach campaigns, Facility-based outreach and the “New” mobile Covid 19 vaccination centres (CVCs). Facility based outreach were implemented within 10km radius from the health facility; Outreaches campaigns in hard-to-reach areas beyond 10km from health facility, and “new” mobile vaccination centres in vaccine hesitant, hard to reach and urban areas. Data on KPIs were extracted from Africa CDC DHIS2, triangulated with National DHIS and analysed using frequencies, rates, and proportion

Outcomes: Owing to the blended strategies, the project surpassed its annual target within six months of implementation. Vaccination coverage increased from (61.64% to 88.39%, in Gokwe North, Gokwe South 51.22% to 65.97%, Gweru 61.36% to 70.14%, Kwekwe 45.58% to 59.78%, Chegutu 52.14% to 67.02%, Hurungwe 55.09% to 70.69%, Makonde 41% to 52.78%, Sanyati 30.32% and Zvimba 53.15% to 68.87%) with an overall provincial improvement of Mashonaland West increasing from 56.4% to 67%, Midlands increasing from 54.8% to 70.4%. and nationally from 43% to 49%

Conclusions/recommendations: The model's resulted in a significant improvement in COVID-19 vaccination uptake, contributing 6% growth towards the National coverage, with Communities being subjected to various strategies that as closer to their door steps as possible thereby increasing access to COVID-19 vaccination.

ABSTRACT 309: Drivers of Primary Health Care Exemplars in Last Mile Populations in Turkana County, Kenya

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Background: Turkana County has four main livelihood zones: 60% pastoral, 20% agro pastoral, 12% fisher folks and 8% urban/peri-urban characterized by static and migratory populations. Such diversified contexts require differentiated Primary Health Care (PHC) models of care for optimal healthcare delivery. We highlight existing PHC Models of Care, their impact, success factors and key bottle necks hampering their performance

Methods: The landscape analysis utilised convergent mixed methods. Implemented in randomly selected facilities in Loima (n=24) and Turkana Central (n=30) Sub-counties. Quantitative data was collected through KHIS data analysis, facility and models of care assessment tool. Descriptive analysis was conducted. Stakeholder Consultative meetings, Key Informant Interviews and Focused Group Discussions were conducted. Thematic analyses using inductive and deductive methods was done.

Results: A significant reduction in maternal mortality (1594 deaths per 100,000 live births in 2014; 381 deaths per 100,000 live births in 2019). A significant reduction in outcome indicators including Facility-based maternal mortality ratio reduced significantly (260.2 in 2013; 81.8 in 2022), Skilled Birth attendance, Zero dose penta 1 and contraception prevalence. Models of care identified included: the Kimormor one health, Ngadarin Bamocha and Todoloi E dawa outreaches. Other facilitators included male engagement, maternity waiting shelters, Longitudinal tracking of pregnant mothers and digital talking books. Compared to static facilities, the Kimormor model significantly contributed to increased new antenatal care (ANC) clients, 4 ANC attendance and fully immunized children. Key PHC enablers: Human resources for health (72%), medical supplies (67%), financing (59%) and political goodwill (36%), integrated services and partnerships. Key

bottlenecks included: non-stable financing, lack of data capture tools, lack of targets and indicators to assess performance, limited HRH and erratic supply of commodities.

Conclusion: PHC models have contributed to improved access to healthcare in last mile populations hence need to strengthen their operationalization by addressing gaps identified for optimal PHC delivery.

ABSTRACT 51: Breaking the Silence: Building Sustainable and Resilient Community Structures to Mitigate Sexual Gender-based Violence in Gem, Kenya.

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Background: SGBV against women and girls remains a widespread issue in Gem, Siaya County, leading to significant challenges for survivors seeking timely post violence support leading to unprecedented effects. Innovative primary prevention programs have been initiated with existing structures to address and respond to SGBV at community level. CMMB devised a strategy to establish ward-based Violence Prevention and Response Teams (VPRTs) to improve and strengthen prevention and response to violence against women and girls (VAWG).

Implementation: A ten-member ward based VPRT consisting of chiefs, a teacher, healthcare worker, paralegal, police, children department, and a religious leader was established through the local administrative structures in six wards of Gem sub county. The teams underwent a three-day training on SGBV prevention, response and referral pathways. A VPRT terms of reference was developed. A Ward based WhatsApp group for coordination, timely reporting, and linkage of SGBV cases was formed for each VPRT. Each VPRT generated their monthly and quarterly workplans to guide community dialogues and monthly meetings.

Outcomes: Gem subcounty has shown improvement in SGBV prevention, reporting and response. In five months, the VPRTs reported and addressed 323 human rights violation cases majorly defilement/rape, domestic violence, disinheritance, and stigma and discrimination. Notably, 70% of sexual abuse cases were reported within 72 hours, and all cases received appropriate referrals. Eight community dialogues and awareness were held with communities around SGBV.

Conclusion and Recommendations: The VPRTs have demonstrated the value of a coordinated response to SGBV at the ward level. The success, thus far, in Gem Sub County provides a framework for other contextual regions in Kenya. To sustain and scale this intervention, challenges such as resource allocation and increasing community awareness should be addressed. Adopting and Strengthening the VPRT model can improve SGBV prevention and response.

ABSTRACT 6: Addressing Access to health care services for Children through Schools Integrated Medical Medical Outreaches (SIMOs)

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Schools' Integrated medical outreaches is a strategy aimed at accessing basic health care services to children in schools in line with the Universal Health coverage focus on availing quality health care to the community with minimal cost

The strategy was initiated by the school health program in Turkana County, after an assessment conducted in 2018 to assess public health interventions in schools. The findings revealed that 80% of schools do not have any health intervention, as outlined by the Kenya National School Health Policy 2006-2016

The first SIMO was launched in the 2023 march where link health facilities and community units mapped schools in their catchment areas for the launch. Link health facilities organized schools integrated outreaches in a challenge dubbed **#TakingHospitaltoSchools#**

The challenge saw the link facility and community units teams visit, 5 primary schools, 2 secondary schools, and 1 ECD. Teams comprised of the medical team, for clinical diagnosis, Health promotion teams, and mentorship and inspirational talks

The selection of schools was purposive, consideration for selection was the schools within less than five kilometers of healthcare facilities and community units supported by Save the Children. The link health facility provided pharmaceutical supplies and staff and Save the Children provided transport and lunch allowance for teams of staff in the five health facilities in Turkana Central

The teams treated 2400 children and referred 80 to the link health facility for further diagnosis while health education teams reached over 8000 children with Behaviour change communication messages and mentorship and inspiration teams reached approximately 2000 students in std 8, junior secondary, and secondary schools.

Linkage was achieved through the SIMO, where at least five schools were mapped and linked to each of the five health facilities, for purposes of the healthcare staff to plan for future SIMOs

ABSTRACT 296: Leveraging Private Sector Partnerships to Sustainably Connect High-Risk Mothers to Emergency Transport and Appropriate-Level Quality Care in Kakamega County, Kenya

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Background: Delays in access to care drive a third of all maternal deaths in Kenya. Health systems cannot rapidly and accurately identify at-risk mothers and service gaps, and gather clinical information on incoming patients resulting in mothers being “bounced-around” between facilities to find the appropriate level of care. Kakamega County has partnered with Jacaranda and Rescue.co to improve maternal survival by expediting access to emergency care.

Methods: A 2019 feasibility assessment identified bottlenecks limiting safe and timely referral as lack of: i) coordinated data to direct ambulances to the right place; ii) basic emergency equipment and trained personnel; and iii) sustainable financing. This finding prompted Jacaranda and Rescue.co to connect their two systems (PROMPTS, which uses AI technology to prioritize urgent cases to hospitals, and Rescue.co’s ambulance dispatch service, which uses Flare technology to link emergency cases to transport) to improve speed and accuracy of referral pathway.

Results: Faster referral, at scale in 20 months, 6596 women were connected to care with a 90% decrease in response time. Better management of vital commodities: dispatch data pointed to need of blood in 54% of referral cases, babies need oxygen in 78% of cases, and ~40% of transferred mothers required oxytocin.

Conclusions: Improving quality of maternal care requires contextual understanding of the how, where, and why of its access; otherwise,

avoidable maternal deaths will continue to stagnate. Maternal referral is a bellwether for wider health systems, given that it requires strong coordination, engagement across multiple health system levels, and coordinated data for decision-making to deliver well. This partnership demonstrates the ability to accurately map a mother's journey through "passive" data that, when collected and analyzed in quasi real time, acts as a way of measuring the vital signs of a health system.

ABSTRACT 206: Use of Peer-Led community groups in scaling up PrEP uptake among adolescents and young people: A case of Turkana County

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Introduction: For the first time in more than a decade, number of new HIV infections in Kenya increased in 2021 by 7.8%, from 32,027 in 2020 to 34,540 in 2021. 8 out of 10 new HIV infections occurs among AGYWs aged 15-24. Key challenge: clustering of new HIV infections among AYP. Need to bridge the gaps and accelerate progress in prevention efforts for these subpopulations. PrEP reduces the risk of HIV transmission by 99 percent [1]. In 2016, Kenya was among the first African countries to roll out a programme to provide PrEP. PrEP coverage among sub-populations such as AGYWs still sub-optimal. [2] To scale up uptake, we conducted peer-led community PrEP groups targeting AYP and young key populations

Methodology: This was a mixed method- facility and community models were employed. We leveraged on success of Community ART groups to establish AYP-Led community PrEP groups. At the facility, PrEP drugs were decentralized with optimized PrEP screening of every sero-negative client. The community model saw a set of AYP PrEP champion, HTS counsellor and clinician supported to offer services at respective outreaches to already mobilized clients in groups. This complemented the traditional way of using peer educators and CHVs at the community level

Results: In Feb 2022, we had 15 and March 28 new PrEP groups, with an achievement of 920 by end of March, an increase from 88 PrEP_ New that was realized between October and December 2021. This saw an increase from 1% in Q1 to 50% in Q2 of annual target.

Conclusion: AYP-led Community PrEP groups is a vital in scaling up PrEP uptake among AYPs. The Community PrEP model is scalable and can be piloted in other Counties.

ABSTRACT 251: Rethinking Primary Health Care in Sudan's Journey to Universal Health Coverage

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Introduction: Sudan is a low-income country, with overall poor health indicators. Policymakers have prioritized primary health care to achieve Universal Health Coverage (UHC) in Sudan, but there remains inadequate access to quality primary care services. This study aims to analyze primary healthcare challenges and provide recommendations for improvement to achieve UHC.

Methodology: This study is a literature review using the conceptual framework for transforming health systems towards Sustainable Development Goal 3 to analyze the challenges of primary health care and the role of health system building blocks as contributing factors in the context of Sudan, with lessons drawn from other low-to-middle-income-countries with similar context to Sudan.

Results: The study has found significant challenges with primary health care in Sudan. The inadequate provision of the essential care package challenges primary care service delivery. Multi-sectoral policies and social determinants of health are under-addressed, affecting health outcomes and equity. Empowering communities remains limited with no institutional framework for their engagement. Health system building blocks significantly affect primary healthcare in Sudan. Human Resources for Health, infrastructure, and health financing were found to be the most critical factors affecting access and quality of primary care services.

Conclusion and Recommendations: Addressing the identified challenges and enhancing primary care service delivery are crucial steps toward achieving UHC and improving the regional and urban-rural disparities in access to primary care. Policymakers must strengthen the health system building blocks and engage communities to improve health outcomes and equity in the country. It is recommended that Sudan prioritize peace and reconciliation as an urgent priority, strengthen primary care service delivery including NCDs and family planning, and

foster community engagement, governance, and accountability mechanisms. Additionally, increase financing from general revenues and realign external funding for PHC strengthening.

Keywords: Primary Health Care, Primary Care, Health System, Building Blocks, Sudan

AF 2.1: Track 2.2 Livelihoods

ABSTRACT 272: Empowering Mothers with health information through PROMPTS: A Transformative AI-Enabled Solution

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Background: A significant number of mortalities in Kenya are attributed to delays in seeking care due to lack of information. In 2014, it was revealed that approximately 30% of maternal deaths were linked to these delays. 91% of women would seek care promptly if they recognized severe pregnancy and postpartum danger signs. Kakamega County had a maternal mortality ratio of 316 per 100,000 live births, above Sustainable Development Goals target of 70, neonatal mortalities stood at 19 per 1,000 live births, exceeding the target of 12 (UNFPA Report 2016). KHIS report 2020 placed the maternal mortality ratio in health facilities in Kakamega County at 119 per 100,000 live births, sixteenth highest in Kenya.

Implementation: PROMPTS, AI-enabled digital health platform, addresses the challenge of inadequate information among expectant mothers. Operating via SMS, PROMPTS combines several components: A designed sequence of messages aimed at influencing behaviors for improved health outcomes. An AI-powered helpdesk service responding to mothers' queries about pregnancy and newborn care and identifying danger signs. A comprehensive data infrastructure that collects feedback from mothers to enhance health systems.

Outcomes: PROMPTS has achieved remarkable results at a cost of less than \$1 per mother. The users are 22% more likely to complete the recommended 4+ ANC visits, 1.6 times more likely to access contraceptive services, providing vital information that saves lives.

Conclusions: PROMPTS has played a pivotal role in the Service Delivery Redesign initiative, which aims to encourage more women to deliver in well-equipped hospitals. PROMPTS kickstarts a seamless chain of referrals, resulting in improved health outcomes. Since its introduction in May 2021, over 149,000 mothers have enrolled in PROMPTS.

Recommendations: PROMPTS is an innovation key in reducing maternal and infant mortality through empowering mums with life-saving information reaching a vast population in a short time.

ABSTRACT 29: Predictors of under-five mortality in Siaya County, Western Kenya Between 2015 and 2020

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Although Kenya made significant progress in reducing the under-five mortality rate (U5MR) from 52 to 41.9 deaths per 1000 live birth between 2015 and 2020, this figure remains high: approximately 64500 children die annually, mostly from preventable death. Regional disparities exist: U5MR Counties in Siaya and Kisumu counties are estimated to be 67 and 66 per 1000 live births respectively. We examine the predictors of under-five mortality in Siaya County, western Kenya. The study analyzed secondary data obtained from the Siaya Health Demographic Surveillance System (HDSS) from 2015 to 2020, a population-based longitudinal survey. Cox proportional hazard was used to examine the effects of the predictors on under-five mortality.

A total of 24452 under-five children were enrolled in the study, with a male: female ratio of 1:1. There were 1,540 (6.3%) deaths giving a mortality rate of 62.98 deaths per 1,000 live births, of which 41.8% were neonates. The annualized rate of change of U5MR in the HDSS site was approximately 70% with a survival probability mean age of 7 months. In Cox multivariable analysis, the risk of death among females was 18 times (HR 0.82 CI=0.74, 0.91 p <0.001) lower compared to male children. Under-five mortality decreased with increasing maternal educational attainment (HR 0.40 CI 0.23, 0.70 p <0.001), and number of ANC visits (HR 0.48 CI 0.26, 0.88 p= 0.018). Delivery in the hospital (p= 0.001), birth over age 18 years (p= 0.034) and use of a modern or pit latrine (p=0.03) improved survival.

In conclusion, the mortality rate among U5s remains high in Siaya HDSS area and mainly attributable to modifiable factors. These observations reinforce the need to strengthen interventions targeting healthcare utilization, education attainment and gender disparity.

ABSTRACT 313: Promoting a Patient-Centered Approach for Improved Tuberculosis Treatment Outcomes in Nairobi County, Kenya

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Background: Currently, assessment of the effectiveness of tuberculosis programs is majorly based on indicators of disease severity and treatment response without integrating patient perspectives yet, it's a critical dimension in clinical decision-making. Patient-centered approaches enhance health worker-patient interactions and the likelihood of individuals to sustainably engage with tuberculosis treatment and care. This is beneficial to not only the people affected by tuberculosis but also, the wider public by mitigating the infection risk.

Methods: This mixed methods research was conducted between May 2023 and June 2023 among drug-sensitive tuberculosis patients (n=392) in the continuation phase. The triangulation design and convergence model were employed, and the phenomenology approach was used to explore the lived experiences of the patients in the focused group discussion (n=4) and the key informant interviews (n=4), which were transcribed verbatim, coded, and thematically analyzed. R statistical software was used to analyze quantitative data.

Results: The study identified food insecurity, relocation of street family members, pill burden, adverse drug events, loss of income, long treatment duration, insufficient knowledge of prevention and control strategies, insufficient diagnostic services, and facility accessibility challenges as some of the factors that adversely affect treatment outcomes among tuberculosis patients.

Conclusion: These findings suggest gaps that are less addressed in the current treatment approach such as food security, street family care, diagnostic services, knowledge in prevention and control, and treatment duration of tuberculosis. Therefore, in addition to the clinical and microbial outcomes, the tuberculosis programs should also focus on the delivery of patient-centered care and social support which is essential to the management of tuberculosis as well as improvement of the treatment outcomes.

Keywords: Patient-centered, treatment outcome, clinical outcomes

ABSTRACT 231: Leverage the Existence of routine program activities in responding to an emergency outbreak of diseases: A case of Marburg Virus Diseases Outbreak Kagera Region, Tanzania

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Background: The global health crisis caused by the COVID-19 pandemic, combined with the threat of Viral Hemorrhagic Fever and the Ebola and Marburg virus disease outbreaks, created significant disruptions in healthcare systems, particularly in third-world countries. The simultaneous occurrence of these crises caused panic and disrupted the ongoing COVID-19 vaccination program. However, an integrated approach combining the COVID-19 vaccination program and response activities for the Marburg virus disease (MVD) effectively mitigated the situation.

Methodology: The Region Health Management Team (RHMT) and the project team collaborated in a critical program analysis to identify potential areas for integration. Screening, prevention at the Port of Entry (POE), and improved infection prevention control (IPC) practices were targeted. Vaccine delivery centers were established at 22 POEs, and the RHMT utilized COVID-19 supervision resources to oversee MVD response activities. The training was provided to 120 healthcare workers, and 784 healthcare workers received orientation on IPC and surveillance.

Results: Since the declaration of MVD, COVID-19 vaccination was successfully integrated into newly established CVCs in 22 POEs where a total of 38,268 got vaccinated; and 46,772 got vaccinated at health facilities. Health education awareness provided a total of 1,478 people through community awareness and sensitization on the Marburg alert and prevention.

Conclusion: The COVID-19 vaccination program in Kagera region was successfully integrated into efforts to combat the (MVD) outbreak. Close coordination between the Ministry of Health, local partners, and international partners enabled effective resource mobilization and utilization during the outbreak. Leveraging routine program activities and collaborative efforts played crucial role in preventing and mitigating

outbreaks. The integration of the COVID-19 vaccine program and capacity building of health workers proved essential in containing the MVD outbreak. This integration approach effectively utilizes existing resources for quick response to disease outbreaks.

Reference: (Huang C, Wang Y, Li X, et al 2019)

ABSTRACT 249: Factors influencing sports participation among pupils with Vision Impairment (VI) attending special and inclusive schools in Kakamega County, Kenya

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Background: VI in children is considered a severe public health problem since it affects the well-being of the individuals, their families and the social welfare of nations. Engaging in sports improves physical, emotional, and social health of children with disabilities, increase their functional independence, integration, and quality of life, positively influencing their future health. Yet, 80% of children with VI do not reach WHO criterion levels of health-related physical fitness. This study investigated factors influencing sports participation among pupils with VI attending special and inclusive schools in Kakamega County, Kenya. Besides providing more accurate information on the burden of VI, the results can be applied to develop, amend and implement health and education policies among pupils living with VI.

Methods: A cross-sectional descriptive study was conducted among randomly-selected pupils with VI, aged 5 to 17 years, attending special and inclusive schools in Kakamega County. Selected participants were screened and classified for VI according to WHO guidelines. Guided semi-structured questionnaire was used to elicit relevant information from participants. Multinomial regression and bivariate logistic regression were used to analysis association between identified factors and sports participation and influence of school system on sports participation respectively.

Results: A total of 134 pupils with VI participated in the study with a response rate of 100%. 69 (51.5%) were male, and 111 (82.8%) participants with VI engaged in sports. Participants attending special schools were 1.3 times more likely to participate in sports compared to those attending inclusive schools. Girls and those from peri-urban and rural areas were significantly less likely to participate in sports compared to their counterparts ($p=0.002$ and $p=0.045$).

Conclusions and Recommendations: Gender and place of residence influenced sports participation of pupils. There is need to develop interventional programs that inspire girls to engage in sports.

ABSTRACT 11: Effectiveness of Community Mental Health among Perinatal Women In Informal Settlements In Nairobi County

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Background: This is a 3-year project by Health Right Kenya in partnership with COMIC Relief to address mothers suffering from anxiety and depression during pregnancy and after birth. The overall objective of the project is to improve the mental health of perinatal women in Nairobi's informal settlements by reducing anxiety and depression during pregnancy and after birth, leading to mothers' improved well-being and functioning. The project targets 4000 perinatal women using a stepped care model.

Objectives: The purpose of the evaluation was to assess the degree to which the project met the objectives with particular emphasis on the appropriateness, timeliness, efficiency, and effectiveness of the model.

Methodology: Cross-sectional study with a pre-post approach, using a mix of qualitative and quantitative methods, and comparisons with baseline survey, mid-term evaluation, and DHIS2. The study used both quantitative and qualitative data approaches. Multistage sampling method with sampling frame at 460 for HHs data collected using ODK, other tools include: Focused Group Discussions and In-depth Interviews (KIs) and desktop review of relevant documents, reports and policies.

Key Findings: All 450 participants in the survey were females, in accordance with the program's requirements, resulting in a survey response rate of 98%. The age distribution revealed that 45% of the participants are 25-34 years, while 36% were 18-24 years. 97% beneficiaries expressed satisfaction. 94% acquired knowledge about mental disorders an increase of 53%. Depression, bipolar disorder, and mood

disorders were at 94%, followed by anxiety at 51%. 70% identified themselves as vulnerable to mental illness with prevalence decreasing by 20% with 82% seeking help compared to 45% previously. 66%, strongly agreed that the program had a significant impact.

Conclusion: the project was effective and relevant in achieving its outcomes, and the project's overall results impact pathway was effective to meet the project goals

ABSTRACT 53: Level of social support given to injured soccer players in Eswatini

Hauron Wambua¹, Prof Julie Philips²|¹ Catholic Medical Mission Board, Siaya,²University of Western Cape, Capetown| KENYA|Scientific

Introduction: Illness or injury to an individual is characterised by an ambivalence emotion which include fear, low self-esteem, anxiety, tension, and depression among other emotions. These emotions contribute to poor rates of adherence to treatments therefore resulting to poor treatment outcomes. Social support can enhance adherence rate and it's associated with improvement of both clinical and home-based rehabilitation. There is scarcity of information on the level of social support provided to both patients and players in the healthcare especial in Africa. This study sought to determine the level of social support given to injured soccer players in Eswatini.

Methodology: The study utilised retrospective quantitative research design. Stratified random sampling was used to approach 368 players from both male and female premier league clubs in Eswatini. Self-administered questionnaire was used to collect data among the participants.

Results: Of the 368 players who participated in the study, 198 players reported injuries which was injury prevalence rate of 75.3%. Task appreciation was the most prevalent form of social support that was perceived by players (mean=3.58, SD= 0.929) during the season. Tangible assistance support (mean=2.36, SD=0.966) and personal assistance support (mean=2.55, SD=1.167) were perceived as the least available forms of support they received. One third or 33.5% of the soccer players ranked tangible assistance support as the support they needed most especially when going through an injury spell.

Conclusion: In Eswatini, awareness is needed among the inner circle of player on the significance of social support in improving outcomes since the study revealed high injury prevalence rate. While most players perceived task appreciation support, the other forms of social support scored poorly from the data analysed. Improvement of delivery of social support among injured players is essential to improving adherence rate to treatment and rehabilitation protocols which can guarantee better outcome results

DAY 1: POSTER PRESENTATIONS

Track 1.1 Community Participation and Engagement of community health workforce

ABSTRACT139: Family MUAC-Home based nutrition screening tool for identifying malnourished children in low literacy communities

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Background: Turkana county GAM rates have persistently remained high, outside acceptable UNICEF thresholds of <15% at GAM rates of 26.4%, AMN IPC3. In every 5 children, 2 are malnourished. Poverty levels of 79.4% & illiteracy rates of 82%. Family MUAC approach is a community-based nutrition screening that strives to empower household members to monitor nutrition growth of children 6-59 months to timely identify acute malnutrition & seek health care support. It empowers families to participate, promote health/nutrition wellbeing of their children. The care taker of the child is taken through basics of MIYCN, physical markers of malnutrition and use of color coded MUAC tape for categorization of nutrition status.

Regular screening & case finding at the community is core for integrated management of acute malnutrition. It has routinely been done by CHVs using calibrated muac tape. Invention of Color coded MUAC tape (red, green, yellow) is a breakthrough for child nutrition surveillance at family level, for rural communities with high illiteracy. This approach was adopted by Kenya MOH as adaptation to COVID19 in 2020.

Implementation matrix:

- 1.CHMT/SCHMT sensitization on family MUAC, Facility staffs training on MIYCN& family MUAC
- 2.CHVs training on nutrition module8/family MUAC, Mothers sensitization on family MUAC, tapes distribution to households with children <5yrs

Results: 268 CHVs trained on nutrition module8 & family MUAC, 3058 mothers sensitized on family MUAC

6085 households distributed with color coded MUAC tapes, 815 children identified malnourished referred for nutrition support through family MUAC

Conclusion: Trained CHVs play a key role in building capacity of mothers to screen children at home for early identification of malnutrition & nutrition care. Sustainability of MUAC tape supply can be featured in link facility AWP for budgets allocation. Family MUAC reporting require streamlined into CBHIS for monitoring & evaluation

ABSTRACT 50: Assessment of the impact of social behavior on the uptake of the Intermittent Preventive Treatment (IPTp-SP 3) among pregnant women in Hamisi Sub County.

Mercy Wafula¹,¹Ministry of Health, Vihiga, Kenya |KENYA| Best Practice

Background: Malaria in pregnancy associated with anemia, spontaneous abortion, stillbirth and low birth weight. Intermittent Preventive Treatment sulfadoxine-pyrimethamine (IPTp-SP) has been proven to reduce malaria in pregnancy. WHO recommends 3 or more doses of IPTp-SP for all women living in areas of high malaria transmission. Effective social and behavior change communication programs have an impact on the uptake of MIP interventions, including taking at least three doses of IPTp-SP.

Implementation: To improve IPTp-SP uptake among pregnant women in Hamisi, Breakthrough ACTION Kenya in collaboration with the county has been supporting eight community units linked to 5 health facilities. The project strategizes in training of community health volunteers on MIP messaging to sensitize pregnant women on IPTp-SP, antenatal mapping and referral to promote early ANC attendance and improve IPTp-SP3 uptake, health education on malaria prevention strategies. Additionally, the program has supported focus group discussions among pregnant women and male involvement in the communities to promote health education and positive behavior changes towards malaria prevention.

Results: Implementation of these strategies significantly increased the uptake of the 3 dose of IPTp-SP across the five supported health facilities. In Banja health center the uptake of IPTp-SP 3 increased from an average of 53 women in 2020 to 223 in 2022. In Tigoi health

center, it increased from 51 women in 2020 to 391 in 2022. In Likindu dispensary, it increased from 52 women in 2020 to 205 in 2022. In Serem health Centre, it increased from 91 in 2020 to 525 in 2022.

Conclusion: The integration of SBCC into malaria strategic plans is essential in prevention, control and elimination of malaria. There is need to strengthen and promote more male partner's engagement opportunities to promote spousal discussion on malaria services uptake at the community level.

ABSTRACT 42: Community Health Workers` Social media Groups: An Important Platform to Share TB information and improve Community TB services in Mwanza region, Tanzania:

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Background: Community health workers (CHWs) are important cadre for reaching primary health care goal of Health for All (WHO, 1978). In order for CHWs to work well they must be supported by the community (Thu A. Dam et al, 2022). Amref and Mwanza regional/council health management teams through Amref USAID Afya Shirikishi project support 99 CHWs to provide community TB services since 2021. USAID Afya Shirikishi team and R/CHMTs formed WhatsApp groups among CHWs to fortify knowledge sharing.

Implementation: Districts in Mwanza region are scattered from each other. The Mwanza community TB team agreed to form WhatsApp groups aimed to discuss TB issues. Members include CHWs, R/CHMT members, USAID Afya Shirikishi project staff, and district commissioners. A review of Mwanza regional TB data from National TB database and CHWs reports from 2020-2022 was done. Number of WhatsApp information posted in all the seven groups from May 2021-December 2022 was also reviewed. CHWS were interviewed on introduction of WhatsApp groups.

Results: Seven district level TB WhatsApp groups (78%) out of nine in Mwanza region are formed. Total 1285 messages; 185 media/photos; 54 documents; and 10 links were shared during May 2021-December 2022. According to NTLP database, there is an increased

TB notification through CHWs from 12% in 2020 before WhatsApp groups introduction to 26% and 35% contribution in 2021 and 2022 respectively. A CHW, was interviewed on how he feels on WhatsApp group formation, he said `` I feel very honored discussing together with government authority the ways of improving TB services in my district of Kwimba through the support of Amref Tanzania.

Conclusion: Discussing with CHWs through WhatsApp groups is important motivational in learning and sharing experiences including resolving issues pertinent to provision of community TB services and hence contributing to improved TB case finding in Mwanza region, Tanzania.

ABSTRACT127: Reaching Adolescents and Young People With Srhr Information In Religious Institution Within Mombasa Specifically Kisauni And Nyali Constituency

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Background: In Mombasa, adolescents and young people continue to experience early and unintended pregnancies, new HIV infections and GBV. Religious believe is a major hindrance to accessing SRHR information and services due to the negative attitude among religious leaders towards sex and sexuality education among adolescents and young people aged 15-24 years.

Implementation: Sought to integrate religious leaders as key players in ensuring adolescents and young people between the ages of 15-24 years are reached with SRHR information and services within Kisauni Nyali Sub County.10 religious institutions were identified and mapped out (3 madrassas and 7 churches). Three briefing meetings were conducted to the identified religious leaders to sensitiet their buy in and support.After the engagement, the 10 religious leaders became part of the mobilization team and provided venues (Madrassas and churches) that were used as safe spaces during the sessions with the AYPs.920 AYPs were mobilized through the support of the religious leaders and taken through life skills education using approved manual: Together into the future manual.

Results: Through partnerships with organizations and Religious leaders that support SRHR, 560 AYPs were able to change their behavior after life skills education and behavioral interventions.

Conclusion: Religious leaders played an instrumental role in increasing uptake and utilization of SRHR information among adolescents and

young people. Involving religious leaders in addressing SRHR issues among young people has the potential to significantly impact sexual health outcomes. By fostering dialogue, understanding, and collaboration, religious leaders can act as change agents contributing to the creation of healthier and more informed communities. Collaborative efforts can help bridge the gap between religious values and contemporary sexual health practices, leading to the development of comprehensive and inclusive sexual health programs that cater to the needs and cultural contexts of young people.

ABSTRACT 79: Equity of access to primary healthcare for vulnerable, General and Key populations in Suna East Migori County Kenya.

Phelix Odhiambo¹, Elizabeth Wambita¹|¹Nyahen, Migori| KENYA | Best Practice

Background: Improving access to primary healthcare (PHC) for vulnerable general and Key populations is important for achieving health equity, yet this remains challenging. Evidence of effective interventions is rather limited and fragmented. We need to identify innovative ways to improve access to PHC for vulnerable, General and Key populations, and to clarify which elements of health systems, organizations or services (supply-side dimensions of access) and abilities of patients or populations (demand-side dimensions of access) need to be strengthened to achieve transformative change. The work reported here was conducted as part of IMPACT (Innovative Models Promoting Access-to-Care Transformation), a model aiming to identify, implement and trial best practice interventions to improve access to PHC for vulnerable populations. We undertook an environmental scan as a broad screening approach to identify the breadth of current innovations from the field.

Implementation: We distributed a brief online survey to all practitioners, policy makers and stakeholders using a combined email and social media approach. Respondents were invited to describe a program, service, approach or model of care that they considered innovative in helping vulnerable populations to get access to PHC. We used descriptive statistics to characterize the innovations and conducted a qualitative framework analysis to further examine the text describing each innovation.

Results: Seven hundred forty-four responses were recorded over a 6-week period. 240 unique examples of innovations originating from 14 countries were described, the majority from rural area. Most interventions targeted a diversity of population groups, were government funded and delivered in a community health, General Practice or outreach clinic setting. Interventions were mainly focused on the health sector and directed at organizational and/or system level determinants of access (supply-side). Few innovations were developed to enhance patients' or populations' abilities to access services (demand-side), and rarely did initiatives target both supply- and demand-side determinants of access.

Conclusion: A wide range of innovations improving access to PHC were identified. The access framework was useful in uncovering the disparity between supply- and demand-side dimensions and pinpointing areas which could benefit from further attention to close the equity gap for both vulnerable, general and key populations in accessing PHC services that correspond to their needs.

ABSTRACT 69: Realist review of community coalitions and outreach interventions to increase access to primary care for vulnerable populations.

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Background: There are meaningful gaps in equitable access to Primary Health Care (PHC), especially for vulnerable populations after widespread reforms in Kenya. The Innovative Models Promoting Access-to-Care Transformation (IMPACT) research program aims to improve access to PHC for vulnerable populations. The most promising interventions would be implemented and tested to address the needs identified. The aim of this review was to inform the development and delivery of an innovative intervention to increase access to PHC for vulnerable populations.

Methodology: We performed an initial comprehensive systematic search using google scholar, research gate, PsycINFO, and the PubMed Library from January 2020- December 2022. Studies were included if they focused on interventions to improve access to PHC using community coalition, outreach services or mobile delivery methods. We included Randomized Controlled Trials (RCTs), and systematic reviews. Studies were screened by two independent reviewers and the Reach, Effectiveness, Adoption, Implementation, and Maintenance

(RE-AIM) framework was used for data extraction and framework analysis to obtain themes. The LIP research team was also allowed to suggest additional papers not included at screening.

Results: We included 43 records, comprising 31 RCTs, 11 systematic reviews, and 1 case control study. We identified three main themes of PHC interventions to promote access for vulnerable residents, including: 1) tailoring of materials and services decreases barriers to primary health care, 2) services offered where vulnerable populations gather increases the “reach” of the interventions, 3) partnerships and collaborations lead to positive health outcomes. In addition, implementation designs and reporting elements should be considered.

Conclusion: Realist reviews can help guide the development of locally adapted primary health care interventions.

Keywords: community coalitions, outreach interventions, primary care, vulnerable populations.

ABSTRACT 85: HPV - The silent infection

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Background: Human papilloma virus (HPV) is sexually transmitted and is associated with anal cancers, genital warts, oral cancer and recurrent respiratory papillomatosis. Adolescent boys and young men (ABYM) involved in sex work are particularly at risk of contracting sexually transmitted infections like HPV. Sex workers Outreach Program (SWOP) has 10 sites across Nairobi serving female sex workers, men who have sex with men, and Transgender women, conducting demand creation for HIV services and sexual reproductive health research. IN this presentation we shall highlight the high burden of HPV among (ABYM) who have sex with men in Nairobi Kenya.

Implementation: 130 ABYM were screened for HPV infection between June 2022 and June 2023 at Transform clinic one of SWOP sites. ABYM aged 18 to 45 years, identified enrolled into the SWOP program currently living in Nairobi and planning to be for the next 12 months were eligible for the study. Participants completed a questionnaire about recent experience of violence, discrimination and how covid 19 had an impact of their day to day life. They tested anogenital STIs (xpert CTNG urine and rectal)

Results: 70(54%) of participants tested positive for HPV at baseline and were enrolled into the study .21% (15 participants were HIV positive .43% (30) of participants developed symptoms of warts. The participants were followed for a period of one year.

Conclusion: Uptake of combination of two behavioral HIV prevention method was low. Other intervention such as oral pre-exposure prophylaxis are of benefits to this group. And condoms should be made available to this group. There is high prevalence of HPV among ABYM who have sex men. Epidemiological studies have shown HPV vaccination and use of condoms as effective methods to prevent HPV infection and spread. It is imperative to have behavioral and structural interventions that facilitate of HPV among this population.

ABSTRACT 281: The use of Client-Centered Approaches to improve Covid 19 vaccination coverage in Saving Lives and Livelihood Project in Tanzania

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Background: The COVID-19 pandemic has been declared a global health threat by the World Health Organization (WHO) in March 2021 with vaccination being crucial strategy to stop its spread. Tanzania experiences low vaccination coverage rates due to hesitancy among its citizens following concerns on vaccines efficacy. Efforts have been made to address misconceptions and improve vaccination coverage in the country including use of various client-centered approaches (CCA). In July 2021, Tanzania joined the global vaccination campaign and received a total of 32,131,770 vaccine doses with various antigens by September 9, 2021.

Methods: The Saving Lives and Livelihood project aimed to achieve 100% vaccination coverage targets set by the government by December 2022. The client-centered approaches involved trained health workers and community mobilizers who employed tailored community engagement strategies. These strategies aimed to provide accurate information about the vaccine, address concerns and misunderstandings, and build trust among the communities. Various methods were used, including door-to-door campaigns, community gatherings, religious buildings, workplaces, and the involvement of influential leaders. Mobile clinics were also deployed in hard-to-reach areas, particularly rural communities.

Results: As a result of these approaches, 4,782,832 individuals were vaccinated within three months (October - December 2022) accounting for 13% of the national coverage, achieving 136% of project target and 100% of government-set regional targets. Since the start of the

vaccination campaign, 59.99% (18,222,934) of the targeted population have been vaccinated in Tanzania.

Conclusion: The use of CCA significantly improved COVID-19 vaccination coverage in Tanzania. They not only increased vaccination rates but also helped address vaccine hesitancy and other barriers to vaccine uptake. The success of these approaches suggests that they can be effective in improving vaccination coverage rates in Tanzania. However, further research is needed to assess the sustainability and scalability of these approaches and their impact on vaccine hesitancy and acceptance

ABSTRACT 289: Improving immunization coverage through community engagements and participation

Sylvia Ayebare¹, Agatha Nshabohurira¹|¹Mbarara District, Mbarara| UGANDA |Scientific

Background: The vision of UNEPI is to ensure that the Ugandan population is free of vaccine-preventable diseases. The mission is to contribute to the overall objective of the HSSIP in reducing morbidity, mortality, and disability due to vaccine-preventable diseases so that they are no longer of public health importance. Accessibility and utilization of immunization services in Mbarara District is at 60% below the recommended 90% by the Ministry of Health as at March 2023. The aim of the project was to improve access to immunization services from 60% to 90% from March 2023 to September 2023

Methods: We extracted health facility data from DHIS2 of immunization services for the previous six months. Interventions like; Monthly data analysis at district and facility, appreciation messages to VHTs registering and bringing more children to facilities, and monthly meetings at facilities with non-health stakeholders (Subcounty and parish chiefs, Local Council chairperson, Health management), Every VHT was tasked to register all children less than 1 year and pregnant women. In an outreach VHTs track if all children have turned in for immunization.

Results: In March 2023, the district was at 60% versus the Ministry of Health target of above 90%, in May 2023 it increased to 64%, and in July it increased further to 69% and in September it increased to 76%.

Lessons learned: Communities with adequate information on health services make work easier for health workers. It improves ownership, transparency, and accountability

Conclusion: stakeholder engagement improved community mobilization hence children accessing immunization services increased. We

recommended Ministry of Health adopt strategies of engaging key stakeholders in health promotion and disease prevention but also use data for decision-making and planning

ABSTRACT 304: Empowering Youth For Health Change: The Impact Of Kenya Malaria Youth Corps In Strengthening Evidence-Based Community Approaches To Primary Health Care Access.

Zipporah Mwangi¹|¹kenya Malaria Youth Corps | Mombasa| KENYA |Scientific

Background: The Kenya Malaria Youth Corps (KMYC) currently serves as a dynamic force in addressing Kenya's persistent malaria challenge. Focusing on Evidence-based community approaches - models that strengthen equitable access to PHC services, it actively bridges the knowledge-practice gap. KMYC presently tackles limited access to Primary Healthcare (PHC), particularly in malaria control. Its objectives include active community engagement, youth empowerment, and implementing evidence-based interventions to curb malaria. This initiative's significance lies in its potential to channel youth energy and creativity, promising lasting health improvements in Kenya.

Methodology: Implemented across various regions of Kenya, KMYC adopted a community-driven approach. Youth volunteers were the primary actors, actively engaging with local communities. A mixed-methods study design was used, incorporating surveys, interviews, and focus group discussions. The study population comprised youth volunteers, community members, and healthcare workers. Purposive sampling was employed to capture diverse perspectives.

Conclusion: The Kenya Malaria Youth Corps (KMYC) currently serves as a compelling example of the potency of evidence-based community approaches in fortifying Primary Healthcare (PHC) access and malaria control. KMYC's success presently illuminates the transformative potential of youth in propelling enduring health improvements. The key takeaways remain steadfast: we presently advocate for the expansion of youth-driven initiatives, with a resolute emphasis on community engagement. These initiatives should be seamlessly integrated into ongoing national malaria control strategies. Ultimately, KMYC's achievements underscore the ongoing critical need to align healthcare practices with evidence to drive lasting health enhancements and advance malaria control efforts in Kenya.

“Malaria control and elimination in Kenya: economy-wide benefits and ...” 07 Apr. 2023, <https://malariajournal.biomedcentral.com/articles/10.1186/s12936-023-04505-6>.

ABSTRACT 31: Strengthening Multisectoral Platforms to Increase Demand For Covid-19 Vaccination In Nyaribari Masaba, Kisii County.

Joram Oisebe¹, Saida Kassim¹, Joseph Kokumu¹, Esther Wangui¹, Yvonne Opanga¹, Caroline Murerwa¹, Dickson Mwira¹, Roy Okoth¹, Beatrice Odipo¹, Jane Jabilo¹, Evans Monda², Nancy Arumba², Webstar Moraro², Mary Mathenge² |¹Amref Health Africa, Nairobi, ²Nyaribari Masaba Sub-County Health Management Team, Kisii| KENYA| Best Practice

Background: Development of COVID-19 vaccines has been an integral step towards COVID-19 prevention. Kenya has fully vaccinated 38% of its adult population as of June 2023 amid challenges of erratic vaccine supply and vaccine hesitancy. Kisii county has fully vaccinated 45% of its eligible population. Nyaribari Masaba reported low uptake of COVID-19 vaccination resulting in sub-county health management team (SCHMT) identifying stakeholders to increase demand for vaccine uptake. The coordination of stakeholders was fragmented prompting the SCHMT to develop a centralised multi-sectoral forum to increase demand for COVID-19 vaccination. This ABSTRACT demonstrates how the engagement has contributed to increased uptake.

Implementation: The multi-sectoral team comprises of stakeholders from departments of health and education, clergy, national government officers and implementing partners. The SCHMT coordinates the centralized communication platform on WhatsApp. Sensitization of the community is done by various stakeholders through community dialogues, chief ‘barazas’, public forums, school meetings, religious gatherings and household visits. Community sensitization involves sharing basic facts and key messages on COVID-19 vaccination and scheduled outreaches for service provision. Feedback on performance is shared in the platform and informs planning of future outreaches.

Results: Multi-sectoral approach has demonstrated potential to increase demand for COVID-19 vaccination. Prior to intervention (March to October 2022), cumulative fully vaccinated individuals were 17463, while following intervention (November 2022-June 2023) number of individuals fully vaccinated was 19793 (12% increase). Involvement of various stakeholders in planning and implementation ensures

ownership and sustainability of interventions. Technical assistance and logistical support strengthen the existing coordination mechanisms, boosting performance. Adoption of instant messaging platforms through WhatsApp enhances instant communication among stakeholders.

Conclusion: Utilization of multi-sectoral approach improves demand for COVID-19 vaccination. This model can be scaled up to other sub-counties. Stakeholders need to adopt user friendly communication platforms to enhance coordination of outreach activities.

ABSTRACT 295: Enhancing Orphans Vulnerable Children Graduation Rates: A Structured Mentorship Approach in Community Case Management

Georgina King'ola¹, George Gichuhi¹, Rudia Ikamati¹ |¹St.John's Community Centre, Nairobi|KENYA |Scientific

Background: The Case Management Approach, a community model utilized for Orphans, and Vulnerable Children (OVC) is a family-centered child-focused approach implemented by case workers supported by case managers with the goal of household graduation. The households are assessed on 9 benchmarks under 4 domains - healthy, safe, schooled, and stable - and scored to measure vulnerability to determine appropriate interventions towards graduation. USAID 4BetterHealth program is implemented in 6 counties of Kajiado, Kitui, Machakos, Makueni, Murang'a, and Nakuru. A cross-sectional review of October 2021 - September 2022 data conducted indicated 267 OVC, 12% of 2,190 annual target were graduated. Challenges towards low graduation included: case workers' skills and capacity to use the assessment tool, unstructured questioning techniques, scoring challenges, poor tracking of services provided, and lack of data use for decision-making and service provision.

Methodology: Between November 2022 and March 2023, the program intensified structured mentorships to 447 (98M, 349F) caseworkers, 15 (7M, 8F) case managers, and 11 (6M, 5F) data assistants. The mentorship was preceded by training and sensitization on data collection tools, questioning techniques, and scoring benchmarks. One-on-one coaching and on-the-job sessions during household visits were utilized. Simplified tools to track case plan services and documentation were developed. Further, the data assistants were mentored on data use, and the development of prioritization matrices to ensure focused service provision that increased graduation rates. **Results:** During April-June 2023, the program achieved a notable increase in OVC graduations: 3,044 (55%) a 28% increment from the quarter January-March 2023,

and currently the program will report 4,167, 75% of 5,534 the annual target.

Conclusion: Structured mentorship, tailored to specific cadres based on priority needs is key to achieving program goals - graduation of households.

ABSTRACT 72: Community Smearing Day in Prevention And Control Of Tungiasis, A Case Of Emanyinya Cu In Emuhaya Subcounty, Vihiga County

Fanuel Khainga¹, Mercy Ayiemba¹ | ¹Ministry of Health| Vihiga| KENYA | Best Practice

Background: Tungiasis is a neglected tropical disease mostly attributed to poor living conditions. Effective jiggers eradication not only focuses on treatment of infested cases but also prevention. Social behavior change in the community plays a great role in achieving proper hygiene. Apart from dusting floors, regular smearing of houses is a doable practice that promotes an environment free from fleas, if carried out communally, the goal is efficiently achieved, hence the concept Community Smearing Day.

Implementation: In February 2023, 156 jigger cases were treated in 84 households in Emanyinya CU and 141 cases in 72 households in Emmukunzi CU (the neighboring CU). Dusting was done in these households. Additionally, all the community members in Emanyinya CU were engaged through the Ass. Chief's baraza, discussion held on doable practices for jigger prevention with a major focus on smearing of households. The community members agreed on the first Wednesday of every month when smearing shall be done in all the households. Towards the day, the community is mobilized through CHVs and local administration to gather the required resources for the day. This includes dung and water. On the material day, smearing is done by the household members. The vulnerable and disabled members of the community are helped to smear their households.

Results: Evaluation done in April 2023 showed a significant drop in jiggers prevalence in Emanyinya CU from 156 cases to 18 (88%) cases in 6 households (91%) as compared to Emmukunzi CU from 141 cases to 115 (18%) in 58 households (19%) where the smearing day was not being practised.

Conclusion: Community smearing day doesn't overrule but supplements the routine household smearing. This strategy is cost effective as it is self-driven by the community using the local resources. This should be scaled up to all jigger affected communities.

ABSTRACT 253: Evidence-based community approaches - models that strengthen equitable access to PHC services: Community Participation and Engagement of community health workforce

Sheila Kobia¹|¹KANCO-Kenya Aids Ngos Consortium, Nairobi| KENYA | Scientific

Background: Tuberculosis remains a global health challenge, with early detection being paramount for effective control and treatment. This ABSTRACT explores the best practice of using contact tracing to identify TB cases at an early stage. Tuberculosis is an infectious disease, and its timely detection is crucial to prevent its spread and severe health consequences. Contact tracing, a well-established public health strategy, has emerged as a best practice for early TB detection.

Methodology: Contact Tracing in TB Control. Contact tracing involves identifying individuals who have been in close contact with confirmed TB cases and evaluating them for possible infection. This method leverages the fact that TB primarily spreads through airborne transmission in close, prolonged proximity to an infectious person.

Results: Early Detection Benefits; The core advantage of contact tracing in TB control is early detection. By identifying and evaluating individuals who have had close contact with TB patients, healthcare systems can swiftly identify active TB cases, even before they exhibit symptoms. This early detection is essential for: Preventing Transmission: Active TB cases are highly infectious, and each undetected case can potentially transmit the disease to multiple people.Reducing Disease Progression: TB is progressive, and early detection can lead to more effective treatment outcomes.Minimizing Complications: Delayed diagnosis often results in complications such as drug-resistant TB.

Conclusion: Contact tracing has proven to be a best practice in the early detection of tuberculosis. Its ability to identify and evaluate individuals in close contact with TB cases not only aids in curbing transmission but also leads to more favorable treatment outcomes. This approach, when coupled with community engagement and education, is a powerful tool in the ongoing global efforts to control and ultimately eliminate TB. It stands as a testament to the potential of proactive public health strategies in combating infectious diseases and safeguarding public health.

ABSTRACT 282: Evidence-based community approaches - models that strengthen equitable access to PHC services: Community Participation and Engagement of community health workforce

Ezekiel Kimondi¹|¹Kenya Malaria Youth Corps (KeMYAC), Nairobi| KENYA |Scientific

Background: Learners have attracted relatively little attention as a group in need of special measures to protect them against malaria. However, they have been increasingly recognized as health messengers for malaria control. Kenya Malaria Youth Corps established three strategies in line with Kenya's School Health Strategy, Kenya School Calendar and World Health Organization recommendations in order to inform them about malaria and urge them to support activities towards zero malaria. This intervention was conducted in both primary and secondary schools in lake endemic counties which included; Kisumu, Homa Bay, Migori, Busia, and Vihiga.

Methodology: Creating malaria awareness: We conducted monthly malaria testing camps in about 50 primary and secondary schools, promoting prompt health-seeking behavior among students. IEC (Information, Education, and Communication) materials were distributed in schools to advocate for malaria prevention. Promoting completion of treatment cycle: KeMYAC distributed IEC materials emphasizing the importance of completing malaria treatment cycles. These materials were displayed within schools, and our Malaria Health Club members actively reinforced this message among their peers. Zero malaria starts with me campaign: We initiated a "Zero Malaria Starts with Me" campaign in schools, educating learners about the significance of malaria and its adverse effects. Through sensitization activities, we empowered students to become advocates for malaria control in their communities.

Results: The intervention led by the KeMYAC has yielded significant achievements in malaria prevention and control which include; increased malaria awareness in schools, empowerment of students as advocates for malaria control, increased health-seeking behavior among students, etc. Lessons learned is that school-aged learners can effectively serve as health messengers for malaria control.

Conclusion: Engaging school learners in malaria control is effective. Awareness, peer influence, and advocacy are key. It is good to expand this model to more regions, integrate technology, and share best practices for broader impact.

ABSTRACT 115: Evidence-based community approaches - models that strengthen equitable access to PHC services: Community Participation and Engagement of community health workforce

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Background: Social accountability is an approach towards building accountability that relies on civic engagement, it is increasingly seen as central to improving equitable access to health services. It encompasses the enhancement of collective social action and improved governance of resources to best meet health needs of citizens. Disconnection of the citizens perceptions of service provider's mandates has played a key role in causing havoc among communities. The 2008 Accra Agenda for Action and the 2005 Paris Declaration on aid effectiveness emphasized country ownership for development policies through citizen engagement. The study objectives were to hold duty bearers responsible for their actions in office and improve public health family planning service delivery in Mombasa County; Changamwe and Jomvu sub-counties.

Implementation: A stratified sampling was done for the community scorecard and 5 FGDs were held each consisting of 12 members. The FGDs targeted youth; male and female, adults; men and women and PWDs. A scorecard was used to gather information from each cluster separately, responses were scored on a rubric scale of 1-5 (1- very poor and 5-very good). Responses were analyzed through content analysis for the identification of challenges and recommendations. Secondly, we conducted an interface meeting in the same venue (Changamwe social hall). Duty bearers were in attendance to respond to the mentioned gaps from the right holders.

Results: Joint work plan created by community actors and health service providers. Citizens were aware of their rights and duties. Citizens participated in and organized collective actions. Citizens influenced SHRH policies through effective public participation

Conclusion: Mombasa County Government needs to work towards eliminating legal, policy, and programmatic barriers that impede youth participation in decision-making, planning and implementation of development activities at all levels by 2030 in line with Kenya's commitment at the ICPD25 Nairobi summit.

ABSTRACT 15: Impact of an interprofessional education program on developing skilled graduates well-equipped to practise in rural and underserved areas

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Introduction: Poverty, limited access to resources and a lack of infrastructure characterizes the division of rural areas from urban South Africa. Low numbers of social welfare professionals compound the problem. Higher education institutions (HEIs) are called upon increasingly to create conditions that encourage students and graduates to practice in more socially responsible ways. Use of interprofessional education (IPE) programs at the community level may bridge the workforce gap. This would enable them to develop professional skills facilitated by interactive engagement within community settings.

Methodology: The Faculty of Community and Health Sciences (FCHS) at the University of Western Cape has developed and applied an IPE program for South Africa. Students are placed in interdisciplinary groups in a rural and underserved municipality of the Western Cape. Effectiveness of this program was studied through a mixed method. The study established student perceptions of their IPE experience, how the experience influenced their intentions for or against future practice in rural and underserved areas, and their interest in future interprofessional collaboration and practice.

Results: More than 75% of the participating students agreed that they had learnt to develop knowledge base, procedural and healthcare practice presentation skills, along with preparing written community health histories. Student willingness to practice in rural areas was evidenced, citing community- and resource-based factors as determinants. However, concerns that some community members had 'own agendas' were expressed. Nearly all students highly appreciated their learning and service delivery development, but 47% felt that their educational experience did not go as far as expected. Lack of structured student placement for IPE to occur, as well as limited staff supervision were highlighted as concerns.

Conclusion: The program is evidenced as a valid approach to encouraging students and graduates to choose to practice in more socially responsible ways.

ABSTRACT 257: Leveraging Community Engagement in Malaria Prevention and Control in Busia County, Kenya, July 2022

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Background: Malaria is one of the most common vector-borne diseases prevalent in tropical and subtropical areas of the world, including regions in Africa, Asia, and America. Most of malaria cases and deaths have been reported in Africa, thus putting the continent at stake to skirl efforts to fight Malaria. Beyond the impending threats of drugs and insecticide resistance, a particular threat that thwarts Efforts to eliminate Malaria is the failure to engage the communities in this fight effectively. Therefore, in order to deal with this problem, KeMYC conducted ‘Zero Malaria Starts with Me’ campaign around Busia town and its environs in an effort to sensitize the community members and create awareness on malaria disease. The team also conducted a survey on; awareness and prevention of the disease need for collaborative partnerships with stakeholders

Methodology: On 28th July 2022, KeMYC, in collaboration with various stakeholders, undertook several activities to address the underlying causes of malaria in Busia County. The team employed a cross sectional research design to collect information from the Busia town residents. The sample size for the survey was 500 residents (including women, men and school going children) who were selected through simple random sampling. Data was collected using structured questionnaires and one on one engagement. The data was analyzed using descriptive statistics and presented using charts and tables.

Results: 340/500 of the residents indicated that they were aware of the malaria prevalence and the undergoing prevention initiatives while 160/500 weren't. 290/500 indicated there was need for collaborative partnership in the fight against the disease in the area, 150/500 saw no need while 60/500 remained neutral.

Conclusion: The campaign successfully raised awareness about malaria prevention, with substantial community support for collaborative efforts in combatting the disease, reinforcing the importance of community engagement in public health initiatives.

ABSTRACT 242: The Efficacy of Using Community Health Practitioners in Strengthening PHC Delivery: A COVID-19 Vaccination Case

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Background: Over the years, little effort was put into preventive health. Recently, healthcare has been oriented towards preventive and promotive health at the grassroot/community level. The key players in enforcing PHC are all the community health practitioners. These are the people who work tirelessly to ensure everybody in the community receives quality healthcare. Bunyala one of the subcounty in Busia had a low COVID-19 vaccination coverage. This study provides the significance of the role of community health practitioners (CHP) in strengthening PHC, thereby increasing COVID-19 vaccination coverage. Other objectives include the challenges faced and measures government should impart.

Methodology: A sample of 15 CHP which comprised 2 PHOs, 2 HPOs, 1 CHEW, and 10 CHVs was used. The study occurred in Bunyala West ward in Busia County. A purposive sampling technique was used to acquire the 15 CHPs. This prospective experimental design targeted the practitioners with an interview and observation checklist used as the data collection technique to study the outcome of the COVID-19 vaccination program using the CHPs.

Results: Within the 4 months, the number of fully vaccinated had risen from 25929 to 37,002 according to the Chanjo system. 9 CHVs indicated that they face many challenges with government monetary compensation being the main one. They both agree that the government has little involvement in their affairs.

Conclusion: The significant rising in vaccinated individuals proved that the CHPs are imperative to the success of any PHCs project that involves the community. Therefore, the government should highly invest in the CHPs to limit the expenditure incurred in the curative department. A highly motivated CHP needs a better incentive. If the government can invest more in the measures that reduce the challenges the CHPs face, then the PHC can be highly strengthened thereby, resulting in a healthy community.

ABSTRACT 247: Empowering Youth to Combat Malaria: Evidence-Based Community Approaches for Lasting Health Change in Africa

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Background: Malaria continues to pose a significant health threat in many African countries, with children being particularly vulnerable. To address this issue and strengthen Primary Health Care (PHC) for lasting health change, evidence-based community approaches have been implemented, focusing on engaging youths in the fight against malaria.

Methodology: This project, aimed at reducing malaria prevalence among Kenyans, took a multifaceted approach: Youth Engagement: Empowering youths as community health advocates and educators, ensuring they actively participate in malaria prevention efforts. Youth Advocacy: Advocating for integrated healthcare services with a special focus on Universal Health Coverage, ensuring access to malaria prevention and immunization campaigns. Community Action: Training and mobilizing community-based volunteers at grassroots level, as well as sharing key messages to deliver targeted malaria interventions. Digital Information for PHC: Utilizing digital health solutions for malaria control, elimination, and making data driven decisions for dissemination of information to the community effectively.

Results: The evidence-based community approaches yielded promising results: Youth Empowerment: Increased youth involvement in anti-malaria strategies and control activities, leading to higher awareness and adherence to preventive measures. Youth Advocacy: Increased access to malaria services among the communities through stakeholder-based policy advocacy and integrated healthcare models. Community Action: Enhanced capacity of CHVs, including youths, in driving action to achieve zero malaria, resulting in improved health outcomes. Digital Information: Enhanced surveillance and data-driven decision-making, enabling more targeted community interventions.

Conclusion: This project underscores the vital role of evidence-based community approaches in engaging youths to combat malaria and strengthen PHC in Africa. To scale up these efforts, it is recommended that similar programs prioritize youth involvement, expand community

health volunteers training, and further integrate digital information systems. By aligning practice to evidence, lasting health change can be achieved, not only in malaria control but in overall PHC improvement across the continent.

ABSTRACT 199: Curbing preventable deaths through essential case management and prevention supplies during Cholera outbreak management: A case of Cholera response in Zomba by Amref Malawi.

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Background: Malawi experienced the worst cholera outbreak in the recent years from March 2022 to April 2023. As of April 2023, Zomba one of the districts supported by Amref had registered 1,014 cases.

Implementation: The project procured case management supplies including: 1,133 litres of ringer's lactate, 167 cannula needles (syringes), 167 intravenous (IV) giving lines, 500 sachets of oral rehydration salts (ORS) and 20 boxes of gloves; and 18 drums 70% high test hyper chloride (HTH) or chlorine for household water treatment and cholera treatment camp disinfection. The case management supplies were distributed to 16 cholera treatment camps which were in health centres. Cholera prevention supplies were distributed to 90,000 households (454,423 people) in the surrounding communities of health centres that had cholera treatment camps.

Results: Cholera case fatality rate in Zomba district reduced from 6.0% in January 2023 to 2.8% in April 2023. This was largely due to improved case management resulting from availability of treatment supplies. Average number of cases per day in a month reduced from 13 cases in January 2023 to 4 cases per day in February 2023 and 3 cases per day in March 2023.

Conclusion: Availability of key case management supplies during cholera outbreaks prevent avoidable deaths and when supplemented with household water hygiene, risk of further spread of the outbreak reduces.

ABSTRACT 91: Role Of Mentor Mothers In Elimination Of Mother To Child Transmission (EMTCT) Of HIV/AIDS In Nyahera Sub County Hospital, Kisumu, Kenya.

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Background: Mentor mothers are women living with HIV/AIDS and have been trained to encourage, educate and empower, HIV positive pregnant women and new mothers' in quest to prevent transmission of HIV to their babies. With antiretroviral therapy (ART), HIV infection has now become a manageable condition in children and adults. In spite of it being largely preventable using several interventions. Mother-to-child transmission has been virtually reduced; however, in resource-limited settings where >95% of all vertical transmissions take place, still an infected infants continue to be born. To help prevent new HIV infections among infants, mentors offered adherence counselling services to all HIV positive mothers to achieve Low detectable viral load, emphasized on the importance of prophylaxis to infants, counselled mothers on exclusive Breast feeding to all under 6 months and supplementary feeding up to 2 years. Ensured uptake of Antenatal and post-natal care to all mothers, traced mothers who missed their appointments, Initiated, maintained them and their infants in psychosocial support groups to help in reducing stigma and discrimination.

Implementation: This was a retrospective data obtained from Mother and Infant Prevention (MIP) and HIV Exposed Infants (HEI) registers for a period of 5 years from 2018-2022 June, 306 known positive mothers enrolled at the Comprehensive Care Centre (CCC) were successfully attached to mentor mothers and put on cohorts to walk them through the journey to completion.

Results: 306 infants received polymerase chain reaction PCR test at: 6 weeks, 6 months, one year and a final antibody test at 18 months, none turned HIV positive (100% prevention). All were discontinued as HEI and their mothers allowed to continue receiving care and treatment services.

Conclusion: Mentor mothers play a critical role in eMTCT as evident in Nyahera Hospital hence this intervention should be emulated in all health facilities offering PMTCT services.

ABSTRACT 43: A community engagement model to ensure complete uptake of vaccine dosage in children under 5 years Serem Health Unit
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Background: World Health Organization (WHO) recommends full immunization to increase protection of children under 5 years and the general population from potentially serious diseases there by saving lives. Through community engagements, it was noted that there was little or no information on importance of immunization, myths and misconception surrounding vaccines and there was absence of the mother child booklet for children under 5 years.

Implementation: The purpose of this ABSTRACT is to highlight the importance of community. In September 2022, 20 Community Health Volunteers (CHV) in Serem community health unit were taken through a refresher training on the immunization schedule and Mother child health booklet to understand the importance of complete dosage of vaccines and to identify defaulters. Through community Barraza's, comprising of the area sub chief and village elders, Church, nyumba kumi, CBO leader's information on the importance of immunization and mother child booklet was emphasized they were tasked to ensure that each child has mother child booklet. A roll out plan for mapping CHV was done through household visitation to identify defaulters using mother child booklet for children under 5 years and immunization cards for girls(10-14yrs). Through referrals and community outreaches all defaulters are reached.

Results: There is a steady increase in the uptake of MR2. There is competency on information and household visitation to children under 5 years among CHV's. Demystifying myths and misconceptions on vaccines. Quarterly mapping of children under 5 years has been adopted to ensure nutrition indicators and the immunization schedule are adhered to.

Conclusion: Continuous community sensitizations through household visitations, focused group discussions, community barazas, churches would improve uptake of vaccines hence a healthy community.

ABSTRACT 221: Enhancing HIV/AIDS Management through Community Defaulter Tracing.

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Introduction: In the global fight against HIV/AIDS, maintaining consistent antiretroviral therapy (ART) adherence is pivotal. Community defaulter tracing emerges as a crucial strategy to tackle treatment interruptions and enhance patient outcomes. Tononoka dispensary between the year of 2022 and 2023 registered a high number of HIV defaulters i.e. 78 as compared to previous years which was 11. This informed the need for the community health assistant to come up with strategies to solve the problem.

Methodology: We held frequent client review meetings at the facility staff, sensitized the CHPs on defaulter tracing mechanisms, generated defaulter list and divided the defaulters to the CHPs as per their area of residence, I organized for support group meetings during the week and weekends.

Results: So far the interventions, have yield results, the defaulter rate decreased from 37.2% to 7%. Tononoka AP Dispensary staff coordinates with community health promoters and chiefs to locate defaulters. At the residence, the client is supported so as to establish reasons for defaulting, he/she is health educated on the need to adhere to medication. Those who agree, are physically escorted back to facility. Those who request more time are given with follow up and more health education. At the facility, they are handed over to the HTS provider to provide further counselling and eventually returned to care. Defaulters decrease over time. Community defaulter tracing is integral to HIV/AIDS management. Empowering community health workers, and integrating tracing yield benefits.

Conclusion: Community defaulter tracing leads to improved treatment outcomes, reduced transmission rates, and a comprehensive response to the epidemic.

Track 1.2 Models for Universal Health Coverage

ABSTRACT 36: From Targeted Outreach to Routine: Evaluating the Impact of COVID-19 Vaccination Outreach Campaigns and Their Implications for Sustainable Vaccination Programs.

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Introduction: In the context of the COVID-19 pandemic, vaccines have been identified as a critical tool in reducing the spread of the virus and restoring public health. The availability of vaccines at the lowest level of the healthcare system is crucial in achieving this goal. Outreaches that create demand for vaccination and provide vaccines have been instrumental in the progress made so far. However, sustaining this effort presents a challenge as outreaches are often costly and may not be sustainable in the long run. Transitioning to a routine health facility-based vaccination program is essential to achieve sustainability.

Methodology: A systematic review was conducted for all available data and results attained during the assessment period (May-December 2022). A significantly high number of people were vaccinated through outreach campaigns. Of the 184,367 1st and 2nd doses administered, 90.2% were given during outreaches, while 9.8% were given at fixed sites. Furthermore, 120,617 booster shots were administered, with 93.7% given during outreaches. Notably, the number of people vaccinated during months without direct demand-creation activities was only 15.47% of the number vaccinated during months with such activities.

Results: The results show a significant gap between the two interventions, emphasizing the need for innovative approaches during the transition to routine Covid-19 vaccination. Ensuring access to vaccines is crucial for uptake, supported by the development of dedicated Covid-19 clinics and continued community mobilization and engagement through community-facility linkage.

Conclusions: To achieve a successful transition to routine Covid-19 vaccination, all stakeholders, including the government, implementing partners, donors, and other civil groups must coordinate their efforts to enhance vaccine accessibility and demand creation at all levels of care. Lastly, Integrating COVID-19 vaccination with routine vaccination programs will ensure sustainability and optimal use of available resources including human resources

ABSTRACT 98: Improving Pre-Exposure Prophylaxis (PrEP) Uptake among Adolescent Girls, Young Women, Pregnant, and Breastfeeding Women in Olenguruone Sub County Hospital

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|Best Practice

Background: Pre-Exposure Prophylaxis is highly proven effective in preventing HIV transmission when taken consistently. Its implementation can significantly contribute to better maternal health outcomes by preventing HIV acquisition. Particularly PrEP can greatly reduce the risk of transmitting the virus from mother to child during pregnancy, delivery, or breastfeeding. This is crucial in achieving an HIV-free generation.

Implementation: This ABSTRACT focuses on the challenges encountered during the implementation of PrEP in Olenguruone Sub County. To address these challenges, the USAID Tujenge Jamii Project, in collaboration with the County Department of Health in Nakuru, implemented various interventions. These included front loading of targets, community outreaches for Adolescent Girls and Young Women (AGYW) through the Binti shujaa package, vocational training outreaches, enhanced peer-led routine health talks at Maternal and Child Health clinics, HIV risk assessment among PBFW and AGYW using the RAST, index testing linelisting, follow-up and testing of AGYWs in discordant relationships was conducted to initiate negative women on PrEP.

Results: The results achieved after three months of implementation showed significant improvements. Among the target group of AGYW, 87.7% were reached, and among PBFW, 73.9% were reached. These results indicate the effectiveness of the interventions implemented by the USAID Tujenge Jamii Project and the County Department of Health in increasing the uptake of PrEP among AGYW and PBFW in Olenguruone Sub County, Nakuru County.

Conclusion: Based on these findings, it is recommended that targeted interventions, community outreach programs, and enhanced education and awareness campaigns should be prioritized to address the challenges associated with PrEP uptake. Similar strategies can be implemented in other regions to further increase the uptake of PrEP and reduce the burden of HIV. Continued efforts are needed to sustain and expand these interventions to achieve the desired outcomes and goals in HIV prevention and control.

Keywords: PREP, AGYW, PBFW

ABSTRACT 192: Ensuring Universal Health Coverage in Emergency Situations: A case of Emergency Response to Cyclone Idai/Ana Young Samanyika¹, Bester Gondwe¹, Ruth Vellemu¹, Madalitso Tolani¹, Gift Monyadira¹ |¹Amref Health Africa, Lilongwe City |MALAWI |Best Practice

Background: Chikwawa district was one of the districts in Malawi that experienced heavy rains in March, 2019 due to tropical cyclone Idai. A similar situation occurred in 2022 due to cyclone Ana. During all the episodes, serious structural damages occurred forcing people into evacuation camps and washing away of crops and animals. As a result, Health (antenatal attendance, utilisation of family planning services, immunisation coverage), Water, Sanitation and Hygiene (WASH) and Nutrition services were disrupted thereby eroding previous health gains shown by related indicators.

Implementation: Amref Malawi supported continuation of WASH, Nutrition, and Health services within eviction camps and other affected communities with an aim of maintaining the gains realised before the emergencies. Amref was: distributing soap for hand washing, water filters and chlorine for drinking water treatment; providing COVID 19 vaccinations, hygiene, sanitation and health promotion, child health services (growth monitoring and routine vaccinations), antenatal and family planning clinics, malnutrition therapy (by providing Ready to Use Therapeutic Feeding (RUTF) to moderately malnourished under five and pregnant women) and Outpatient services, through mobile clinics.

Results: 55,668 people were supported with the services in Chikwawa. During all the emergency episodes, there were no enteric disease outbreaks like cholera, typhoid, dysentery, and gastroenteritis. District coverages for essential services were maintained like immunisation between 82.3% in 2021 and 79.2% in 2022, CPR between 77% in 2021 and 79% in 2022, deliveries attended by skilled personnel between

96% in 2021 and 95.3% in 2022, under five underweights between 5% 2021 and 3% in 2022% [1].

Conclusion: High coverage of health services consumes a lot of resources from government and development partners. It is therefore important to maintain the achievements gained despite setbacks like emergencies. Contingency measures should always therefore be set aside to support communities during such times.

[1] Chikwawa District DHIS2

ABSTRACT 97: Optimizing Healthcare Resources: Integrating COVID-19 Vaccine in Routine Immunization in Kilimanjaro Region - Tanzania.

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Introduction: Childhood immunization is one of the routine health services disrupted by the COVID-19 pandemic in Tanzania by diverging its resources to the COVID-19 response. The disruption led to a decrease in immunization coverage which in turn increases the risk of epidemics of vaccine-preventable childhood diseases, complications, and deaths. The Ministry of Health integrated the COVID-19 vaccine into routine immunization to mitigate the effects of COVID-19 on immunization performance.

Implementation: The approach was implemented in 355 facilities in the Kilimanjaro region in collaboration with R/CHMT, frontline healthcare providers in health facilities and community level, community leaders, and program staff from World Food Program Tanzania (WFP), Tanzania Red Cross Society, and AMREF Tanzania. A team of mobilizers and vaccinators for COVID-19 and routine childhood immunization; and data recorders were stationed in health facilities and community outlets for vaccine administration. We collected vaccination data on a daily, weekly, and monthly basis, and entered it into ChanjoCOVID-19 and AMREF database for performance monitoring.

Results: By April 2023 the region demonstrated improvement for both COVID-19 and routine immunization services from baseline data of 126% in November 2022 before implementation to 137% COVID-19 vaccination coverage up to April 2023 and routine immunization data from 99% in November 2022 to 126% in April 2023.

Conclusion: The integration approach successfully increased access to immunization services and proper utilization of human resources and infrastructure.

Conclusion: This approach should be routinely planned and implemented to ensure effective service provision. The government in partnership with the project to scale up the initiatives to more regions to increase vaccination coverage.

Track 1.3 Quality Service Delivery

ABSTRACT 121: Reaching Adolescents and Young People with Family Planning Services in Religious institutions within Kisauni and Nyali Constituencies in Mombasa County.

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Background: In Mombasa, adolescents and young people continue to experience early and unintended pregnancies, new HIV infections and GBV. Religious believe is a major hindrance to accessing SRHR information and services due to the negative attitude among religious leaders towards sexuality education among adolescents and young people aged 10-24 years.

Implementation: The intervention sought to integrate religious leaders as key players in ensuring adolescents and young people between the ages of 18-25 years are reached with SRHR services and more specifically Family Planning services within Kisauni and Nyali Sub_Counties. 10 religious institutions were identified and mapped out (3 madhrassas and 7 churches). Three briefing meetings were conducted to the identified religious leaders to sensitize, get their buy in and support. After the engagement, the 10 religious leaders became part of the mobilization team and provided venues in the Madhrassas and churches that were used as safe spaces during the sessions and outreaches that we conducted with the AYPs. 924 AYPs were mobilized through the support of the religious leaders and taken through life skills education using approved manual: Together into the future manual. Through partnerships with organizations that support SRHR service and DoH, we were able to reach 579 AYPs with Family Planning services after life skills education by conducting service outreaches and inreaches at respective safe spaces.

Results: The engagement of religious leaders as owners, supporters and mobilizers increased access of Family Planning services among young people. Religious leaders play a vital role in enhancing service uptake among AYPs hence it is necessary to involve them throughout program implementation.

Conclusions: Effective engagements of religious leaders when implementing AYPSRHR programs helps to demistify negative attitudes on Sexuality and enhance support. We are looking forward to other partners and resources in implementing the intervention beyond Kisauni/Nyali.

ABSTRACT 96: Acceptance of Community ART Services and its contributing factors among PLHIV; An Exit Survey at Katoro HC in Geita, Tanzania.

Victor Ruzibukya¹, Amelia Clemence¹, Amina Ngombo¹, Shukrani Mbwaga¹, Mitya Kenani¹, Charles Festo¹ | ¹Management and Development for Health (MDH), Dar es Salaam | TANZANIA | Scientific

Background: Community-based service delivery has been adopted by UNAIDS as an integral part towards its targets of ending HIV/AIDS epidemic by 2030. This aim to decrease unnecessary burdens on the health care system, especially in sub-Saharan Africa. MDH in collaboration with the Government of Tanzania initiated Community ART services in Geita Region in 2021. Katoro Health Center has been experiencing consistent low Com ART coverage of 2.4% among 5,760 clients. Our aim was to determine acceptance of community ART services and its contributing factors.

Methodology: An exit survey was conducted for 2 weeks from 17 April, 2023 using a structured questionnaire. A total of 113 clients were interviewed out of 300 clients attended who consented and above 18 years and clients less than 6 months on care were excluded. Descriptive analysis was done using SPSS version 21.

Results: Among interviewed, 75.2% were females, 61.9% farmers and 25-34 the most age group (38.9%). 58.4% accepted community ART with home and refill sites being most preferred. For those not accepting, the contributing factors were stigma 63.8% and 25.5% living near the facility. Other contributing factors were time to reach the facility, 46% using 15 min, 35.5% using boda-boda as a mode of transport and

61.8% had no awareness of the service.

Conclusion: Community ART services are accepted to majority of the clients with home and site refills being preferred. We recommend the incorporation of other modalities of Community ART (Home refill, group refill and pharmacy) as well as addressing stigma.

ABSTRACT 239: Paediatric HIV Care, Treatment, and Monitoring: Current Strategies and Future Directions.

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Background: The management of paediatric HIV remains a critical challenge in global public health due to its complex clinical, socio-economic, and ethical dimensions. This paper provides a comprehensive overview of the current strategies and advancements in paediatric HIV care, treatment, and monitoring.

Methodology: A systematic review of literature published in peer-reviewed journals and authoritative reports from international health organizations was conducted. The search encompassed studies from inception to the present, focusing on paediatric HIV care, antiretroviral treatment (ART), and monitoring strategies.

Results: Paediatric HIV care has evolved significantly over the years, with improved access to early infant diagnosis, optimized ART regimens, and better management of co-infections. Early infant diagnosis has been facilitated by the expansion of molecular techniques such as PCR-based testing, enabling prompt initiation of ART in diagnosed infants. ART regimens have become more effective, tolerable, and adaptable to the specific needs of children

Conclusion: Despite advancements, several challenges persist in paediatric HIV care. Limited access to testing and treatment in resource-limited settings hinders early diagnosis and timely intervention. Adherence to lifelong ART remains a concern, influenced by factors such as drug formulation, taste, and caregiver support. Stigma and disclosure-related issues also affect children's psychosocial well-being and adherence to treatment. Future strategies for paediatric HIV care should focus on strengthening health systems to improve access to services in underserved areas. Research efforts should prioritize the development of child-friendly drug formulations, long-acting ART options, and novel interventions to address treatment adherence challenges. Collaborative initiatives between governments, non-governmental organizations,

and international partners are essential to address socio-economic factors, stigma and comprehensive support for affected children and their families. By prioritizing research, policy changes, and sustainable healthcare infrastructure, the global community can achieve better paediatric HIV outcomes and ensure a healthier future for the youngest generation living with HIV.

ABSTRACT 264: Building a Strong Primary Care Network: Evidence-Based Community Approaches and Quality Service Delivery.

A case for Kilifi county

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Background: Kenya, a signatory to the Alma-Ata Declaration, has made commendable strides in harmonizing its healthcare system with the principles of Primary Health Care (PHC). Despite grappling with a triple burden of diseases encompassing communicable, and non-communicable diseases, and injuries, Kenya remains resolute in its commitment to providing accessible, affordable, and high-quality healthcare. To realize this vision, Kenya has embarked on significant healthcare reforms, including the establishment of Primary Health Care Networks (PCNs). Kilifi County, in particular Rabai, Kaloleni, and Kilifi South subcounty, has been diligently working to enhance the efficiency and effectiveness of healthcare services. Their efforts are focused on improving patient care coordination to ensure that individuals receive the right care efficiently and effectively. These endeavors are guided by the Primary Health Care Network guideline.

Implementation: Support the delivery of early childhood development (including parenting skills) into the delivery of health services during the first 1,000 days of the infant's life. Assist in the implementation of an integrated adolescent health and well-being approach. Promote the implementation of the Primary Health Care strategy through county-level PHC networks; and Promote the implementation of Social Behavior Change and Social Protection principles and interventions throughout the organization. Beneficiaries included local communities and stakeholders involved in local health authorities, healthcare providers, community health promoters, child protection volunteers, and cross-sectoral partners.

Outcomes: The program made strides in equitable primary healthcare access, forming three hubs, optimizing care delivery. Multisectoral

coordination addressed healthcare challenges holistically. Gender mainstreaming promoted inclusivity, and data-driven decisions enhanced accountability.

Lessons Learned: Political support is vital. Customize PCNs for local context. Data is foundational. Effective coordination is crucial.

Conclusions: UNICEF's Kilifi program advanced equitable healthcare aligned with PHC and UHC. To sustain it, scale models, secure political support, improve data management, engage communities, promote gender sensitivity, and enhance cross-sectoral collaboration.

ABSTRACT 232: Translation and adaptation of the stroke-specific quality of life scale into Swahili

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Background: Stroke care requires a patient-centered, evidence-based, and culturally appropriate approach for better patient clinical outcomes. Quality of life necessitates precise measuring using health-related quality measures that are self-reported and language-appropriate. However, most of the self-reported measures were devised in Europe and therefore not considered contextually appropriate in other settings, more so in Africa. The study aimed to produce a Swahili version by translating and adapting the stroke-specific quality of life (SSQOL) scale among people with stroke in Kenya.

Methodology: We used a questionnaire translation and cross-cultural adaptation. The pre-validation sample of 36 adult participants was drawn from 40 registered people with stroke, from the Stroke Association of Kenya (SAoK). Quantitative data were collected using both English and Swahili versions of the SSQOL scale. The mean, standard deviation (s.d.), and overall scores were calculated and are presented in tables.

Results: The back translation revealed a few inconsistencies. The expert review committee made minor semantic and equivalence alterations in the vision, mood, self-care, upper extremity function and mobility domains. Respondents indicated that all questions were well understood and captured. The stroke onset mean age was 53.69 years and the standard deviation was 14.05.

Conclusion: The translated version of the Swahili SSQOL questionnaire is comprehensible and well-adapted to the Swahili-speaking population. Clinical implication: The SSQOL has the potential to be a useful outcome measure for use in Swahili-speaking patients with stroke.

ABSTRACT 168: Prevalence of individuals with traumatic spinal cord injury in Nairobi, Kenya.

Christine Muya¹, Julie Phillips², Joseph Matheri³, Bilton Sore⁴ | ¹Amref International University Nairobi, Kenya | ²University of the Western Cape, Cape town, South Africa | ³Jomo Kenyatta University of Agriculture and Technology, Thika, Kenya | ⁴The Nairobi Hospital, Nairobi| KENYA| Scientific

Background: Traumatic Spinal Cord Injuries is among the global burden of diseases, causing disabilities. There is insufficient information on prevalence of TSCI in Africa -Kenya and other developing nations, across different lifespans. The researcher seeks to determine the prevalence of individuals with a traumatic spinal cord injury in Nairobi which will be a baseline of available data.

Methods: Quantitative study was used to retrospectively extract data from records of 1st January 2010 to December 2014, at the Nairobi Spinal cord referral Injury hospital. Total of (n=320) participants met the inclusion criteria of all TSCI patients injured stored medical files, out these (N=217) were men, and (n=103) women, collected data was analyzed by SPSS; Pearson chi-square was applied to test for association between variables, T-test was used to compare mean difference between groups, study Significance level was at p-value <0.05.

Results: Mean age of the participants was 37.59 (SD= 15.038), the common affected age group was 30-39 years old at (27.8%) followed by 18-29 years at (26.6%). Male to female ratio was 2.1:1, highest prevalence occurred in 2010 and 2014 (20.5%), main cause of a TSCI was transportation (49.1%), and least cause was assault (17.5%) common injury location at lumbar (53.1%), and the least was sacral with (0.3%) There were significantly more persons with paraplegia (54.1%) who had complete injuries compared to those persons with tetraplegia (19.6%). Other (27.3%) accounted for the TSCI patients with incomplete paraplegia and tetraplegia and no neurological deficits

Conclusion: TSCI quality of life, etiological and anatomical spinal location varies throughout the world. Countries with high economic level display similar trends in etiology. Less developed nations and lower middle-income countries like Kenya manual labour and poor infrastructure predispose individual to TSCI. The information, will lead to appropriate prevention strategy that decrease burden of TSCI globally.

ABSTRACT 218: Effectiveness of Cohort based Support in Utilization of ANC services in Muhoroni Sub-County, Kisumu County, Kenya

Maureen Otieno Sidigu¹, John Okoth Seda¹, Kennedy Akani², Raymond Kwach¹, Maureen Okaka¹ |¹ Department of Medical Services, Public Health, and Sanitation - Kisumu County, ²Living goods Kenya, Kisumu| KENYA|Best Practice

Background: Antenatal care is an opportunity to provide care for prevention and management of existing and potential causes of maternal and newborn mortality and morbidity. WHO proposed new guidance to increase the number of contacts a pregnant woman has with health providers throughout her pregnancy from four to eight. Eight contacts for antenatal care can reduce perinatal deaths by up to 8 per 1000 births when compared to 4 visits. According to KDHS 2022, women with four or more ANC visits for their last live birth is higher in urban areas (74%) than in rural areas (62%), implying that 38% of women have three or less ANC visits. In Kisumu the percentage of women with four or more ANC visits for their last live birth is 63%. In rural Muhoroni, the number is even lower at 30%.

Description of the Intervention: CHWs were equipped with smartphones, installed smart health app with ability to help them assess, refer, and perform timely follow ups upon registering all households and pregnant women therein. All new pregnancies registered by CHPs monthly were segregated into groups depending on gestation period. The 2 cohorts formed in February and March 2023 of 9 women each have been engaged in monthly group meetings concurrent with their ANC visit dates. The group meeting helps the expectant mothers to share experience, ideas, challenges, allows the clients to interact with health workers and receive health education.

Results: After 7 months of Cohort based Support with 2 separate cohorts we have seen a tremendous change in 4th ANC utilization.

Conclusion: Strategies to increase the accessibility and availability of ANC services up to the 8th visit are important particularly for communities in rural areas.

ABSTRACT 22: Use of Geographical Information System (GIS) in COVID-19 vaccination outreaches -Laikipia County

Margaret Luvuze¹, Austin Gwada¹, Vincent Cheruyot¹ | ¹USAID Tujenge Jamii, ¹GoldstarKenya, Laikipia | KENYA | Best Practice

Background: Mass vaccination emerged as the most effective primary healthcare strategy against the Covid-19 pandemic. With the availability of vaccines and resources to reach the community, the challenge was the ability to vaccinate communities with at least two doses and a booster to achieve Herd Immunity as per WHO guidelines. There was a need to be strategic and innovative in the last mile vaccination drive through GIS mapping of outreaches.

Implementation: In partnership with Laikipia County, Usaid Tujenge Jamii supported the implementation of GIS mapping. The implementation involved the development of an ODK system data collection tool. Vaccination teams trained on the use and it was rolled out into targeted community outreach. Data collected informed planning of subsequent outreaches for both mobilization and vaccination and facilitated precise tracking of areas and clients due for the subsequent doses and reporting of Monitoring of Adverse Effects Following Immunization.

Outcomes: The implementation of GIS mapping in our activities has increased vaccination coverage. In November 2022, the coverage rose to 42.5%, up from 37.1% in May 2022. Additionally, 160 AEFI cases were reported and tracked. Notably, among PLHIVs, the coverage has steadily risen to 60% as of June 2023. This positive trend can be attributed to the effective geo-mapping of vaccination activities.

Conclusion and recommendations: Data is useful for planning and decision-making for efficiency and resource utilization. Integration of GIS mapping into our vaccination efforts has significantly increased the uptake of Covid-19 vaccines among the general population and priority groups. It has served as a platform for reporting AEFI cases, as well as facilitating effective outreach planning and implementation. Therefore, it is highly recommended to incorporate GIS modules into the ChanjoKe system.

ABSTRACT 102: Barriers to healthcare workers' utilization of scan form technology in Homa Bay County, Kenya: A quantitative study on multiple hospitals

Collince Ochieng¹, Shehu Shagari¹, Esther Osir¹, |¹Jaramogi Oginga Odinga University of Science and Technology ,Bondo| KENYA |Scientific

Background : Scan Form Technology (SFT) has been adopted in healthcare systems to eliminate manual data entry, improve efficiency, reduce errors, and enhance patient care. However, the extent of SFT utilization plays a critical role in realizing these benefits. Quality of health information systems indirectly affects patient safety, as errors in the system can lead to incorrect treatments. Despite the recent adoption of SFT in Homabay County, Kenya, the uptake has been slow. This study aimed to identify the barriers to SFT utilization among healthcare workers in Homabay County.

Methodology: This cross-sectional study investigated barriers to utilization of SFT in 54 healthcare facilities in Rachuonyo North and Homa Bay Township Sub-Counties of Homa Bay County, Kenya. Data was collected among healthcare workers using structured questionnaires. Logit regression model was employed to investigate the barriers for utilization of SFT.

Results: The majority (84.2%, 107/127) of the respondents had ever used SFT. While barriers to utilization of SFT included incompatibility between SFT and health care workers' tasks (Coeff=0.89, CI: [0.06, 1.71], p-value=0.035), and inadequate information and communication technology support for information exchange, communication, and collaboration in the health facility (Coeff=0.86, CI: [0.13,1.60], p-value=0.021).

Conclusion and Recommendations: The study identified incompatibility between SFT and health care workers' tasks, and insufficient information and communication technology support for information exchange, communication, and collaboration in the health facility as barriers to utilization of SFT. The study recommended that health facilities should have trained personnel on standby to offer support in case of challenges with SFT application.

ABSTRACT 62: The transition from paper work to Electronic Community Health Information Systems (eCHIS) in Nyahera community health unit-Nyahera Sub County Hospital, Kisumu Kenya

Risper Oyaa¹, Duncan Odhiambo¹, Winnie Odhiambo¹ |¹MOH-Nyahera Sub County Hospital, Kisumu| KENYA |Best practice

Background: Most developing counties still collect health data on paper a process that is slow and unreliable. Community health volunteer programs rely on paper tools that are easily lost or destroyed. Generally, there is no standardized quality of care, follow-ups rarely happen in a timely manner, this limits the ability of public health officials to monitor disease outbreaks, quantify the medicines needed at the community level. Due to this gap, there is need to empower community health Volunteers (CHVs) to provide accurate care and prompt follow-ups with a smartphone app that enables real-time performance management of health workers in villages and detects early infections using eCHIS

Methodology: Performance of 20 CHVs for year 2020 and 2023 was obtained from both paper reports and DHIS and compared as follows:

Results: eCHIS improved household visits, registration of every pregnant and safe delivery of women and new-born in the community. It enhanced prompt follow-ups by CHVs, transparency on program delivery on Performance management, data security and reliability and enabled performance management aiding timely and high-quality service delivery. Ensuring that households receive consistently high-quality care as CHVs post their mobile numbers in every household to ease communication and Improve treatment times. The automated dashboards showed how CHVs are performing important tasks in real time and tracks instances of illnesses for effective monitoring.

Conclusion: Technology should be leveraged to ensure that CHVs render effective and efficient services in the community to improve health by centralizing systems that link and manage health data to aid decision-makers in identifying and addressing health disparities. eCHIS is the better option!

ABSTRACT 93: Hedge on the path to 90-90-90: Qualitative analysis of barriers to engagement in HIV care among adolescents in Mombasa County in the context of test-and-treat.

Mohamed Shuaib¹, Abdalla Shuaib¹ | ¹Epic Youth Organization Kenya, Mombasa | KENYA | Scientific

Background/significance: Almost one-third of adolescents on treatment are lost to follow-up. To improve retention, services must be tailored to meet their unique needs. Differentiated approaches tend to focus on structural modifications to the health system-multi-month prescriptions, extended clinic hours, fast-track visits and decentralization. However, negative health provider attitudes may also lead to adolescent service disengagement but receive less attention.

Objectives: To demonstrate a peer-led approach in accelerating the uptake and adherence of ARVs among adolescents in Mombasa County.

Methodology/Interventions: Analyses were conducted among HIV-infected adolescents in Mombasa County. Qualitative data were collected using in-depth interviews among 15 adolescents participating in an ongoing test and treat trial. Questionnaires answers and audio recordings were transcribed, translated into English, and coded using Atlas.ti qualitative data analysis software. Data were analyzed using Statistical Package for Social Science (SPSS)- version 22.

Results: Multiple barriers to engagement in care were observed. HIV-related stigma access dimensions of anticipated, internalized and enacted stigma manifested in denial and fears of disclosure and influenced lapses in care engagement across multiple steps in the cascade. Poverty (lack of food and transport), lack of social support, work interference, prior negative experiences with health services, drug side effects, and treatment fatigue also negatively affected ART adherence and viral suppression. Gender differences were observed, with work interference & denial disproportionately affecting men compared to women.

Conclusions: Multiple barriers to HIV care engagement still pervade sub-Saharan settings threatening the realization of the UNAIDS 90-90-90 targets. To control the epidemic, efforts need to be accelerated to combat stigma.

Recommendations: Patient economic empowerment, innovative drug formulations, as well as more patient-responsive health systems, may help overcome barriers to engagement in care therefore they should be adapted.

ABSTRACT 110: Determinants of net use among children (5-15 years) and its effects on malaria prevalence in Matayos and Samia sub-Counties, Busia County.

James Wandera¹, Vincent Omondi¹ | ¹Health Department Busia County | KENYA |Scientific

Background: In Kenya, malaria kills an approximately 10,000 people annually. Majorly in endemic areas. Use of LLINs is the most accessible method of preventing malaria in children. Little is known on determinants of net use among children and its effects on malaria prevalence in Busia County.

Methods: In this cross-sectional study the target was 111,311 children under 15years in Busia. A sample size of 302 respondents was proportionately and randomly selected at ward level in 2 sub counties, 130, Samia and 172, Matayos. Data was collected using questionnaires, a blood sample for Malaria microscopy and mRDT was taken to determine prevalence and species identification among respondents. Descriptive statistics and thematic analysis were applied.

Results: Malaria prevalence in the two sub-Counties was (35%) (Microscopy 34.6%, mRDT 35%). The predominant species was *p. falciparum* (76%). *P. malariae* was (18%) *P. ovale* (1%), *p. falciparum* with *p. malariae* (4%), and *p. falciparum* with *p. ovale* (1%). *P. ovale* was the least dominant (1%). Net ownership and use on the night prior to the survey were high (90%) and (93%) respectively. Of those who didn't use nets, (32%) said they were torn, (23%) lacked nets, (14%) felt nets were expensive to buy, (14%) feared bedbugs, (12%) lack of fixed sleeping spaces, while (5%) didn't know how to hang nets.

Conclusion: Net ownership and use were (90%) and (93%) respectively. Malaria prevalence was high (35%), compared to the county's 39 % (KMIS 2020). We proposes IVM and research on parasitic resistance.

ABSTRACT 259: Fostering Resilience for Health Equity: Evidence-Based Insights On Social Determinants.

Wangudi Lameck¹ | ¹Strathmore University, Nairobi | KENYA | Scientific

Background: The study explores the vital link between resilience and health outcomes within the context of social determinants. Understanding the dimensions of resilience and their impact on health disparities is crucial for community's well-being. I aimed to:

identify factors contributing to resilience and;
how they mitigate health disparities rooted in social determinants.

Methods used: This research was conducted focusing on a diverse urban setting, Kibra constituency, with a sample size of 100 residents, encompassing various socioeconomic backgrounds. The research methodology involved a mixed-methods approach through a combination of both quantitative surveys and qualitative interviews. Random sampling was used to select the participants. Statistical analysis aided to evaluate quantitative data, while thematic analysis was applied to qualitative findings.

Results: The findings highlight that Individuals with strong social support networks, effective coping mechanisms, and adaptive strategies exhibited better mental health.

Within communities where resilience was reinforced through community-building programs, mental health awareness campaigns and strong social support networks, it was found to significantly bolster mental health, with a 60% reduction in depression and anxiety rates among vulnerable populations. Most participants advocated for strong social support. As one anonymous woman said, "I only need one person to hold my hand, and I'd be stronger than before!" These interventions effectively addressed disparities related to social determinants, particularly in impoverished and marginalized groups.

Conclusion and Recommendations: The dimensions of resilience play a pivotal role in mitigating health disparities linked to social determinants. To improve community health and foster health equity, it is essential to invest in interventions that enhance resilience. Policymakers, healthcare providers, and community leaders should focus on strengthening social support systems, developing adaptive coping strategies, and promoting community-building initiatives. These recommendations offer a path toward reducing health disparities and improving the well-being of individuals and communities affected by social determinants.

ABSTRACT 26: Reaching the Unreached for Antenatal Profile laboratory tests in Kisumu West Sub County, Kisumu County, Kenya.

Duncan Ongayi¹ | ¹kisumu county government, nyahera sub county hospital, Kisumu | KENYA | Best Practice

Background: Antenatal care ANC is a key strategy to improve maternal and infant health. The world health organization (WHO) recommends a focussed ANC consisting of (at least) four visits to health facility during uncomplicated pregnancy to be initiated within the first trimester of gestation. Laboratory services are usually very vital more so the antenatal profile which needs to be monitored closely that is Haemoglobin levels, Blood grouping, VDRL test, Urinalysis, Hepatitis, and HIV test. Kisumu west sub county has 43 facilities this includes both private 10, public 30 and 3 faith based organizations. Out of these only 18 has laboratories. Kisumu west embarked on a journey to reach the mothers in facilities without laboratories and those with the poor terrain in collaboration with the World Bank as supporting partner.

Methodology: A list of facilities without laboratories were developed and mapped in collaboration with the supporting partner, then a qualified laboratory officers were engaged to move around the in those facilities according to the schedule developed on alternative days after through mobilisation by the community health volunteers in the ground. The data obtained from March to June 2023 was captured and analysed in Microsoft excel and presented in percentages.

Results: A total of 8 (18.6%) facilities were visited, 40 antenatal mothers reached, 200 tests were done of which 40(20%) Haemoglobin, 40(20%) Blood groups, 40(20%) urinalysis, 40(20%) HIV/VDRL done.

Conclusion: The initiative reached the unreachable populations hence benefiting from the services that were brought closer to them reducing the cost and time of traveling of the clients. Finally more funds should be allocated to the project that we ensure consistency and continuity.

ABSTRACT 230: Immunization defaulter tracing on Rotavirus vaccination for under 5 years children at Kisauni Dispensary, Frere town Ward- Nyali Subcounty.

Susan Mshaj¹, Esther Karare¹ | ¹Kisauni Dispensary, Mombasa, Kenya| KENYA |Best Practice

Situation: Kisauni dispensary has a catchment population of 10,000 persons. During the cholera outbreak ,it was noted that most children below two years were not vaccinated against Rotavirus , this also corresponded with immunization registers at the facility. Consequently, a contact tracing list was generated and this helped in tracing the clients via phone calls informing them of the availability, importance and safety of the Rotavirus vaccine.

Response: The facility and the CHEW came up with a plan to reach these clients with the help of CHPs who went to households and mobilized mothers with children below 2 years who had missed their clinic appointments and who had not been vaccinated against Rotavirus and any other vaccine. CHPs went an extra mile to use their own airtime to make calls to these parents who were on the register since some were not at home during the day while others came from areas outside the ward. With this idea of reaching parents through phone calls we were able to trace 287 children who defaulted and able to get the vaccination at the facility and mothers were provided with continuous health education on the importance of immunizations, also emphasized on bringing their children to clinics up to attaining the age of 5 years old in order to monitor their growth and any other child welfare related issues.

Results: With the continuous health promotion messages at the facility and health education at households on hygiene and importance of immunization changed parents perspectives and now no child is left at home on their clinic dates and this has improved the children's turn out at the facility and also in terms of their growth and wellbeing. Before most of them once they are 1 year old they would no longer be brought to clinics for checkups.

ABSTRACT 23: Achievement From Gender Non-Conforming Men (GNC Men) And Transgender Women Frontline Workers Offering HIV Self-Testing, Assisted Partner Notification And Health Talk Education Services.

Shally Mahmoud¹, Elise van der elst² | ¹Malindi Desire Initiative, Malindi, Kenya, ²autentico, Amsterdam, Netherlands| Kenya |Scientific.

Background: GNC men and Trans gender women in Kenya are at high risk of HIV acquisition. Research in Kenyan coast have demonstrated a high HIV-1 incidence (20.6 per 100 persons years) among TW (E sanders et al. JIAS,2019).HIV testing (first 90) is a crucial strategy to get individual on treatment and reduce new infection in this population.GNC men and TW are often not engaged in HIV prevention and care services cascade.We explored with Oral HIV self-testing (OHIVST), Assisted partner notification services (APNS) and hot spot-based distribution of OHIVST facilitated by GNC men and TW peer educators (PE) would enhance identification and linkage of newly HIV diagnosed GNC/TW indexes into care.APNS were directed to the same GNC men and TW peer educators who performed contact tracing.

Methodology: 10 Trained GNC men and TW peer educators extended OHIVST(Ora-quick) to GNC men and TW in Malindi sub county Kenya.After HIV confirmation (Gene x-pert quantitative viral load assay) at the research clinic and with Index consent, GNC men and TW peer educators contacted indexes sexual partners.Peer educators (PE) used their knowledge of GNC men and TW sexual networks (i.e., brothels, bars, private meeting places, and time of days that peers gather) as entry point to contact lpartners.

Results: 191 kits distributedConfirmatory testing 153 Rapids (median age 24 years) (IQR:23-27)Newly diagnosed: 18Known positives: 4ART initiation: after a median of 1 day (IQR: 0-14) 10 Participants.APNS Total index partners: 16 including 6 partners.Sexual partners identified: 108.Contact tracing: total 89.18 HIV positive newly diagnosed linked to care and treatment.ConclusionGNC men and TW peer-led OHIVST followed by APNS identified undiagnosed HIV infection.GNC men and TW PE understanding sexual network characteristics of GNC men/TW helped to inform,Fine-tune, and amplify the potential effectiveness of OHIVST and is a promising strategy to further optimize APNS

DAY 2: ORAL PRESENTATIONS

Thursday, November 30, 2023 - 10.30 am - 12.00 pm

AG 1: Track 2.3 Education

ABSTRACT 146: Predictors of Effective Preceptorship among nurses in clinical teaching at Tenwek hospital, Bomet, Kenya

Gilbert Sigei¹, Micah Matiang'i¹, Simon Kangethe² | ¹Amref International University, ²Moi University, Nairobi | KENYA | Scientific

Background: Preceptorship is a clinical teaching model through which students are facilitated to acquire professional competencies. As the numbers of students increase in the field of nursing coupled with the faculty shortage, clinical preceptors are the best choice to ensure student learning in clinical settings. The broad objective of this study was to determine the predictors of effective preceptorship among nurses in clinical teaching at Tenwek hospital, Bomet, Kenya

Methods: Descriptive Cross-sectional research design study with sample size of 134 eligible participants participated in the study. Data collection was done using a structured questionnaire, analysed using descriptive statistics and SPSS version 25 to test the association between independent and dependent variables.

Results: To be able to assess for effective preceptorship, five constructs were used, including students achieving the goals of the clinical placement (mean=3.28, SD=0.06), enhanced nursing practice and patient care (Mean=3.5, SD=0.06), Gaining sufficient clinical skills through preceptor-ship (Mean=3.38, SD=0.05), preceptor-preceptee interaction (Mean=3.29, SD=0.05), and student success in clinical assessments through preceptorship (Mean=3.46, SD= 0.05). The overall mean was (5-item, mean=3.38, SD=0.05). The mean (above 3.0) implies a greater agreement from preceptors that these factors influence effective preceptorship. The majority of participants tend to believe that resources, preceptor preparation, and preceptor selection are crucial components of preceptorship ($p=0.001$), communication and support systems have impact on preceptorship ($p=0.001$).

Conclusions and Recommendations: From the finding's resources, preceptor's preparation and selection are important factors for a successful preceptorship. Furthermore, effective communication & support system was observed to significantly play a critical role in preceptorship. Furthermore, number of student nurses, structure and processes are significant predictors of effective preceptorship.

ABSTRACT 52: Community curriculum-based learning in providing Sexual Reproductive Health and Rights (SRHR) information for uptake of Sexual Reproductive Health (SRH)-Family planning services

Cherop Sam Mawa¹ | ¹Amref Health Africa| UGANDA | Best Practice

Introduction: Globally, women and girls are vulnerable to sexual reproductive health and rights (SRHR) violations by boys and men. The vulnerability is higher in sub-Saharan Africa where cultural values and norms are highly pronounced (UNFPA 20221). Uganda has recorded a steady improvement in SRHR programming at health facility level but little progress is observed in community (UDHS 2016). With funding from embassy of Netherlands in Uganda, Amref is rolling out Community curriculum-based learning initiatives in nine districts as a key approach in strengthening community SRHR programming especially family planning uptake.

Methodology of implementation: Amref adopted family health curriculum and customized it to SRHR and family planning. Across the 58 sub-counties, 116 midwives and 216 community facilitators have been trained. Participants are enrolled at family and community level after consent and are taken through 7 sessions with key focus on addressing harmful cultural values and practices deterring uptake of SRH-family planning services, striving for gender equity and equality, creating community advocacy by traditional, local and religious leaders for community ownership and sustainability. Trained midwives provide supervisory role on weekly basis to community facilitators during sessions in communities.

Results: Since award of the grant in November 2020 to June 2023, 148,597 people have been reached using this curriculum (Amref Knowledge dashboard) 125,693 women and girls (Revisits) have continued to use family planning while 105,593 (New) clients have enrolled into using family planning. Qualitatively, male engagement has greatly been enhanced. Negative norms and harmful cultural practices are being shunned

Conclusion: Community health workers when well-equipped and structured significantly influences desired health outcomes at community.

Recommendations: Community health workers are critical in community sensitization and awareness creation if supervised by trained health workers.

ABSTRACT 312: Applying an intersectional lens towards social determinants of maternal health in The Gambia: Insights from the SIMAH Project

Mat Lowe¹, Awa Dubois¹ |¹ Society for the Study of Women's Health (SSWH) | GAMBIA | Best Practice

Maternal mortality is among the most significant disparities between developed and developing countries and an essential marker of gender inequality. Although maternal mortality has declined significantly in The Gambia, it remains high. It is estimated at 289 per 100,000 live births. Research into the factors affecting maternal health of women in The Gambia has primarily focused on examining health services and socio-cultural factors through a social determinant of health (SDH) approach. However, within the broader health inequalities field, intersectionality has emerged as a complementary critical theory and approach that can be used to examine the factors affecting maternal mortality and health in The Gambia. The aim of this paper is to document learnings from applying an intersectional lens towards social determinants of maternal health in The Gambia, using the case of the “Shifting Gender Norms for Improved Maternal and Adolescent Health (SIMAH)” Project in The Gambia. The SIMAH project aimed to address the demand-side and supply-side factors young pregnant adolescents in The Gambia faced in improving their maternal health and access to maternal health services. The project employs an intersectional, mixed-methods approach that included collecting quantitative data through a baseline survey that comprised 401 husbands and 465 young pregnant and nursing women as well as qualitative data through focus groups with 16 husbands and key informant interviews with eight community-based decision makers. It also involves delivering gender transformative training (GTA) on birth preparedness and complication readiness (BP/CR) to young pregnant adolescent women and their husbands. Studies have shown that support from husbands for their pregnant wives during pregnancy and childbirth is associated with improved birth outcomes. Despite this importance, husbands’ involvement in BP/CR in The Gambia remains limited.

ABSTRACT 222: Awareness of the Spectrum Condition of Autism Among Pre-primary School Teachers in Western Kenya

Moses Sadia¹, Prof. George Ayodo¹|¹Jaramogi Oginga Odinga University of Science and Technology| KENYA| Scientific

Background: Autism is a spectrum of neurodevelopmental disorders exhibited in early childhood with variable manifestations as children grow up. For effective educational services to autistic children, there is a need for teachers to be aware of the variable manifestations. However, the awareness level of the condition is poorly understood among pre-primary school teachers This study, therefore, assessed awareness of autism among pre-primary school teachers in western Kenya

Materials and Methods: A descriptive cross-sectional study design was employed to assess the awareness of the spectrum condition of autism among 321 pre-primary school teachers of Kisumu Central sub-county in western Kenya. The study participants were selected using purposive sampling, and primary data was collected using semi-structured questionnaires and Key Informant interview guide. Quantitative data were analyzed using SPSS 20. Qualitative data was analyzed thematically.

Results: Response rate was 76.9% with 16.8% (41) males and 83.2% (203) females. A total of 41.5% (n=110) of the teachers had never heard of autism. Of all teachers who had heard of autism, 100% (7) were from special needs schools, and 64.4% (67) and 45.1% (60) were from public and private schools, respectively. 78.8% (105) of teachers perceived autism as a neurodevelopmental disability and academically challenged children, 15% (20) as a psychiatric illness similar to madness, 4.5% (6) as spiritual affliction/demon-possessed children and 1.5% (2) as parental neglected children.

Conclusions and Recommendations: This study shows that pre-primary school teachers have inadequate awareness of the spectrum condition of autism, and this limits educational service delivery. This study therefore recommends special training for pre-primary school teachers and improvement of the curriculum and training to cover the spectrum condition of autism.

ABSTRACT 186: Factors associated with sexual dysfunctions in Nairobi, Kenya.

Joachim Osur¹, Ruth Maithya¹, Christine Muya¹, Evelyne Muinga¹|¹ Amref International University, Nairobi| KENYA|Scientific

Background: Sexual dysfunctions are associated with a myriad of co-morbidities. The co-morbidities can be biopsychological in nature. They can be the cause or the result of sexual dysfunctions. Insufficient research has been done on the co-morbidities in Kenya. This study documented the recent trends of co-morbidities associated with sexual dysfunctions in patients treated in the Sexology Clinic in Nairobi, Kenya. The objective is to provide health service providers with evidence on investigations when patients present with sexual dysfunctions so that treatment is directed to the root causes and effects of the dysfunctions.

Methods: Quantitative retrospective analysis of records of patients presenting with sexual dysfunctions was done. The study was done at the sexology clinic in Nairobi. Records analysis of patient's files seen at the clinic for 12 months were analyzed. A total of 396 files were reviewed (362 males and 34 females) with a standard tool developed by the researchers. Biopsychosocial factors and treatments correlations were done.

Results: The commonest co-morbidities in male sexual dysfunctions were metabolic diseases comprising of hypertension (19%), hyperlipidemia (17%), diabetes (14%) and obesity (9%). Erectile dysfunction showed a significant association (p value <0.05) with the following comorbidities hypertension, hyper cholesterol and low testosterone. Medicines used in treating the metabolic disorders adversely affected sexual function in males. The commonest co-morbidities in female sexual dysfunction were menopause and female genital cutting. Sleep deprivation, mental health problems, infertility, cancer, alcohol and drug abuse, stressful lifestyles, and relationship disharmony had a significant association with sexual dysfunctions (p value < 0.05).

Conclusions: Lifestyle diseases are the most associated with sexual dysfunctions. Associations of sexual dysfunctions should be an indicator for lifestyle diseases.

Recommendations: Service providers should use sexual dysfunctions as an entry point into full patient assessment for the commonly associated conditions.

ABSTRACT 112: Mycobacterium drug resistance and antimycobacterial potentials of selected medicinal plants

Kouemo Motse Dorgelesse Francine Antoinette¹ | ¹University of Buea| CAMEROON|Scientific

Background: Tuberculosis (TB) is a public health concern, especially in resource constrained countries like Cameroon. Mycobacterium tuberculosis drug resistance is a major obstacle in the fight against tuberculosis worldwide.

Objectives: Assess the efficacy of two medicinal plants, *Dacryodes edulis* and *Trichocypa acuminata* on Multi-Drug Resistance Mycobacterium tuberculosis strains.

Method: Electronic files from 2014 to 2018 on the outcome of anti-tuberculosis treatment on HIV+TB and HIV-TB in the Littoral Region were reviewed manually and analysed using the Meta-analysis concept, intention to treat (IIT) and per protocol (PP) analysis. GeneXpert was used to determine Rifampicin resistance on 274 recruited patients, and DST on 170 positive strains using MGIT and Loweinstein Jensen. The efficacy of *Dacryodes edulis* and *Trichoscypha acuminata* were testing on isolated resistant strains (MDR).

Results: Using an intention-to-treat (ITT) analysis, the proportions of HIV-uninfected (22.56%) tuberculosis patients successfully cured from tuberculosis were low and slightly decreased by 1% between 2014 and 2018. Regarding HIV-infected tuberculosis patients (36.59%), pooled values of Treatment Success Rate (TSR) were lower than those HIV-negative. In addition, no heterogeneity was found in three years ($I^2 = 0.0\%$; P value = 1) by using Per Protocol (PP) analysis. The prevalence of Rifampicin resistance was 8.5%, using Genexpert, whereas the MDR was 49.63%. Among the extracts, Hydro ethanolic (DEFE) and Butol (DEMn-bu) have significant MIC value of (0.39 μ g/mL) while methanolic extract of (DEFM) inhibited with MIC value of 62.5 μ g/mL, *Trichoscypha acuminata* stem bark Hexane and Acetate Fractions (FATAe,FTTAe) have MIC value between 6.25 μ g/mL and 0.39 μ g/mL. All these MIC values were approximative to MIC values of standard drugs (0.1, 0.5, 2.0, and 1.0) μ g/mL. Then that plant extracts can be used probably for treatment of tuberculosis

Conclusion: The reduction of percentage of lost to follow-up and coverage with

ABSTRACT 203: Leveraging on school health program in promotion of utilization of primary health care services - Jiinue initiative office of County First lady

Pauline Nyokabi ¹| ¹Tharaka Nithi County Government| KENYA| Best Practice

Background: Tharaka Nithi county has a youthful population making up to 39 percent of the total population. The youthful population has implications on county's health and development agenda as it puts increasing demands on provision of services including health and education. Various studies have shown that there are increasing trends in gender-based violence, teen pregnancies, drug and substance abuse among youths, and low access to quality Adolescence Sexual Reproductive Health services.

Implementation: Jiinue initiative realized gaps in Tharaka Nithi county and prioritized interventions that would promote utilization of primary health care. It promotes equal access to good nutrition during early childhood, water, sanitation and hygiene, advocate for comprehensive sexual and reproductive health services to adolescents and young people, empower young people with value and life skills. In our community-based interventions, we leverage on school programs to reach out to school going children and young people.

Outcome: Promoting inclusivity in our communities and having high impact health interventions within our schools we have been able to reach out to 26 schools prioritizing on the most marginalized areas, touching lives of 2850 learners. Equipping them with right and age-appropriate health education, empowering them with value and life skills which are imperative to sustainable actualization of primary health concept.

Conclusions and recommendations: We invest in our young people as a nation for us to have a healthy future, which is a foundation for sustainable social, economic and political development of any nation. We realized young people are eager to learn, the challenge comes in accessing the right and appropriate information. We are in a digital era and we have to embrace technology, but it comes with its equal share of consequences. There is need for further studies on psycho-social impacts of social media and technology on adolescent reproductive health outcomes.

ABSTRACT 03: Mr.Dessie Kassa Simegn

Dessie Kassa¹,¹ Amref Health Africa in Ethiopia, Bahir dar| ETHIOPIA| Best Practice

Different factors limit the management of menstrual hygiene in adolescents who are experiencing menstruation for the first time. However, there are little studies on controlling menstrual hygiene in East Africa, particularly Ethiopia. The study's objective was to evaluate how school girls in Bahir Dar Zura Woreda, Northwest Ethiopia, in 2022 handled menstrual hygiene management and related issues. A cross-sectional quantitative study with a minimum sample size of 685 high school girls in Bahir Dar Zura Woreda Northwest, Ethiopia, was done to evaluate the management of menstrual hygiene and related issues.

A self-administered structured questionnaire was used to collect the data. We used both descriptive and analytical statistics. The relationship between the dependent and independent variables was investigated using bivariate analysis. To determine parameters connected to menstruation hygiene practice, all variables with $p=0.20$ in bivariate analysis were put in to the multivariate logistic regression model. According to the study's findings, urban residence, water accessibility, kind of school, and prior awareness of sanitary pads were the characteristics related with menstrual hygiene management. It was found that students who live in urban areas were more likely to practice good menstrual hygiene than students who live in rural areas, students who have access to water were more likely to do so than students who do not, students attending private schools were more likely to do so than students attending public schools, and students who knew about sanitary products were more likely to do so. In order to increase the knowledge and skills of girls who are learning in high school, this study will give the Ministry of Education the information it needs to include menstrual hygiene management education in the curriculum.

Key words: - School girls, menstrual hygiene, Hygiene factors

ABSTRACT 236: Provider Behavior Change (PBC) approaches to increase access to and utilization of Reproductive, Maternal, Neonatal, Child & Adolescent Health (RMNCAH) Services

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Introduction: The USAID- Momentum Project is being implemented in Central and Northern Provinces of Zambia, with the goal to increase access to and use of RMNCAH services. The project has explored the views of Healthcare Providers (HCPs) on the structural, social, and internal factors that inhibit the provision of quality SRH services in Central and Northern Provinces of Zambia, and how these affect their attitudes and behaviors towards patients.

Methods: We conducted a 4-day PBC prioritization and planning workshops with a total of 241 HCPs working in maternal and child health from 09 districts in Central and Northern Provinces. The workshops were conducted using PowerPoint presentations, breakout sessions, and online based applications.

Results: The workshops revealed that HCPs are faced with factors such as inadequate skilled personnel in facilities, inadequate supply of medical and surgical commodities- resulting in unethical practices of asking mothers to bring their own medical and surgical supplies during delivery, Lack of or limited professional development programs to enhance their skills, practice of harmful gender norms where providers refuse to offer family planning (FP) services to women that are not accompanied by their male partners, lack of self-efficacy. Some HCPs threaten the women in Labour with referring them for Cesarean birth as a means to encourage them to push. Other factors include power and relationship dynamics within facilities and lack of ownership to admit mistakes or learn in cases of fatal outcomes on a patient (e.g., maternal death).

Conclusion: The current healthcare system in Zambia has not yet successfully implemented and adapted the provider behavior change PBC approaches. However, they have implemented other strategies to influence PBC such as conducting service quality assessment and client exit interviews where the collected feedback is used to address provider behaviors and social barriers that impede service uptake.

AF 1.1: Track 3.1 Adolescents & sexual reproductive health

ABSTRACT 49: Diversifying Health Talk: Engagement of External Non-Clinical Facilitators to Bridge Health Education Gaps Among Adolescents and Young People Living with HIV (AYPLHIVs) in Siaya, Kenya

Dennis Menya¹, Wayne Otieno¹, Hilary Ngeso¹ | ¹Catholic Medical | KENYA | Best Practice

Background: Operation Triple Zero (OTZ) is implemented to improve adolescent HIV care and treatment outcomes. The strategy aims to empower AYPLHIVs to achieve three goals: zero missed appointments, zero missed doses, and zero viral load. Perceptions by AYPLHIVs of health talks being monotonous, and non-client centered health education were cited by AYPLHIVs as reasons for missing OTZ appointments. To address this issue, a program was implemented in Siaya County, Kenya, through a partnership between the Global Fund HIV program, Kenya Red Cross Society, and CMMB.

Implementation: The program involved engaging external non-clinical facilitators from the local community to deliver diversified health talks to AYPLHIVs. The facilitators were selected based on their knowledge of sexual reproductive and health rights (SRHR) topics and the preferences of the AYPLHIVs. The facilitators were assigned specific health topics and received training on AYPLHIV-centered approaches. Client feedback sessions were conducted to ensure the quality of content delivery and to choose relevant monthly OTZ topics. The facilitators also identified and linked AYPLHIVs to services related to social and gender-based violence.

Outcomes: The outcomes of the program were positive, with supported facilities reporting significant improvements in OTZ attendance, reaching an average turnout of 98.2% for appointments issued. Feedback from AYPLHIVs and facility service providers indicated a favorable response to the initiative. Additionally, the program helped uncover and refer covert rape/defilement cases among the AYPLHIVs.

Conclusion/Recommendations: Diversifying and tailoring health talk topics to AYPLHIV needs results to in-depth learning as participants are taken through myriad of SRHR topics. Engaging external non-clinical facilitators to sensitize AYPLHIVs breaks monotony from the routine health talk by facility service providers as the AYPLHIVs learn from diverse useful experiences and hence encouraging open sharing of challenges amongst them for support overall contributing towards improved adherence, hence viral load suppression.

ABSTRACT 213: Addressing High Rates of Adolescent Pregnancies Through Integrated Local Level Multisectoral Response: A Case of USAID Momentum Tikweze Umoyo project in Malawi

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Background: The MOMENTUM Tikweze Umoyo (Let Us Scale Up Health) is a five-year (August 2022 - August 2027) USAID-funded project aimed at reducing maternal, newborn, and child morbidity and mortality through improved access and quality of health service delivery. Malawi has a growing population with a high Maternal Mortality Ratio (MMR) of 439 per 100,000 live births to which adolescents contribute 25%. Recent data suggests that adolescent pregnancies in low-resource settings are associated with an increased risk of both maternal and neonatal morbidity and mortality. Studies also show that adolescent pregnancies are not only a health problem but also a child protection, education, gender, and an economic issue.

Implementation: The project convened a district-level team from Chitipa, Karonga, Kasungu, Nkhhotakota and Salima districts. The team comprised of representatives from health, education, social welfare, police, judiciary, and CSO networks to review data concerning adolescent pregnancies and co-create district-specific solutions. The project has engaged the youth through mass mobilization and targeted service delivery in the five districts, supported increased and improved access to comprehensive family planning (FP) services reaching 7,129 youths and improved supply chain management for FP commodities.

Outcomes: Key resolutions from the co-creation workshop included the need to improve inter-sectoral referrals and linkages as well as engaging the full council to advocate for a specific commitment from different players represented in the full council. Momentum Tikweze Umoyo will support the districts in implementing their ideas, monitor the impact regularly, and continue supporting youth targeted service delivery, through increased outreach clinics and availability of FP commodities.

Conclusions and recommendations: Adolescent pregnancies is a multifaceted problem requiring a multisectoral response. The approach used can easily be replicated in similar contexts to address issues of high maternal and child mortality and morbidity in a very cost-effective and sustainable way.

ABSTRACT 223: Knowledge and Practices on the prevention of sexually transmitted infections among college students in mbozi district - mbeya, tanzania.

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Background: The prevalence of sexually transmitted infections is high in college students (Leichliter et al., 2017). The casual sexual relationships being a suggested reason for this high prevalence of STIs among college students. Young adults like college students are most vulnerable to infection because they engage in risky practices due to a lack of adequate knowledge of STIs (Nigussie & Yosef, 2020). knowledge of STIs is very significant for preventing adverse outcomes of young adult reproductive health (Dula et al., 2017; Nigussie & Yosef, 2020). This study aimed to assess the level of knowledge and practice of sexually transmitted infections and preventive measures among college students in Mbozi district.

Methods: This was a cross-sectional study from 8th may, 2023 to 19th may, 2023. A structured and pretested questionnaire was used to collect data. A sample size of 227 students was determined by simple random sampling.

Results: The overall proportion for adequate knowledge for sexually transmitted infections was 200 (88.1%). 71 students (71.3%) reported to abstain from sexual intercourses, while 156 students (68.7%) had prior history of sexual intercourse. Out of 156 students with prior sexual intercourse history, only 32 students (20.7%) had consistent use of condoms, 72 students (46.3%) had single sexual partner, 47 students (20.7%) had received some vaccines against some sexually transmitted infections.

Conclusion: The level of practice on prevention of sexually transmitted infections is low as compared to the overall knowledge on the sexually transmitted infections with regard to college students. Facilitating the use of preventive methods such as condom use, vaccinations against sexually transmitted infections and encouraging single-partner relationships are the effective ways in controlling sexually transmitted infections among college students and other related sexually active population groups

ABSTRACT74: DESIP: Increasing Access to Family Planning for the marginalized population in Kenya's Low Contraceptive Prevalence Counties

John Okere¹,Hawa Abdullahi¹,Silas Chebon¹,Peter Ofware¹| ¹HealthRight| KENYA | Best Practice

Background: Delivering Equitable and Sustainable Increases in Family planning (DESIP) program is aimed at increasing access to modern contraceptives in low Contraceptive Prevalent counties of West Pokot and Elgeyo Marakwet. People with disabilities (PWDs) especially women, and youth face exclusion as a result of barriers to sexual & reproductive health and rights services due to inaccessible infrastructure, discriminatory attitudes, and assumptions by some service providers e.g. that they are asexual and hence don't need the information. The program supported and facilitated meaningful inclusion of PWDs in access and uptake of SRH and Family planning (SRH/FP) information and services.

Methods: In partnership with communities and local governments, HealthRight strengthens health systems in public, private, and faith-based health facilities, creating awareness of family planning through demand creation agents on inclusive FP demand Creation and service provision, increasing availability of services among PWDs, improving quality and strengthening the capacity of governments to plan, coordinate, and finance family planning while advocating to ensure that social, gender and disability inclusion is embedded in all service delivery points.

Results: Notable successes include progress and interest by Health care providers (HCP) and demand creation agents to include Kenya sign language, general positive change of attitude towards persons with disabilities, training and equipping about 900 HCP on social inclusion, over 400 PWDs reached with FP services while further 3500 PWDs through messaging, advocacy and SBCC strategies.

Conclusions & Recommendation: Our health strengthening systems approach to providing disability-friendly SRH/FP services is deliberate support to the local Governments. Meaningful Participation by PWDs in decision-making process and building capacity of HCP on sign language are critical to ensure PWDs enjoy equal rights and access to services, others are political will and FP financing. The program demonstrated that deliberate efforts and advocacy are necessary to improve access to FP services and information among marginalized populations.

ABSTRACT 81: Layering mental health screening and treatment on HIV prevention, care and treatment improves access to ART and PrEP among adolescents and young adults (15-24 years)

Hildah Essendi¹ | ¹Triggerise | KENYA | Scientific

Background: Mental health conditions are on the increase globally, yet remain among the most neglected areas of health globally. In 2019, nearly a billion people were living with a mental disorder with suicide accounting for more than 1 in 100 deaths, 58% of them occurring before age 50. A link between mental health and HIV has long been documented, and various studies show prevalence levels of mental illness among people living with HIV or AIDS to be higher than 19%. Yet, little effort has been directed towards understanding the impact that treatment of mental health illnesses can have on adherence to ART and on other HIV prevention strategies.

Methods: In 2022, Triggerise received funding from the Elton John Foundation (EJAF) to implement interventions targeting adolescents and young adults (AYAs) aged 15-24 years, on mental health, SRH and HIV-related services including testing, pre-exposure prophylaxis (PrEP), and antiretroviral therapy (ART) in Mombasa County in Kenya. The interventions focuses on AYAS including those from key populations (KP) such as individuals who inject drugs, those engaged in sex work and men who have sex with men. The interventions seek to address key barriers AYAs face when navigating through the private and public sectors in the course of accessing HIV prevention and treatment services and mental health services.

Results: The client survey enrolled 1,092 AYAs while 24 facility providers facilitated the completion of the facility survey. For the qualitative component, 85 participants were involved (77 in FGDs, 8 in KIIs). Across all health areas assessed, individuals from the implementing county had a significantly better health outcomes compared to those in the control county.

Conclusion and recommendations: Study shows layering MH to SRH/HIV services for adolescents and young adults improves knowledge, attitudes and behaviour. We recommend adoption of such approaches and sustained implementation.

ABSTRACT 89: Reproductive Health Services Utilization and associated factors among youths in Kemmisse Town, Northeast Ethiopia

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Background: Youth is a stage of transition from childhood to adulthood. Youth are large in number, but they are the most neglected from reproductive health programs. Therefore, this study aimed to provide evidence for the urgent need for combined interventions for youths by assessing the level of reproductive health service utilization.

Methods: Cross-sectional study was conducted among youths in Kemmisse town. Six hundred two samples were selected by multi-stage sampling technique using pretested structured interview and questionnaire administered from March 20 to April 20, 2020. A binary logistic regression model was fitted and bivariable and multivariable logistic regression analyses were carried out. The significance level was checked by using a p-value <0.05.

Result: About 390 (67.13%) of youths reported that they utilized reproductive health services. Youths who had mothers with primary education were more likely to utilize reproductive health services as compared to youths who had mothers of no formal education [AOR=2.74; 95% CI:1.37,5.48]. Those who had discussions on reproductive health issues with family, sexual partner and health workers were more likely to utilize reproductive health services than those who didn't get such opportunities [AOR=1.98; 95% CI:1.07,3.44], [AOR=3.21; 95% CI:1.43,7.20], [AOR=4.10; 95% CI:2.06,8.16] respectively. Youths having boy/girlfriends and awareness of reproductive health rights were more likely to utilize reproductive health service than those who had not [AOR=1.94, 95% CI: 1.04, 3.61], [AOR=2.76, 95% CI: 1.50, 5.08].

Conclusion: The level of reproductive health services among youth was low. Mothers' educational status, relation with boy/girlfriends, awareness on reproductive health right as well as discussion on reproductive health issues with family, sexual partner and health workers were factors associated with reproductive health services utilization among youths. Strengthening youth centers and facilitating parent-child communication are important steps to improve youths' reproductive health service utilization.

Keywords: Reproductive health, Service utilization, Youth

ABSTRACT 193: Myths Associated with Family Planning among Young Girls: A Case Study of Kisauni Dispensary in Mombasa County

Joy Ndarathi¹, Elvis Mwinyi¹ | Impact 4 Youth | KENYA | Scientific

Background: The Family Planning 2020 commitment marker from 2012 indicates that Kenya has increased access to family planning, surpassing its 2020 target of 58%. Despite these efforts, myths about family planning persist among young girls and hinder their use, which raises the rate of unintended pregnancies and unsafe abortions. Debunking myths can significantly increase young girls' uptake of family planning.

Methods: The study was conducted at Kisauni dispensary. The research employed qualitative research methods to investigate the myths associated with family planning among young girls. Data was collected using questionnaires and focus group discussions. Both online and offline questionnaires were administered, with the online version distributed through online survey forms. Additionally, one-on-one interviews were conducted to gather data. The study targeted healthcare workers and young girls aged 17-24 years. Thirty-three girls and three healthcare professionals participated in the study.

Results: One of the healthcare providers pointed out that adolescents encounter self-stigmatization, which hinders their utilization of family planning services. Moreover, the prevailing misconceptions within healthcare facilities regarding family planning pose a significant challenge. 69.4% of the respondents underscored the varied misinformation they received from their peers. For instance, some believe that using any form of family planning method will prevent them from conceiving when they decide to have children. Others mentioned a connection between family planning and infertility.

Conclusion and Recommendations: This study showed that myths affect the uptake of family planning among young girls. We recommend that youth-friendly centers be built for young girls where they will be empowered to seek family planning services. Moreover, family planning health campaigns to demystify myths may help increase the uptake of family planning among this population.

ABSTRACT 104: Trends in caesarean section deliveries at Kilifi county hospital, 2016-2019

Joseph Mukamba¹ | ¹Pwani University | KENYA | Scientific

Background: Despite World Health Organization (WHO) recommendation on caesarean section (CS) deliveries, there is no justification for any region to have a caesarean section rate higher than 15%. Over the past 30 years there has been growing concern over increasing CS rates due to potential increase in maternal and perinatal risks. Thus, this was a cross section study that aims to evaluate the trends in caesarean and factors associated with CS delivery from 2016-2019 at kilifi county hospital.

Methods: The target population was mothers who delivered at Kilifi County Hospital (KCH) between January 2016 and December 2019. A total of 744 mothers records were selected using simple random sampling, retrieved and reviewed. The study used secondary source data. The proportion of CS deliveries for each year were calculated and appropriate methods used to test for trend over the years. Appropriate binomial regression model will be used to identify factors associated with CS delivery.

Result: Among the 8772 deliveries during study period, 2808 were CS deliveries (32%, 95%CI 31 to 33%). The CS delivery proportion showed both upward and downward trend during the study period. In 2016-2017, the CS rates declined from 32.0 to 29.0% with an (Annual Percentage Change of -2.0% (95% CI: 4.8, 10.9%). After 2017 the CS rates increased by an Annual Percentage Change (APC) of 6.5% (95% CI: -2.5, 2.6%). The CS rates showed a non-significant decrease from 35.5% in 2018 to 31.0% in 2019 (APC: -4.5, 95% CI: -2.7, 11.3%).

Conclusion: The proportion of CS deliveries was much higher than the WHO recommendations. The high proportion of CS deliveries could be attributed to complicated cases referred from lower-level hospitals in the county. Equipping of health facilities at all levels, training and continuous capacity development of health workers to enhance safe delivery services are vital.

ABSTRACT 173: Factors influencing utilization of antenatal care services in Garowe, Puntland state of Somalia

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Background: Around 830 women die every day due to pregnancy-related complications, with over half of these deaths occurring in sub-Saharan Africa. Antenatal care has been essential in the identification of risks and providing effective management. There is a paucity of data on antenatal care utilization in Garowe, Puntland, Somalia.

Methodology: This was a community-based cross-sectional study utilizing a mixed methods approach. A cluster sampling technique was used to recruit 384 women of reproductive age with a child younger than 24 months. The purposive sampling technique was used to recruit eight healthcare providers and four health administrative leaders in the eight sub-regions in Garowe for the qualitative component of the study. A structured questionnaire and an interview guide were used to collect data. The uptake of antenatal services was calculated as a proportion. Bivariable and multivariable analysis was done using binary logistic regression. The level of significance was investigated at $p < 0.05$. Thematic analysis was used to analyse qualitative data.

Results: The average age of respondents was 30.2 years, with a range of 16 to 48 years; 51% were aged less than 35 years. The uptake of ANC was 86.7%, with 45.3% starting their ANC in their first trimester. Being married (aOR = 2.39, 95%CI: 1.16 - 6.98), employed (aOR = 2.39, 95%CI: 1.16 - 6.98), living near ANC facility (aOR = 6.18, 95%CI: 3.04 - 12.52) were associated with higher ANC uptake. Mistrust in the health system, cultural norms, and lack of family support were major barriers.

Conclusion and recommendations: ANC utilization is higher, with less than half starting ANC in their first trimester which provide the need to improve care and commitment among mothers through controlling existing barriers. There is a need to create awareness on early start to ANC utilization.

ABSTRACT 94: Factors associated with exclusive breastfeeding interruption and linear growth in a comprehensive support setting in Homa Bay County

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Background: Breastfeeding, a low-cost intervention for preventing childhood undernutrition has not yet been fully adopted by lactating mothers. Comprehensive settings for support of exclusive breastfeeding are ideal for scaling uptake of the potential lifesaving intervention. We evaluated the level, factors associated with interruption of exclusive breastfeeding and compared linear growth of infants by breastfeeding interruption categories.

Methods: We conducted a retrospective cohort study of children enrolled in a probiotic and two synbiotics study (PROSYNK) in Homa Bay county. We randomly selected a sample of 366 participants with complete follow-up data up to 12 months from the PROSYNK trial. The sample was proportionally selected from the four arms of the trial. Reasons and when interruption of exclusive breastfeeding occurred were ABSTRACTed from participant's files. Socio-demographic characteristics and anthropometric data were obtained from cleaned PROSYNK trial data. We used Chi-square and Fisher exact tests to compare categorical variables. Bivariate and multivariate analysis were used to investigate further associations. We compared change in linear growth over time (up to 12 months) by breastfeeding categories.

Results: A total of 534 (89%) of the 600 participants recruited in the PROSYNK trial had complete follow up data to 12 months. Of the 366, 201 (54.9%) practiced exclusive breastfeeding, and interruption due to perception that breast milk was not enough was the major reason for interruption (50.3%, 83/165). We observed a significant association between being in a union and longer duration of breastfeeding (Odds Ratio- 4.7; 95% CI [1.1-14]) and low variability of SD for LAZ over time for infants exclusively breastfed.

Conclusion: Educational support to expectant and lactating mothers should be revamped to demystify perception that breast milk is not enough to meet child's nutritional needs and encourage longer breastfeeding durations to prevent growth faltering.

ABSTRACT 161: Dietary practices, physical activity, and overnutrition among school-going children aged 8 - 11 years in Thika, Kenya, May 2023. Margaret Mburu¹, Anselimo Makokha², Peninah Masibo³ | ¹Amref International University, Nairobi, ²Jomo Kenyatta University of Agriculture and Technology, Juja, ³Global Programs for Research and Training (Affiliate of University of California San Francisco (UCSF)), Nairobi | Kenya | Scientific

Introduction/Background: Childhood overnutrition manifesting as either overweight or obesity is a growing public health challenge in the 21st century. Overnutrition is a major risk factor for non-communicable diseases (NCDs). Once thought to be a problem of the developed world, it is increasingly becoming prevalent in low and middle-income countries. The increasing prevalence is partly driven by the nutrition transition, which results in the consumption of highly processed, energy-dense, and micronutrient-poor diets, increased sedentary behaviors, and decreased physical activity. This study aimed to determine the dietary practices and physical activity levels and their influence on the occurrence of overnutrition among school-going children aged 8 - 11 years in Thika town, Kiambu County, Kenya.

Methods: We employed a cross-sectional design with a multistage sampling procedure. We recruited 281 children aged 8 -11 from five schools in Thika town. A food frequency questionnaire was used to assess dietary intake. Physical activity level was evaluated using the physical activity questionnaire for older children (PAQ-C). Body mass index (BMI for age and sex) was used as the indicator for nutrition status. Data was analyzed using univariate and bivariate methods to determine associations between various variables with the main outcome.

Results: Of the respondents, 32.4% were underweight, 6.1% were overweight, and 5% were obese. The prevalence of overnutrition was higher among children in private schools (15%) than those from public schools (7%) ($p=0.027$). Overnutrition was positively associated with oats consumption ($p=0.042$) and negatively associated with the consumption of Amaranthus vegetables ($p=0.380$) and citrus fruits ($p=0.013$). There was a significant association between time spent playing video games and overnutrition ($p= 0.030$).

Conclusion: The prevalence of overnutrition is significant among school-going children. This requires special attention through the implementation of appropriate management and prevention strategies.

Keywords: Overnutrition, overweight, obesity, school-going children, dietary practices, physical activity

ABSTRACT 17: Fighting Maternal Mortality through Respectful Maternity Care and good Customer Care

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Background: Amref Health Africa in Zambia implemented the Closing the Gap Project to contribute to the reduction of preventable maternal deaths by closing the gap between communities and formal health systems in the two districts. The project was implemented in Kitwe and Ndola districts of the Copperbelt Province of Zambia. The project implemented Respectful Maternity Care and Customer Care Smile campaign for Health Care providers in order to promote a holistic and human rights-based approach in service provision.

Implementation: Respectful Maternity Care trainings for Provincial, District, health facility and community health workers were done reaching out to 380 health Care professionals and 750 community Health workers. Customer care training for 600 health care workers was done. The project supported joint meetings for Health facility staff and community health workers and or civic community leaders in order to promote mutual accountability in the fight against Maternal mortality.

Outcomes: An increase in institutional deliveries was noted in the two districts (70% at baseline, 80% at mid-term and 92% at end line evaluation. Improved working relationship between Trained/skilled Health Care workers and Community Health Workers. No community maternal deaths recorded from year two of implementation.

Lessons Learnt: Community engagement is key in the fight against maternal mortality. Customer care and Respectful Maternity Care are as important as skills in the fight against Maternal mortality. The trainings and sensitization activities on respectful maternity care conducted by the project helped in increasing the knowledge on RMC among community health workers and service providers.

Conclusion: The project achieved substantive equality by addressing structural gaps-improving and strengthening the working relationship between the community and formal health systems. Scaling up the project is highly recommended to contribute to the reduction of maternal mortality. Inclusion of Respectful Maternity care in the midwifery curriculum is highly recommended.

ABSTRACT 240: Assessment On the Rational Use of Antimalaria Drugs in Health Facilities of Ethiopia, Cross Sectional Study

Lidya Yohannes¹ | ¹Ministry Of Health | ETHIOPIA | Scientific

Background: Malaria is one of the major causes of morbidity and mortality in developing countries, including Ethiopia. Appropriate use of antimalarial drugs is vital in the management of malaria.

Objectives: To assess rational use of anti-malarial drugs on the management of malaria cases in selected 6 health facilities in Ethiopia.

Methodology: Indicator based cross-sectional study was conducted reviewing medical records of malaria patients who were treated from August 1, 2021, to June 30, 2022. Medical records of 540 patients were selected using systematic random sampling for data collection by standard questionnaire, exported to SPSS and descriptive analysis was done. Results were compared against pre-set standards /thresholds to measure the level of rational use of drugs.

Results: 540 malaria patient medical records were reviewed. Most of the patients were male (55.7%), mean age of the patients was 22.9 years (SD=15.3) and 162 (30%) were children under 15 years. Only 136 (25%) of the patients were treated based on weight. Laboratory test was done for 463 (85.7%) of the patients, and 14.3% were treated without laboratory confirmation. PF species was the predominant species (54.9%), and most (39.1%) of the patients were diagnosed with severe malaria followed by uncomplicated malaria (23.3%). Primaquine co-administration was provided to only 124 (24.5%) of the patients, which is a small proportion compared to the need to provide it to all the patients. Parenteral IV of AR was shifted to PO within the recommended period for only 64.7% of the patients. Even though Primaquine is contraindicated during any trimester of pregnancy yet 3 pregnant women were given.

Conclusion: There's low compliance to the national malaria treatment guideline. There's irrational use of antimalarial drugs. Prescription pattern of antimalarial drugs for most indicators was inappropriate. Health facilities should strengthen Drug Therapeutics Committees to assess drug use at health facilities, design and implement interventions.

ABSTRACT 05: Behavioral and Social Predictors of Malaria Vaccine Uptake and Hesitancy Among Eligible Children and Their Caregivers in Bumula Subcounty, Bungoma County

Ezekiel Chepkinyeng¹, Alice Lakati¹, Anselimo Makokha² | ¹Amref International University, Nairobi, ²Jomo Kenyatta University of Agriculture and Technology, Nairobi | KENYA | Scientific

Background: Malaria became a vaccine preventable disease (VPD) when the malaria vaccine was rolled out. However, Vaccine hesitancy (VH), defined as delay in accepting or refusing immunization notwithstanding the availability of vaccination services, threatens to derail the benefits of the malaria vaccine. Studies have shown that vaccine uptake and hesitancy is associated with behavioral and social drivers of eligible children and their caregivers.

Methodology: The cross-sectional study in Bumula subcounty sampled 419 children and their caregivers. The respondents were interviewed using a structured customized WHO-SAGE VH questionnaire. Qualitative data was collected through 4 focus group discussions (FGDs) with 38 community health volunteers (CHVs) and 10 key informant interviews (KIIs). Quantitative data was entered in SPSS. Chi-square test was used at bivariate level and logistic regression at multivariate level. Significance level was set at 5%.

Results: The uptake of first vaccine dose was 97.6%, which reduced to 96.2% for second dose, 86.6% for the third dose and finally 62.8% for the fourth dose. Four behavioral and social characteristics were significantly associated with malaria vaccine uptake and hesitancy; age of the child, inadequate information about the malaria vaccine, source of verification of negative information about the malaria vaccine and opposition to malaria vaccine linked to religion.

Conclusions: Uptake of the individual doses varied, with first and second dose meeting the WHO target of 90%, while uptake of third and fourth dose did not. Despite promising results in reducing malaria burden, malaria vaccine uptake is threatened by behavioral and social factors.

Recommendations: Mobilization, outreach, and follow-up targeting the older children eligible for 3rd and 4th vaccine need to be strengthened. Effective communication to boost public confidence, provider confidence, and political confidence in malaria vaccination should be prioritized.

Key Words: Malaria Vaccine, Vaccine Hesitancy, Behavioral and Social Determinants

ABSTRACT 162: Health For All: Ncmtc At The Core In Availing Primary Health Care Services To The Communities.

Dennis Songa¹|¹ Student, Eldoret| KENYA|Best Practice

Background: North Coast Medical Training College (NCMTC), located in Kilifi South Sub-county was conceived in 2009, with a community-based system both in the set-up of the training and in the provision of services to the surrounding community. The college has embraced both the PHC and the UHC model in providing better health services to the community. It has set Health Information Points (HIP's) which are located in primary schools and provide health promotion and prevention, as well as rehabilitation and palliative care services to the local community, moving closer health services to reduce costs and time efforts in accessing them.

Implementation: The community programs have been set up to cover different target groups: children at school (School Health), mothers and their babies (Mama na mtoto, including in and about pregnancy), elderly people (Health in old age) and the community in general (Environmental Health). Interventions, follow-ups, healthcare training, community-based research, health service provision and health monitoring are conducted in the communities with the help of CHVs, mobilizers, trainers and HIP coordinators. Adolescent and youth project (SRHR) is conducted through outreaches supported by Community Health Promotion Fund. The Germany Doctors project, also hosted in NCMTC in partnership with Bomani dispensary has aimed at improving maternal and community health through enhanced UHC.

Outcomes: The system of health delivery (health promotion, curative, palliative and rehabilitative) has seen local community improvements in accessing quality PHC services, health literacy, increased competency for local PHC workers, improved sanitation and environmental hygiene among others.

Conclusion And Recommendations: institutions like NCMTC needs resources and partnerships more suitable to the purpose: accessible and affordable healthcare close to the needs of communities as a mean to improve access to PHC services.

ABSTRACT 302: Integrating child health and nutrition service delivery in primary health care facilities within refugee settings in Kakuma refugee camp

Vincent Opinya¹, Sila Monthe¹, Brigid Waliuba¹, Caroline Tatua¹|¹International Rescue Committee, Turkana|KENYA| Best Practice

Background: Children in refugee populations face various challenges that impact their health and wellbeing including limited access to preventive, promotive and curative healthcare services, immunization services and limited access to nutritious and adequate food. Climate shocks from failed rains and health system shocks from epidemics and household poverty further compound the situation and increase child mortality. According to 2021 nutrition survey in Kakuma, average GAM rate is 10.6% and SAM rate is 1.5%. The International Rescue Committee (IRC), has been providing primary health care services in 6 health facilities- Level 4 (one), level 3 (one) and level 2(four).

Implementation: IRC strengthened comprehensive integrated service delivery for children under 5 years across all health facilities. Integrated Management of Acute Malnutrition (IMAM) surge approach was rolled out in 2019. It strengthened capacity of refugee health systems to manage increased malnutrition caseloads. IRC provided nutrition supplies in collaboration with UNICEF, WFP and UNHCR under the supervision of the Ministry of Health (MoH). With support, all facilities acquired full MoH registration enabling expansion of immunization, nutrition, and treatment of common childhood illnesses. Child health and nutrition indicators were monitored.

Outcomes: A review of IRC health service utilization routine data indicates good uptake of child health services at the 6 facilities in Kakuma refugee camp. Annual DPT3 coverage has been 78.8%, 99.4%, 89.1% and 85.3% from 2019 to 2023. Measle vaccination coverage has been maintained above 92% in the 4 years. Malnutrition recovery rates have remained above sphere standards of 75%, consistently performing above 94% and <1% of the children defaulting.

Conclusion: Integration of child health and nutrition services increased utilization, early detection and treatment of malnutrition with good outcomes for the population. It also led to sustained gains in immunization and malnutrition treatment despite the various shocks.

ABSTRACT 182: Prevalence of and Factors associated with exclusive breastfeeding among young mothers at the maternal and child health clinic at Mbagathi County Hospital.

Fred Mboya¹, Polycarp Muturi¹, Carol Waeni¹, Grace Mwende¹, Jedidah Mutethya¹, Martha Ajuoga¹, Vanneziah Kiptalam¹ | ¹University of Nairobi | KENYA | Scientific

Background: Breastfeeding remains an unrivalled nutritional source for optimal infants' growth. WHO recommends early commencement with subsequent exclusive breastfeeding for 6 months. Young mothers have the lowest breastfeeding rates (CDC 2015). Babies born to young mothers have increased malnutrition risk, and are more likely to get sick and die compared to those of older mothers. The rising trend in adolescent fertility rate in Kenya and associated low breastfeeding rates among young mothers, necessitates an investigation on prevalence of exclusive breastfeeding among young mothers locally and factors associated with exclusive breastfeeding.

Methods: Cross-sectional study conducted at the Maternal and Child Health Clinic, Mbagathi Hospital among mothers 24 years and less, with infants, 6-24 months. Those whose children were unwell and declined consent were excluded. Consecutive sampling used for a sample of 151. Semi-structured questionnaire obtained data on demographics, perinatal history, knowledge and attitudes towards exclusive breastfeeding. Data collection took one month. Data was analysed using SPSS. Descriptive statistics used means/medians for continuous variables and frequencies/proportions for categorical. Prevalence described as percentage with 95% confidence interval. Association between exclusive breastfeeding and independent variables measured using chi-square test, p-values <0.05 statistically significant.

Results: Mean age was 21.9. 10.6% attained primary education, the rest attained secondary or higher. 54.3 % were employed, 66.2% married and 64.9% had one child. Prevalence of exclusive breastfeeding was 88.7% (CI 82.7%-92.9%). No association between maternal factors: age, education attained and marital status with exclusive breastfeeding. ANC education was significantly associated with exclusive breastfeeding (p-value 0.007). Mothers receiving ANC education were 6.67 times likely to exclusively breastfeed.

Conclusion: While no significant maternal factors were found to be correlated with exclusive breastfeeding, the study underscores the role healthcare workers play in supporting young mothers as portrayed by ANC education.

Keywords: exclusive breastfeeding, Antenatal Care Education

ABSTRACT 111: Effect of risk perception on uptake of malaria prevention strategies among pregnant women in Busia County.

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Background: Malaria is the number one killer in sub-Saharan Africa, mainly affecting pregnant women and children aged below five years. In Kenya, malaria kills an estimated 10700 people yearly. Use of (ITNs) and (SP for IPTp) are the basic and most affordable methods of preventing malaria during pregnancy.

Methods: A total of 308 pregnant women participated in this cross-sectional study done in the ANC clinics of the 7 sub county hospitals, using semi-structured questionnaires were used to collect data among the randomly sampled participants. Descriptive and inferential statistics were performed.

Results: Malaria prevalence was at 21.15%, the uptake of SP for IPTp and nets was at 78% and 85.1%, respectively. Knowledge on malaria was significantly associated with uptake of malaria prevention interventions ($\chi^2 = 4.427$, $p = 0.035$). Participants who perceived malaria infection as a risk were more likely to uptake SP for IPTp ($\chi^2 = -0.128$, $p = 0.721$).

Conclusion: The prevalence of malaria among pregnant women was high at 21.15%. Net use was at 92.1% while use of SP for IPTp was at 78.2%, higher than 66.6% and 68.1%, respectively as reported by the KMIS 2020. Risk perception had a positive influence on uptake and use of malaria prevention interventions among pregnant women. We recommend availability of SP for IPTp and LLINs for pregnant women and entrenchment of microteaching during ANC clinics to sensitize pregnant women on risks of malaria during pregnancy

ABSTRACT 184: Factors associated with frequency and timely initiation of antenatal care among women of reproductive age in Moshi municipal, Kilimanjaro, Tanzania

Gabriel Ndabila¹ , Angelina Hiiti¹ ,Kelvin Kwesi¹ ,Lightness Mdegela¹ ,Julieth Sebba¹ ,Caroline Amour¹ | ¹Kilimanjaro Christian Medical University| TANZANIA | Scientific

Background: Antenatal care (ANC) is essential for the mother and her child. WHO recommends for pregnant women to initiate ANC within first 12 weeks gestation and attend at least eight visits during pregnancy. In Tanzania, while over 90% of pregnant women attend ANC at least once, 51% attended more than 4 times and only 24% attended the first ANC visit before 16 weeks gestation. Understanding factors affecting ANC frequency of visits and timely initiation will help improve health during pregnancy, ultimately decreasing maternal and neonatal mortality. This study aimed to determine factors associated with frequency and timely initiation of ANC among women of reproductive age (WRA) in Moshi Municipal, Kilimanjaro, Tanzania.

Methods: Hospital-based cross-sectional study was conducted at four health facilities in Moshi municipal, Kilimanjaro, Tanzania. Data was collected among 386 WRA (15-49 years) recruited through probability systematic sampling, July to August 2023. The primary outcome variables were adequate ANC frequency and timely ANC initiation. Sample size was determined by single population proportion formula and data was analyzed through Statistical Package for Social Science (SPSS) version 20.

Findings: A total of 386 WRA participated with mean age 27 (± 5.2) years. Strength of association was measured by odds ratios with 95% confidence interval (CI) at a p-value of <0.05 . Adequate ANC frequency was significantly associated with health-seeking autonomy, company to clinic and awareness of ANC initiation time. Timely ANC initiation was significantly associated with woman's age, occupation, health insurance, company to clinic and awareness on ANC initiation time.

Interpretation: Improving timely and adequate ANC visits require health education interventions and strengthened social and financial support. The study captured post-partum women with at most six months post-delivery to minimize recall bias. The study however was hospital-based hence it may not represent the whole Tanzanian population.

ABSTRACT 133: Lactation Room to Support Breastfeeding In Learning Institutions

Mercy Chepkirui¹|¹ Ol'lessos Technical Training Institute, Kapsabet| KENYA|Best Practice

Background: The United Nations and World Health Organization (WHO) recommend access to a designated breastfeeding space for breastfeeding or expressing breast milk in workstations. Moreover, the Kenyan parliament passed a Health Act in 2017 requiring all employers to establish a breastfeeding station in the workplace. This is congruent with the WHO's recommendation for exclusive breastfeeding for the first six months of life and thereafter complementary feeding with continuous breastfeeding up to two years or beyond. Breastfeeding intervention in learning institutions helps is crucial in promoting maternal, child health and nutrition together with other benefits. However, maintenance of breastfeeding becomes a challenge when there is inadequate support. This poses a risk not only to the mother and child but also to the institution and the nation.

Implementation: A quality lactation room requires a designated private, safe and hygienic space within the institution. The room needs appropriate furnishing with electrical outlets, breast pumps, comfortable chairs, storage facilities, microwave, sanitizers, sinks, waste bins, "occupied" sign for the door, and proper lighting and ventilation. The beneficiaries are breastfeeding mothers within the learning institutions whereas the stakeholders include lactating mothers, officials from ministries of education and health, and institutional management.

Outcomes: The key outcome of breastfeeding intervention is to promote maternal and child health. Other outcomes include promoting easier transition from maternity leave to work, avoid early breastfeeding cessation, reduced costs of medication, absenteeism reduction, higher productivity, boosting mothers' confidence, and improved academic performance.

Conclusion and Recommendation: Creation of designated lactation rooms in learning institutions is essential to support breastfeeding mothers. This benefits mothers, infants, learning institutions and the nation. Therefore, it is crucial to establish lactation rooms or where they exist, scale up to desirable standards to reap maximum benefits.

Thursday, November 30, 2023 - 12.00 pm - 1.30 pm

AG 1: Track 3.3 Mental Health & Gender-Based Violence

ABSTRACT 137: Prevalence, pattern and predictors of cardiovascular event in people living with HIV attending clinic and admitted at tertiary hospital in Mwanza region, Tanzania

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Background: HIV has contributed to over 39 million deaths worldwide. Sub-Saharan Africa has accounted for more than 70% of global HIV burden, in Tanzania estimated total of 1.4 million PLHIV in 2013. Worldwide it is estimated 17.9 million people died from CVDs in 2015 while People living with HIV are at 1.5 -2 times more likely to develop CVDs compared to non-infected individuals

Methodology: A cross-section hospital-based study was conducted on January 2023 at BMC involving both outpatients and inpatients. A simple random sampling technique was used to recruit 203 participants with a minimum estimated sample size of 103. The study population were adult HIV infected patents above 18 years old attending CTC clinic and admitted at BMC. The participants were interviewed using a semi structured questionnaire. Weight, height, abdominal circumference and blood pressure were measured.

Results: Participants enrolled 25% (n=51) were male and 75% (n=152) were female. The overall prevalence of cardiovascular diseases among this population was 4.9% and the pattern of distribution were 4(40%) stroke, 3(30%) hypertensive heart diseases, 2(20%) heart failure and 1(10%) coronary artery disease. The prevalence of hypertension was 11.8%, BMI was related to hypertension with P=0.000 where by overweight was 25.1% (n=51) and obesity 22.2% (n=45). Alcohol consumption was related with hypertension P=0.038 and more than half of the study population consumed alcohol 59.6% (n=121). History of hypertension is related to development cardiovascular diseases with P=0.000 where by 25.1% (n=51) had history of hypertension and 66.7% (n=34) which were majority were not in regular medication, also

8(15.7%) seen a traditional healer for treating hypertension.

Conclusions and Recommendations: Stroke and hypertensive heart disease were leading CVDs in PLHIV while alcohol consumption, obesity, hypertension were risk factors, we need to integrate NCDs services in HIV care, community screening and awareness programs.

ABSTRACT 76: Pregnant Women's Knowledge, Attitude and Practice Towards the Attendance of Antenatal Care Services at Mukono General Hospital

Josphine Nabwesi¹ | ¹Uganda Christian University | UGANDA | Scientific

Antenatal care is referred to as totality of care given to pregnant women from conception to delivery, from a certified health care setting. A number of 8 contacts is recommended throughout pregnancy according to WHO, 2016. Antenatal services are free in Uganda courtesy of government of Uganda, though attendance is still low, which has continued causing maternal and infant mortality and morbidity from preventable causes. Early booking has an advantage for proper pregnancy information sharing and pregnancy monitoring. The purpose of this study was to determine pregnant women's knowledge, attitudes and practices towards attendance of antenatal care at Mukono Hospital. Sample of 60 pregnant women was used and descriptive quantitative design was employed. Data was collected using structured questionnaire consisting of questions about socio-demographic factors, knowledge, attitude and practice and this was affected using interview method. Pregnant women had good practice at 90.2%, positive attitude of 94.6% and slightly less knowledge of 66.7%. Only 12% knowledgeable about number of antenatal care visits recommended, 45% had knowledge about when to initiate antenatal care and 79% had positive attitude towards early booking. We recommend that pregnant women are given necessary information regarding antenatal care with emphasis on recommended number of contacts, when to initiate their first visit and encourage early booking in order to achieve the 8 contacts WHO policy for antenatal care, since when we increase knowledge, we increase antenatal care utilization. We further recommend that as medics and educators, we should strive for policy implementation at all levels within our power to better maternal health service delivery.

Key words: ANC- Antenatal care; WHO-World Health Organization

ABSTRACT 269: Quality rights; Unlocked access and utilization of Community Based Mental Health services by people living with Mental health conditions in Isiolo County: community score card

Mary Kemunto¹ | ¹Independent | KENYA | Best Practice

Background: Nearly two thirds of persons with mental health conditions do not seek treatment for their condition. Services are not available at community and primary care facilities in Kenya. Existing services are not of sufficient quality. Focus is on outdated bio-medical model that exposes patients to inhuman degrading treatments including forced medication and hospitalization despite the success of the community strategy in expanding delivery of other essential health services and redefining access barriers in a variety of settings including urban, remote and marginalized communities.

Description of intervention: The assessment primarily focused on mental health services including community based mental health services, hospital services and rehabilitation services. The assessment targeted the primary health facilities of Bula pesa & G.K dispensary in Isiolo County and linked community health units through observation and focus group discussions among staff members, service users and family members. There was use of convenience sampling to identify participants. Feedback on hospital level services was based on user experiences.

Findings and lessons learnt: Right to enjoyment of the highest standard of health was compromised by; lack of skilled mental health workforce, shortage of essential commodities; increased out of pocket expenditure; Lack of users supports organizations & limited access to community mental health services due to lack of mental health outreach clinics. Empowered and facilitated CBOs, caregivers and persons with mental and intellectual disorders can monitor County Government commitment to deliver quality mental health services at facility and community levels using CSC.

Conclusion and next steps: The community score card process is a powerful tool to monitor services, empower citizens, and improve the accountability of service providers. The report developed form advocacy and performance monitoring tools for the targeted health facility and form the baseline for the next Community Score Card in order to establish and record changes realized over the period.

ABSTRACT 65: Increased access to Mental Health and Psychosocial Support services through provision of WHO's Problem Management Plus by Community Health Promoters in Nakuru County-Kenya

Leslie Rono¹ | ¹MIDRIFT HURINET | KENYA | Best Practice

It is estimated 39% to 45% of women in Kenya have experienced some form of gender-based violence GBV has been found to cause mental health problems such as: trauma, anxiety, low self-esteem, depression and even suicide. According to a Min. of Health report (2014), at least 25% of Kenyans suffer from a Mental health problem. In Nakuru, prevalence of GBV is at 14% with teenage pregnancies higher at 17%, and with expensive mental health services for most survivors violence continue to happen. It is within this background that a Mental Health and Psychosocial Support Service intervention was designed by MIDRIFT in Nakuru. Since 2018, MIDRIFT has trained Community Health Promoters to provide Problem Management Plus (PM+) and Psychosocial First Aid (PFA) to survivors of violence. PM+ intervention by WHO is a low intensity MHPSS intervention for adults in communities exposed to adversity. It is a transdiagnostic evidence-based treatment for common mental health problems such as depression, anxiety, and stress by adding cognitive behavioural strategies to problem solving counselling. In partnership with Nakuru County Government, we have built the capacity of 30 Community Health Promoters to offer PM+ in two informal settlements of Bondeni, Karagita and Rhonda. The PM+ helpers are a key referral point for survivors of GBV in the County. Since project inception, the helpers have been able to reach a total of 1400 survivors of violence. During the August 2022 General elections, results from the evaluation revealed that provision of Psychological first aid by CHPs played a significant role in the management of election related tensions in Nakuru's informal settlements. There is therefore needed to scale up interventions to more areas beyond the informal areas. There is also need to link mental health data collected by MIDRIFT to the Nakuru County Department of Health Information System (DHIS) for comparisons, reflections, learning and M&E

ABSTRACT190: Health Seeking Behavior of Community Health Volunteers working closely with survivors of Gender Based Violence in relation to Burnout and Vicarious Trauma in informal settlements

Nancy Gathi¹|¹University of Nairobi | KENYA| Scientific

Background: CHVs bridge the gap between communities and primary health care through promotion, prevention, and referrals. Continuous exposure to trauma may lead to provider burnout. Objective is to determine prevalence of burnout, vicarious trauma, and help-seeking behaviors of CHVs working with survivors of GBV in an informal settlement Nairobi County, Kenya. The study highlights the need for psychosocial support and other possible measures to mitigate effects of secondary exposure to traumatic experiences among CHVs.

Methods: The study used a cross-sectional mixed-method survey design, targeting CHVs. A Structured questionnaire was used to collect quantitative data, while FGD to collect Qualitative data. Quantitative data were analyzed using both descriptive and inferential statistics while the qualitative data was conducted using a thematic framework approach aided by QSR NVivo 12.

Results: (21%) of the participants found with average burnout close to 80% had low burnout levels. Females (22%) compared to the male CHVs (11%) were more likely to have average burnout. CHVs (21% between 41-50 years and 25% for CHVs >50 years), were more likely to have average burnout compared to the younger CHVs (17% for <30 years old and 12% for the 30-40 years old). A significant negative correlation between compassion satisfaction score and burnout and a significant positive correlation between burnout and secondary traumatic stress. Both male and female CHVs were willing to seek help from a mental health profession, however most men would seek help from their spouses while women preferred seeking help from religious leaders.

Conclusions and Recommendations: The level of burnout was low in this study, and satisfaction with work was associated with low levels of burnout and secondary traumatic stress, implying that most CHVs are well equipped with coping strategies and were receiving support from their supervisors, however there is need to provide continuous psychosocial support to them.

ABSTRACT 12: Enhancing mental health accessibility and continuity of care

Lordlaro Lidoros¹, Clare Akoth¹|¹Maseno University | KENYA | Scientific

Background: Mental health is a critical component of overall well-being, yet many individuals face barriers to accessing mental health services. This study aims to address the knowledge gap and explore the integration of telemedicine or telepsychiatry services into Primary Health Care (PHC) as a means of improving accessibility and continuity of mental health care.

Methods: This study utilizes a qualitative research design, conducting interviews and surveys with healthcare providers, mental health professionals, and patients in underserved areas. The study population includes individuals in remote or underserved areas who face geographical distance, transportation issues, or stigma associated with visiting a mental health facility. Data collection methods include video conferencing interviews, phone surveys, and document analysis of existing telemedicine programs.

Results: Preliminary findings indicate that integrating telemedicine into PHC for mental health can significantly improve access to mental health services. Patients in remote or underserved areas reported increased convenience and reduced costs associated with physical travel. Telepsychiatry also reduced waiting times for appointments and increased the availability of mental health support. Continuity of care was enhanced through regular follow-up sessions with healthcare providers, particularly for individuals with chronic mental health conditions.

Conclusions and Recommendations: The integration of telemedicine or telepsychiatry services into PHC for mental health is a promising approach to overcome barriers to accessing mental healthcare. It enhances accessibility, convenience, and continuity of care, ultimately improving the overall well-being of individuals and communities. Based on the findings, it is recommended that healthcare systems invest in telemedicine infrastructure and training for healthcare providers to effectively implement telepsychiatry services. Further research is needed to assess the long-term impact and cost-effectiveness of this intervention.

ABSTRACT 154: Association between timely reporting of Sexual Gender-Based Violence and uptake of Emergency Contraceptives in Turkana County: A Retrospective Study

Rose Betty Mukii^{1,2}, George Ng'ety¹, Patrick Angala¹|¹ Amref, Nairobi,² Ministry of Health, Turkana| KENYA | Scientific

Background: Sexual violence is a serious global health problem with significant physical, psychological and social consequences. WHO recommends that sexual violence survivors get immediate treatment and be followed up to 6 months, which involves prevention of unwanted pregnancies, HIV and STIs. In Kenya, sexual violence is one of top 10 disease burdens. National-level data shows that 14% of women and 6% of men aged 15-49 years have experienced sexual violence in their lifetime, 32% of females and 18% of males having unattained 18 years. Despite significant health consequences, research has shown 90% of survivors do not access timely healthcare services. The study sought to understand barriers to timely reporting and factors contributing to low uptake of emergency contraceptives among SGBV survivors in Turkana County.

Methodology: The study utilized a retrospective design that involved secondary data abstraction from Kenya Health Information System. The study population involved 689 survivors who were purposively selected, while seeking services within 72 hours between 2021 (39%) and 2022 (61%) respectively. Data was analyzed using MS Excel. Frequencies, charts and proportions were used to summarize and present data.

Results: A slight increase in uptake of emergency contraceptives between 2021 (66%) and 2022 (67%) was noted. Due to untimely presentation within 72 hours, 38 and 7 cases of pregnancies were reported in 2021 and 2022 respectively. Factors contributing to this based on lessons learnt were; limited financial resources, lack of coordination in health services, poor referral pathways, stigma and lack of knowledge on the importance of timely health interventions.

Conclusion: Emergency contraceptives are an effective measure in preventing unwanted pregnancies if taken within 72 hours post exposure.

Recommendation: MoH 711 data set reporting in KHIS be revised in order to accommodate all parameters. To address the issue of healthcare service uptake, demand creation at the community is crucial.

ABSTRACT 45: Factors Associated with Recent Intimate Partner Violence in Kibra Informal Settlements; A Cross Sectional Study, 2023

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Background: Intimate Partner Violence (IPV) is a pervasive type of violence of public health significance orchestrated by an intimate partner. Research has established that prevalence of IPV is high among women in slums settings due to social, environmental and individual factors. IPV can have severe and lasting consequences on women reproductive health. Conjecturing this vital target population within slums allows for a nuanced exploration of unique factors that contribute to the perpetration of IPV. This study aimed at determining the factors associated with IPV in slums of Kibra.

Methodology: A cross-sectional study design was employed to collect bio-behavioral survey data in April 2023. A modified population-based questionnaire from the Demographic Health Survey targeting experiences of Physical, Sexual and Emotional violence was used. 1068 women from seven villages in Kibra were selected through systematic random sampling. Data was collected using Open Data Kit version 4.2 and regression done using STATA version 15 at 95% CI and p value 0.05.

Results: Primary level of education (AOR=1.95, CI=1.05-3.62, P=0.035), Residing in Kambi Mburu (AOR=2.40, CI=1.09-5-5.30, P=0.030), Accessing water from outside (AOR=18.18, CI=8.62-38.33, P<0.001), Intergenerational Violence Transmission (IGT) (AOR=2.27, CI=1.56-3.29, P <0.001) and Alcoholism (AOR=5.35, CI=3.39-8.45, P<0.001) were significant predictors of IPV. Residing in Lindi and Laini saba (AOR=0.20, CI=0.12-0.33, P<0.001; AOR=0.23, CI=0.13-0.42, P<0.001), Access to WASH (AOR=0.44, CI=0.31-0.64, P<0.001; AOR=0.57, CI=0.37-0.88, P<0.001) were protective against IPV.

Conclusion and Recommendation: Findings from this study suggest IPV is exacerbated by village locations, low levels of education, IGT and accessibility of water and toilet. Targeted interventions should focus on villages with higher OR of IPV. Implementing community-

based programs that address educational initiatives, Access to water and sanitation, alcoholism and IGT should be prioritized by tailoring interventions to specific findings in IPV. Further research on unavailability to water resources due to other factors such as climate change should be explored.

ABSTRACT 66: Mental health and structural injustice: a qualitative investigation of interlocking patterns of disadvantage among displaced populations in Nairobi, Kenya

David Nieuwe¹, Pascal Mastaki², Lydia Atambo², Joachim Osur²|¹ ARQ, Nairobi,² Amref International University, Nairobi | KENYA | Scientific

Background: Urban refugees in Eastern Africa face numerous structural disadvantages affecting their mental wellbeing. Recent discussions in the field have criticized the prevailing focus on reducing psychological symptomatology without addressing the social determinants of mental health. Through a structural injustice lens, aims to draw out patterns of disadvantage among the large Somali and Congolese refugee populations in Nairobi.

Methods: Ethnographic data from a four-year mixed-methods research project on the wellbeing of Somali and Congolese refugee populations in Nairobi has been used for the study. Interviewees were from diverse backgrounds, including refugees, healthcare workers, religious healers and traditional healers. The data includes in-depth interviews according to a life history method (90), field notes and observations.

Results: Three sub patterns of disadvantage were drawn out, relating to; the lack of documentation, substance and alcohol use, and gender based violence. Refugees living in urban settings in Eastern Africa are often unable to achieve wellbeing as they are chained by structural patterns of injustice, affecting their psychological wellbeing. Many refugees are experiencing mental health issues such as chronic stress, anxiety and depression which are related to the patterns of disadvantage as identified.

Conclusions and Recommendations: Psychological problems are both a cause and a consequence of patterns of disadvantage. Addressing mental and psychosocial health of refugee populations in urban areas is of essential importance for the overall wellbeing of those populations as well as the host community. Implementation of policy (2022 Refugee Act) and investment in mental health services - including awareness raising of existing services - should be a priority.

ABSTRACT 54: Enhancing access to psychosocial support for sexual gender-based violence survivors through community trauma response hubs in Siaya, Kenya

Dennis Menya¹, Hilary Ngeso¹, Wayne Otieno¹, James Kisia¹|¹ Catholic Medical Mission Board, Siaya| KENYA| Best Practice

Background: Globally and in Kenya, Sexual Gender Based Violence (SGBV) survivors face physical, emotional, and psychological challenges. Accessing psychosocial first aid (PFA) is difficult to survivors while stigma remains high. SGBV accounts for 60% of the criminal cases filed at Siaya law courts. CMMB bridges this gap through a community trauma response strategy that enhances access to quality PFA, trauma counselling services and peer based psychosocial support in Siaya, Kenya.

Implementation: CMMB identified 16 community owned resource persons with basic counselling skills and retrained them as SGBV Community Trauma Responders to address immediate emotional needs and established Five community trauma response hubs coordinated by four professional trauma counselors. SGBV survivors were screened to determine their vulnerability and psychosocial support needs. Survivors with trauma were referred to 1 counselors for individualized sessions and case management. Formation of psychosocial support groups (PSSGs) based on age cohorts to provide tailored counseling was done. Monthly debriefs for professional counselors and community trauma responders for quality.

Outcomes: Results showcased value of local solutions in addressing SGBV effects amidst limited resources and inadequate counselling experts. From 198 survivors screened, 76 were linked to PSSGs for monthly group therapies. Further, 35 survivors received individualized counselling support based on their needs. Additionally, six survivors have been referred for Socio-economic support while four for legal services. PSSGs have provided safe spaces for survivors to share experiences, receive emotional support, and access information and resources, fostering healing, empowerment, and improved mental health.

Conclusion and Recommendations: Access and utilization of psychosocial support services (PSS), in resource constrained settings, can be enhanced through local community counseling solutions. Entrenching PSS in community SGBV response can empower survivors, promote healing, reintegration, and reduce SGBV cases. Community-led PSS serves as model for future interventions and highlights the importance of a comprehensive approach to address SGBV.

ABSTRACT 189: Prevalence and Risk Factors of Neck Pain among the Hospital Front and Back Office Workers at the Nairobi Hospital, Kenya

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Background: Neck pain and lower back pain are among the leading cause of disability. Neck discomfort affects many people around the world, but little is known about it and financial burden in Kenya. The researcher intends to determine the prevalence and risk factor of neck pain among the hospital front and back-office workers at The Nairobi Hospital, Kenya.

Methods: Descriptive cross-sectional studies were done on 133 participants on the prevalence and risk factors of neck pain for 2021 to 2022. An adapted structured close ended questionnaire was used, covering group-made questions for population parameters and variables, for screening neck status. Additionally, the adapted questionnaire from the Oswestry Neck Disability Index was used to describe the risk factors and prevalence sociodemographic. Collected data was analyzed.

Results: Majority of participant (n=112,84%) were from the age of group between 41-50 years at 42%, followed by 31-40 years at 37%, 21-30 years at 20% and finally 51 years and above at 1%. Females represented by 66% and males at 34% of the participants. Period of employment was between 1-10 years at 60% followed by 11-20 years with 34%, less than 1 year and 21-30 years each represented by 3%. workers currently with neck pain at the Nairobi hospital were (n=38 ,34%). Pain intensity; Majority of those who had neck pain 25% had mild pain, while only 1% had severe pain. Those with risk factors for sitting durations; sitting at 2-4hrs represented by 47.3%, followed by 5-6hrs at 37.5%, less than 2 hours was 8.9%, 7-8hrs was 3.6% and more than 8hrs was 2.7%.

Conclusion: Prevalence of neck pain among front and back-office workers at The Nairobi Hospital occurs in most female.

Recommendations: The data should be used to lay foundation in occupational safety and health to prevent occurrence of Neck pain at workplaces.

ABSTRACT 99: Time to adjuvant chemotherapy and its predictors among postoperative breast cancer patients at cancer treatment center of Hawassa university comprehensive specialized hospital, Hawassa, Ethiopia 2022

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Background: Breast cancer incidence is rising and becoming a major public health problem in Ethiopia which poses a substantial threat in the country with limited oncology centers. Among the treatments for breast cancer adjuvant chemotherapy is the important one that is given after definitive surgical management. Adjuvant chemotherapy decreases the risk of breast cancer mortality, reduces the recurrence rate, and improves long-term overall survival. The time between surgery and the first adjuvant chemotherapy would appear to have an impact on overall survival (OS) and disease-free survival (DFS) in patients with breast cancer.

Objective: This study aimed to determine the time to start adjuvant chemotherapy and its predictors in postoperative breast cancer patients who attend at the oncology center of Hawassa University comprehensive specialized Hospital, from September 2020 to March 2022.

Method: An Institution based retrospective follow-up study was conducted. All eligible patients whose medical record was found and accessed in the hospital during the study period were enrolled into the study. checklists were prepared using google forms. Then the data was exported to Excel and sent to SPSS software version 26 for data analysis. A stratified Cox regression model was fitted to identify the potential predictors. The adjusted hazard ratio (AHR) with a 95% confidence interval (CI) was reported to show the strength of the association. The study is conducted from February 22- April 8, 2022

Result: In this study, the median time to adjuvant chemotherapy was 69 days (SD=25.71) with a range of 28-157 days. 43.9% of patients received chemotherapy within 61-90 days. BMI of underweight, surgical complication and illiteracy were significantly associated predictors of time to adjuvant chemotherapy

Conclusion: Time to adjuvant chemotherapy was longer. BMI, presence of surgical complications and educational status were predictors of delayed time to adjuvant chemotherapy

ABSTRACT 101: The lived experiences and caring needs of women diagnosed with cervical cancer: A qualitative study in Dar es Salaam, Tanzania.

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Background: The burden of cervical cancer increases substantially in Sub-Saharan African (SSA) countries contributing to 24.55% of global deaths. Tanzania is ranked 4th country with the highest incidence rate of cervical cancer globally. Cervical cancer patients living in resource-limited settings like Tanzania undergo a significant physical, psychological, and socioeconomic changes in their lives. Understanding their lived experiences and caring needs provides valuable insights into various aspects of care including psychosocial aspect. However, in SSA particularly Tanzania, this area remains under-searched. Therefore, this study aimed to explore the lived experiences and caring needs of cervical cancer patients at the Ocean Road Cancer Institute (ORCI).

Methods: A qualitative descriptive study was conducted among cervical cancer patients at ORCI in Dar es Salaam, Tanzania. Twelve cervical cancer patients were purposively sampled, and saturation guided the determination of sample size. Data was collected through face-to-face in-depth interviews using a semi-structured interview guide. Data analysis was performed using the content analysis approach, aided by NVivo 12.0 computer software.

Results: The lived experiences and caring needs of cervical cancer patients were categorized as disease knowledge gaps, sufferings from the disease process, disruption in economic and social activities, lack of emotional support, psychological torture, stigma, fear of infertility, husband-wife conflicts and family neglect.

Conclusion and Recommendation: The findings showed that cervical cancer patients experience more unrevealed issues that when not well addressed impact their health statuses and wellbeing. This calls an urgent response from healthcare stakeholders to develop and implement

comprehensive and culturally consonant approaches focusing on life experiences and caring needs in providing care to cervical cancer patients. Also there is a need to enhance primary health care system to address the various aspects of care to patients with cervical cancer.

ABSTRACT 226: Feasibility of OptiBP Application for Home Blood Pressure Monitoring among People Living with Hypertension in Rwanda

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Background: The proliferation of healthcare smartphone applications has gained global popularity, with many focusing on health screening, diagnosis, and monitoring. The OptiBP application leverages existing smartphones, utilizing photoplethysmography (PPG) for pulse oximetry analysis and blood pressure measurement via the fingertip (Schoettker et al., 2020). This study, conducted in partial fulfillment of the Master of Science Degree in Global Health Delivery assesses the feasibility of OptiBP for self-monitoring blood pressure in Rwandan adults with hypertension. We used the System Usability Scale (SUS) and Unified Theory for Acceptance and Use of Technology (UTAUT) to assess usability and acceptance.

Methods: Conducted from May 12th to June 4th, 2023, this cross-sectional study focused on hypertensive patients from Nyarugenge District Hospital and Nyacyonga Health Centre in Kigali City Province, Rwanda. Participants were trained in OptiBP usage and instructed to measure their blood pressure twice daily for seven days at home. Afterward, a structured questionnaire was administered to assess the application's feasibility and acceptance.

Results: We enrolled forty-nine participants, however, 23 (46.9%) were excluded due to smartphone incompatibility with OptiBP. Of the remaining 26 participants, 46.1% (n=12) found OptiBP usable, with SUS scores ≥ 68 . Longer smartphone usage correlated significantly with higher SUS scores (p-value = 0.048), indicating improved usability. Overall, participants displayed positive attitudes toward OptiBP, including its ease of use, and lower social influence on its usages. Analysis of the Net Promoter Scale (the likelihood of the participants to recommend the OptiBP) had a score of 26.9% suggesting a likelihood to recommend the OptiBP application.

Conclusion: The OptiBP has the potential for self-monitoring among people living with hypertension. It faces several challenges including compatibility with the available smartphones and the need for user training. These findings offer valuable insights for optimizing and further developing the OptiBP application, contributing to its enhanced implementation in healthcare settings.

ABSTRACT 224: Health Kiosks in Markets (HEKIMA); Strengthening Primary care System for Prevention and Control of Cardiovascular Diseases in Vihiga County, Kenya

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Background: Cardiovascular diseases are the leading cause of NCD mortality in Kenya as a result of ageing populations, urbanization and lifestyle changes. Cardiovascular diseases mortality and morbidity is worse in poor rural communities due to difficulties in accessing health services; as a result, they are less likely to go for checks-ups and remain vulnerable to the onset of cardiovascular disease. Community markets are social establishments with untapped potential to promote public health interventions. Hence the establishment of Health kiosks in Markets to promote early diagnosis and treatment of CVDs in Vihiga County.

Implementation: The Health Kiosks in Markets (HEKIMA) project was launched by the KEMRI in collaboration with County leadership. It is market-focused health initiative that seeks to improve access to health promotion services for the prevention of heart disease. They were operated by two trained Community Health Volunteers and supervised by a nurse with primary care experience. The kiosk staff delivered CVD risk screening (Hypertension, Diabetes mellitus, overweight and obesity), early intervention including follow up and referrals for pre-hypertensive and overweight participants and CVD health education and promotion. Additionally, the CHVs conducted health sessions on CVD risk factors to support behavior change. Those suspected to be hypertensive, obese and diabetic were referred to Bugina health centre for treatment and management.

Outcome: A total of 2224 people were screened and reached with health messages. Among these 77% are females. Among those screened 48% had high blood pressure, 32% were overweight and 12% had diabetes. 30% of those screened were referred to health facility. 34% of those referred to the health facility were followed up at least once at the kiosk.

Conclusion: Community markets are social establishments with a central locus of life in the rural areas and can increase the uptake of health promotion services by different members of society

ABSTRACT 229: A comprehensive approach to tackling obstetric fistula: lessons from Uganda and Tanzania.

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Background: Obstetric fistula (OF) is a severe childbirth-related injury that occurs due to prolonged labor, insufficient obstetric care, and obstructed birth. It results in incontinence, causing significant physical, psychological, and social hardships for affected women. To address this issue, Amref has launched efforts to tackle OF in Mwanza, Tanzania and West Nile, Uganda. These projects aim to offer comprehensive interventions at primary care levels and enhance the overall well-being and societal reintegration of affected women. By adopting a holistic approach, the projects combine surgical repair with psychosocial support, rehabilitation, and community reintegration to provide the best possible care.

Implementation: Comparative analysis is fundamental to the goal of ending the problem of OF by 2030. To engage and contribute toward this goal, this learning paper will examine the success, challenges, and approaches of Amref's fistula projects, emphasizing two key thematic intervention areas of the projects: Reproductive, Maternal, Neonatal, & Child Health: This aspect focuses on the medical interventions for women suffering from OF. Gender & Social Inclusion: This element highlights strategies for addressing the socio-cultural and livelihood aspects, promoting the reintegration of affected women into their communities.

Outcomes & goals: Our initiatives have yielded significant achievements. In Tanzania and Uganda, we have witnessed improved well-being among affected women, with increased rates of surgical repairs and a decrease in the social isolation experienced by these women. Lessons learned from these projects emphasize the importance of a multifaceted approach, involving medical, psychosocial, and community-based support, in addressing OF effectively.

By examining the methodologies, results, and implications of the projects & identifying successful practices, challenges, & opportunities for enhancing care, we improve the effectiveness of targeted OF interventions. The goal of the paper is to support policymakers, healthcare practitioners, researchers, and advocates in their efforts to end OF.

ABSTRACT 07: Community Approaches for early screening and referrals for breast cancer treatments. Case of test and treat intervention in Nyamira County- Kenya

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Background: Breast cancer is among the most common cancers in Kenya with approximately 6,000 new cases and 2,500 deaths per year. Most of which present at advanced stages. Early detection combined with effective treatment can achieve survival probabilities of 90% or higher. The Kenyan Ministry of Health (MOH) is committed to reducing cancer mortality, as evidenced by policies such as the National Cancer Control Strategy (2017-2022). Although there are many Kenyan organizations devoted to this task, effective coordination is lacking resulting in inefficient and overlapping expenditure of resources. At community level, misconceptions and stigma surrounding cancer etiology, prevention, screening, and treatment have emerged increasing late detection and delays in early treatment.

Implementation: KMET in collaboration with Nyamira County Government, Department of Health and Stanbic Bank Foundation conducted a cancer prevention project dubbed Test & Treat with the aim of reducing the overall incidences, early diagnosis and treatment of breast cancer with HPV vaccination drive Kisii County. The approach was through outreach base, incorporating cancer awareness creation sessions by use of Community Health Volunteers (CHVs) to increase self-examination, screening, and treatment at the community level.

Outcomes: The period of February 2023, a total of 2557 women were reached with breast cancer messages, 1251 women examined and 11 referred for further examinations and treatment in government facilities. A total of 7941 adolescents were provided HPV vaccinations.

Recommendations: Engage community leaders to identify and break key drivers of stigma during community awareness; develop culturally appropriate messages to address knowledge gaps on breast cancer; work with MOH for a coordinated referral systems from the community to facility level and advocate for a National Health Insurance Fund that supports the most vulnerable women access breast cancer treatment.

Conclusion: Taking services to communities through outreaches ensures access and reduces late diagnosis and treatment of breast cancer.

ABSTRACT 152: Clinical Outcomes Associated with Delayed Rehabilitation Of Patients Hospitalized With Total Hip Replacement At Selected Hospitals In Nairobi County

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Background: This study intends to show the clinical outcomes of cases in which there has been delayed rehabilitation specifically in Total Hip Replacement patient's post-operative within selected hospitals in Nairobi County. The aim of the study was to establish the clinical outcomes associated with delayed rehabilitation post-total hip replacement. The study was conducted to fill the information gap and provide a basis for ensuring patient-centered outcomes.

Methods: The study site was at Kenyatta National Hospital, MP Shah, Mbagathi Hospital, and Karen Hospital's Orthopedic Wards. The study used a quantitative design. The participants of the study were 328 admitted post-total hip arthroplasty in orthopedic wards at the selected hospitals. The sample size was determined using purposive sampling. Harris Hip Score questionnaires and files were used to collect data. Data was analyzed using Statistical Package for Social Sciences Version 27.

Results: The results revealed that 39.4% of the respondents indicated that they needed a cane for support for long walks, 34.3% indicated that they needed no support, 19.2% indicated that they needed a cane full time, 4.0% indicated that they needed 2 crutches while 3.0% indicated that they needed one crutch.

Conclusions and Recommendations: The study concluded that early detection of pain and good functional activities like the ability to use the stairs, the ability to wear socks, and the ability to use public transportation among patients reduces the chances of delayed rehabilitation post-total Hip Replacement. The study recommends that clinicians including the surgeon, nurse practitioner, and physiotherapists should work together to provide the patient and family with education regarding the procedure, expected issues, and guidance for aftercare so as to ease the rehabilitation process post Total Hip Replacement.

ABSTRACT 172: Factors Affecting the Utilization of Breast Cancer Screening Services: A Case of Kikuyu Town

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Breast cancer is the leading contributor to global cancer incidence and is the leading cause of cancer-related mortality among women in Kenya. The first cancer control strategy in the country highlights the importance of increasing the uptake of cancer screening services nationwide when it comes to reducing the cancer mortality rates especially since 89% of all cancer cases in the country are diagnosed late. Studies worldwide show the impact of early detection and screening for cancers in reducing the cancer burden in communities. The current screening rate for cancer in the country is at ~5%.

This study aimed at determining the health system factors, the social factors, and the attitude of women in the location towards breast cancer and breast cancer screening services. This study was a cross-sectional study that collected and analysed primary and secondary data collected through questionnaires given to women over the age of 25 who attend breast cancer screening services. This study was limited in terms of resources and time to those available to the researcher. The results of this research found that majority of the respondents were in the 30-39 age range, were married, had achieved higher education, could afford the services and had insurance coverage. It was also found that the majority had a positive attitude towards breast cancer screening and had good social support systems.

The conclusions made in this study are that marital status, education level, insurance coverage, affordability and positive attitude were key factors that influenced the use of the services.

ABSTRACT 138: The significance of Human Papillomavirus detection among women living with HIV attending antiretroviral therapy clinic in Mukono, Uganda

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Background: Studies show that the prevalence of HPV infection is higher among Women Living with Human Immunodeficiency Virus infection (WLHIV). This poses an additional health burden to the development of cervical cancer among women who are already managing

complications associated with HIV. The broad aim of the research was to establish HPV infection and associated correlates among a cohort of WLHIV attending antiretroviral therapy clinic in Mukono, Uganda to contribute to the universal health coverage and primary health care goals.

Methods: A cross sectional study design was used to collect socio-demographic, sexual practices and medical history data from 342 WLHIV attending antiretroviral therapy clinic in Mukono. The data was entered in Epidata v4.6 and the hr-HPV associated correlates analyzed using modified poisson regression model.

Results: Slightly more than a half (56.7%) of respondents were aged below 35 years, 52.6% were married and 51.2% with primary level of education. The prevalence of hr-HPV was 39.8% (95% CI: 34.40- 44.78) and was higher among 30-34 years of age (n= 41, 30.2%). In terms of associated correlates, age 45-49 years (aPR: 1.95, 95% CI: 1.41- 2.69), being married (aPR: 1.30, 95% CI: 1.00, 1.69), use of condoms (aPR: 1.31, 95% CI: 1.00 -1.71) and age of sexual debut (aPR: 1.42, 95% CI: 1.08-1.87) were significantly associated with Human papillomavirus.

Conclusion and recommendation: The prevalence of hr-HPV infection was high, indicative of a risk and threat to the health of WLHIV in Mukono, Uganda and worldwide at large. Age, specifically 45-49 years, being married, currently using condoms, age of sexual debut are key correlates to hr-HPV among WLHIV. It is recommended that implementing teams in WLHIV projects put more emphasis on early diagnosis of hr-HPV infection and monitoring the treatment as they aim to achieve both the UHC and PHC goals across Africa.

ABSTRACT 87: Menstrual Health Practices among Physically Disabled Women and Girls in Masaba North Sub-County, Nyamira County, Kenya.

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Background: Menstrual health is crucial for the achievement of Sustainable Development Goals and gender equality. Disabled women and girls may experience double prejudice during menstruation.

Broad objective: To establish the menstrual health practices of physically disabled women and girls in Masaba North sub-county, Nyamira county, Kenya.

Methodology: A cross-sectional study design was used. A census was conducted for all (111) registered physically disabled women and girls (15-49 years). A structured questionnaire was used to collect quantitative data through face-to-face interviews. Purposive sampling was used to select 12 physically disabled women and girls for Focus Group Discussions, ten caregivers and four physically disabled women and girls for in-depth interviews, two Water, Sanitation, and Hygiene experts, three public health officers, and one policymaker for key informant interviews. Chi-Square test and binary logistic regression were used to test the association between menstrual health practices and the independent variables. OR, 95% CI, and p-value < 0.05 were considered statistically significant.

Results: Over half (55%) of the physically disabled women and girls had unsafe menstrual health practices. Of the respondents, 83% and 82%'s bathing and toilets respectively were not inclusive. Maternal education level (OR 3.794, 95% CI 1.345-10.705) modified toilets (OR 2.937, 95% CI 1.135-7.602) and ability to shower and change in privacy (OR 2.845, 95% CI 1.211-6.683) were significantly associated with safe menstrual health practices. Results from qualitative component were analyzed into four emerging themes.

Conclusion: Mothers' education level, modified toilets, ability to shower, and change in privacy were independently associated with safe menstrual health practices.

Recommendations: Unsafe menstrual health practices can be resolved through educating mothers on safe menstrual health practices. Policymakers should advocate for subsidized and appropriate sanitary. PWDs should be involved in the design and construction of WASH facilities that meet their needs.

Key words: Menstrual Health, Water, Sanitation, Hygiene

ABSTRACT 234: Enhancing COVID-19 vaccine uptake. The transformative impact of a house-to-house approach in Tanga region, Tanzania.

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Background: Global COVID-19 pandemic has profoundly affected economies and healthcare systems. A key defense against the virus is COVID-19 vaccine, which curbs transmission, lessens severity, and prevents deaths. Tanzania initially resisted vaccines due to safety concerns but shifted stance in July 2021. Collaborative actions involving the government and stakeholders aimed to boost vaccine acceptance, combating hesitancy rooted in misconceptions and cultural norms. However, challenges like misconceptions, cultural norms and limited access persisted, resulting in low vaccine uptake. By September 2022, Tanga region achieved only 35% coverage, lagging nationwide. To counter this, Amref Health Africa's Saving Lives and Livelihood project, collaborated with Tanzania Red Cross, World Food Program and local health authorities, deploying a house-to-house strategy. This approach addressed hesitancy via community health workers and expanded vaccine access to remote areas.

Implementation: To improve vaccination uptake and reaching national target quickly, Tanga region used different approaches during acceleration campaigns but mainly, house-to-house approach. House-to-house vaccination approach was a joint activity between healthcare workers, community health workers, political, religious leaders and influential people to promote COVID-19 vaccination by addressing hesitancy and other barriers to vaccine access in hard-to-reach areas. Vaccination activities were coordinated jointly by regional, council health management teams and implementing partners.

Lesson learnt: Fully vaccination coverage in adults >18 years of age increased from 35% in September 2022 to 110% in December 2022 based on national targets. Among fully vaccinated adults >18 years of age, 99.9% (1,071,840 out of 1,073,082) received J&J vaccine. Accurate vaccine information provided by community health workers enhanced trust and dispelled misinformation; additionally, tailored house-to-house visits increased vaccination coverage in hard-to-reach areas.

Conclusion/Recommendations: Acceleration campaigns were principally responsible for the increased COVID-19 vaccination uptake in Tanga region. A customized house-to-house vaccination strategy has proved effective in increasing vaccination coverage in under-performing and hard-to-reach areas

ABSTRACT 25: Pre-Exposure Prophylaxis adherence and its determinants among HIV negative partners in discordant relationships seeking care in machakos county hospitals

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Background: PreExposure Prophylaxis (PrEP) is a crucial biomedical intervention that can reduce rates of HIV transmission when taken once daily by HIV-negative individuals. Adherence is key for the effectiveness of HIV PrEP.

Objective: This study aimed at assessing PrEP adherence and its determinants among HIV negative partners in discordant relationships seeking care in Machakos County Hospitals.

Methodology: This was a cross-sectional study that was conducted using a self-administered questionnaire that was used to collect data and a sample size of 192 respondents out of 200 who were HIV Negative in a discordant relationship on PrEP was obtained. Data was analyzed using SPSS version 23 and displayed using chart and frequency tables. Binomial logistic regression and Chi Square statistical tests with a P value of ≤ 0.05 considered statistically significant.

Results: Majority of participants were male at 50.5%. and female at 49.5%. Mean age of participants was 35years (28-42). Adherence levels were assessed by the number of missed pills with those who missed <4pills per week considered to have good adherence to PrEP at 71.4%.

Determinants of adherence included being male, age between 21-40 years, tertiary level of education, employed, HIV testing every 3 months, fidelity in marriage and attending clinics as scheduled.

Conclusion: The findings of this study imply that proper follow up of clients on PrEP could significantly reduce HIV transmission rates contributing to the elimination of HIV by 2030.

Keywords: PrEP, adherence, discordant relationships

ABSTRACT 174: Menstrual Hygiene Management as a Business to Ensure Accessibility of Menstrual Hygiene Products in Schools

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Background: Menstrual Hygiene Management (MHM) is an important aspect of reducing early marriage through improving girls' school attendance, performance and completion, yet the situation in Ethiopia is very poor. According study by UNICEF in 2017, 81.4 % of adolescent school girls do not have to sanitary pads in their schools, while 22% of them are missing school due to menstruation.

Implementation: Amref Health Africa in Ethiopia implemented WASH & MHM project in 15 schools in Addis Ababa and Oromia with the intention to create MHM related business opportunity in schools and committed to reducing school absenteeism. The project used school WASH sustainability approach by constructing MHM facilities at the fence of the schools where some services opened to the inside for students and some opened to the external communities. The MHM safe space are with four classes of each used for shower, counselling, resting and local sanitary pad production and shopping for beneficiaries.

Outcomes: As a result of the implementation of the project more than 18,000 school girls accessed MHM safe spaces. All MHH safe spaces are equipped with sewing machine and furniture for the production of reusable sanitary pads. 34 people from 15 schools selected & trained on pad production and created MHM business in schools. Thirteen of these schools now have started production of pads and selling with affordable price to the girls. Creating accountability and training school directors and Parent Teachers Association (PTAs) to budget for fully working MHM safe spaces was one of the lessons learned from the project.

Conclusions and recommendations: In conclusion, creating MHM business even in schools is possible and can be a means to ensure sustainability of WASH & MHH services. Government and other stakeholders need to scale up this business approach; and schools should also maintain the services and expand the business

ABSTRACT 278: The Burden, Clinical Presentation and Clinical Outcome of COVID- 19 Among Children Under 13Years Admitted at Kenyatta National Hospital Between September 2020 and August 2022

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Background: SARS-CoV2 causes the respiratory illness, COVID-19. The COVID-19 pandemic was a pertinent issue that had to be dealt with across the world. In Kenya, the first positive case was confirmed on March 13th 2020. The broad objective was to assess the burden, clinical presentation and clinical outcomes in children under 13 years hospitalized with COVID-19 at Kenyatta National Hospital between September 2020 and August 2022. The burden of COVID-19 in children in developing countries has not been well studied; hence the study addresses this knowledge gap.

Methods: The study setting was Kenyatta National Hospital with cross sectional survey based on a retrospective chart review as the study design. The target population consisted of children under 13 years who were admitted with a diagnosis of COVID-19 confirmed using Nucleic Acid Amplification Test. Using Andrew Fisher's formula, the expected sample size was 171 patient records. Data was collected from medical records of patient files. A case record form was used to ABSTRACT relevant information to the study and crosscheck it to ensure completeness and accuracy. A confidential log that links patient files to study data was kept enabling verification of data during analysis. Microsoft Excel was used for data storage and analysis.

Results: There were 140 children under 13 years admitted at Kenyatta National Hospital with COVID 19 between September 2020 and August 2022. The most common clinical presentations were sore throat, fever and cough respectively. Clinical outcomes were poor with a high case fatality rate, high ICU admission and long hospital stay.

Conclusions and Recommendations: Of importance was early diagnosis and treatment at the primary point of care to help reduce severity of clinical outcomes. To help curb spread of the disease, family member screening would be paramount as this would be the first point of contact.

ABSTRACT 68: What makes community health worker models for tuberculosis case finding work? A cross-sectional study of TB to identify success factors for increasing case notifications

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Background: In the arena of tuberculosis (TB), Community Healthcare Workers (CHWs) have been involved for advocacy, case detection, and patient support in a wide range of sceneries. Evaluations predict large-scale shortfalls of healthcare workers in low- and middle-income settings by 2030 and plans are needed to optimize the health workforce to attain universal accessibility and availability of healthcare. Stop TB Partnership's TB REACH initiative has supported interventions using CHWs to deliver TB care in all 7 sub-counties within Kisumu county, and utilized the same primary pointer to measure project impact at the population-level for all TB active case finding projects, which makes the results comparable across multiple settings. This study compiled of implementation data from the initiative's grantee network to begin to address key knowledge gaps in CHW networks.

Methods: I conducted a cross-sectional study analyzing the TB REACH data repository (n=123) and primary survey responses (n=50) of project implementers within Muhoroni sub-county for a period of January, 2021 to December, 2022. I designed a survey based on WHO guidelines to understand projects' practices on CHW recruitment, training, activities, supervision, compensation, and sustainability.

Results: Most projects employed CHWs for advocacy along with case finding and holding activities. Model characteristics associated with higher project impact included incorporating e-learning in training and having the prospect of CHWs continuing their responsibilities at the close of a project. Factors that trended towards being associated with higher impact were community-based training, differentiated contracts, and non-monetary incentives.

Conclusion: In line with WHO guidelines, our findings emphasize that successful implementation approaches provide CHWs with comprehensive training, continuous supervision, fair compensation, and are integrated within the existing primary healthcare system. However, we encountered a great degree of heterogeneity in CHW engagement models, resulting in few practices clearly associated with higher notifications.

Keywords: Tuberculosis, Community workers, TB.

**ABSTRACT 204: Retention of Men who have Sex with Men on prevention intervention in a highly stigmatized nomadic Community
A case of Lodwar town, Turkana County**

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Background: Men who have Sex with Men are men who either have anal sex with men only or have anal sex with men and vaginal sex with women. In Kenya, they bear a heavy HIV/STIs burden and remain criminalized. For the first time in Kenya in more than a decade, number of new HIV infections has increased in 2021 by 7.8%, from 32,027 in 2020 to 34,540 in 2021, with HIV prevalence among MSM being at 19%. If not identified, MSMs pose a threat of continued infection spread, with studies showing that approximately 80% of MSM are bisexual. NASCOP size estimation exercise revealed 450 MSM in Turkana county, where it is culturally believed to be non-existent, with a stigma index of 59%, thus making it hard to reach to this population. This study therefore endeavored to establish enrolment and retention of GBMSM

Methodology: MSM were identified for enrolment through hybrid peer education, and snowballing. Through flexy programming, scheduled quarterly follow-ups were done. Service provision was either at the Drop In Center, or hotspots (places where MSM convene for solicitation or actual sex work) by MSM friendly service providers comprising of a clinician, HTS provider and field officer.

Results: 358 MSM were offered interventions between October and December 2022. On subsequent visits, 355 and 350 MSM were offered services at months 3 and 6 respectively. This represented more than 90% retention of the cohort that previously received prevention interventions. We sustained positive gains and by June 2023, we have a stable cohort of 451 GBMSMs

Conclusion: It is feasible to enroll and retain GBMSMs on prevention interventions, amidst homophobic environment, more so hard to reach/hidden GBMSMs.

DAY 2: POSTER PRESENTATIONS

Track 2.2 Livelihoods

ABSTRACT 299: Empowering Communities for Malaria Control: Evidence -Based Strategies In Strengthening Primary Healthcare A Case Of Kenya Malaria Youth Corps.

Faith Nkakai¹ | ¹Kenya Malaria Youth Coprs, Mombasa, Kenya | Kenya | Best Practice.

Abstract: In our presentation, we delve into the impactful role played by the Kenya Malaria Youth Corps in evidence-based interventions that combat malaria and enhance community health across Africa. These interventions strategically address Social Determinants of Health (SDH), significantly shaping healthcare systems and fostering lasting health transformations.

Background: The Kenya Malaria Youth Corps has actively engaged in empowering African communities to combat malaria by addressing crucial social determinants of health. By focusing on factors such as employment, income inequality, social support, and resource accessibility, our efforts have influenced health outcomes and reduced disparities.

Implementation: Our collaborative approach, uniting healthcare providers, NGOs, and local stakeholders, has enabled the implementation of a comprehensive strategy. We have facilitated community health education, promoted income-generating activities, and enhanced access to vital resources, including insecticide-treated bed nets and antimalarial drugs.

Outcomes: The outcomes achieved through our intervention have been remarkable. Malaria incidence rates have witnessed a significant decline, and community health engagement has surged. Valuable lessons have been learned, emphasising the pivotal role of community participation, the necessity for sustainable income-generating initiatives, and the importance of tailored interventions.

Conclusions and Recommendations: In conclusion, the Kenya Malaria Youth Corps has demonstrated the effectiveness of evidence-based strategies in addressing SDH, strengthening primary health care, and advancing lasting health change in Africa and beyond. We advocate for the

expansion of community-centred interventions, fostering greater collaboration among stakeholders, and the integration of income-generating activities into healthcare programs. This holistic approach is a beacon of hope for malaria control and sustainable health improvements in resource-constrained settings.

ABSTRACT106: Health Equity in Hard-to-Reach Communities in Nigeria's Abia State: An Asset-Based Community Development Intervention to Influence Community Norms and Address Social Determinants of Health

Jonathan Ajuma¹, Chinasa Imo², Mario Banuelos³ Queen Chikwendu¹, | ¹Innovation Hub for Inclusiveness, Empowerment and Social Development (SieDi-Hub), Umuahia, Abia State, Nigeria, ²University of Chicago, Chicago Illinois, USA, ³Empower Next Generations, Washington State, USA | Nigeria |Scientific.

Background: Sociocultural norms primarily influence the health-seeking behavior of populations in rural communities. Socio-cultural perceptions of diseases in the Nkporo community, Abia State, Nigeria, run counter to biomedical definitions, relying heavily on traditional medicine and practices. Most local mothers attribute their health conditions and those of their children to witchcraft attacks, the hand of God, and ancestral underlining, and that influences their perception of antenatal and postnatal care, their response to children's illnesses, immunization, and nutrition.

Method: Adopting an asset-based community development model to address health's normative and social determinants, a qualitative approach was used to conduct a community health-needs-baseline-assessment, involving focus group discussions with 25 youths aged 18-25, semi-structured interviews with 10 officers-in-charge of primary health centres, 8 ward health committee members, and 9 community leaders. We designed an intervention program to implement and evaluate this project.

Results: The priority needs identified by the communities were malaria, a lack of clean drinking water, and the need for behavioral change information. The study highlighted the significant influence of youth on their peers, family, and community as caregivers and language interpreters. Based on the findings, SieDi-Hub collaborated with the Abia State Ministry of Health, the State Primary Healthcare Agency, and Empower Next Generations to design a one-year "Community Health Youth Champions Pilot Program." Twenty (20) youths were trained and

equipped to champion a participatory approach to bridging the gap between access, and delivery of primary health care.

Conclusion and Recommendation: Youth are central to achieving this goal as they constitute vulnerable community populations and caregivers. To achieve efficient and inclusive primary healthcare, practitioners must address current conditions and reconcile with local cultures. The asset-based community development model is one tool that can be used, and this article shares the ongoing lessons of this intervention in behavioral change strategies for young people.

ABSTRACT 92: Right to Health Of Transgender People Living With Hiv In Nairobi Kenya

Steve Mazitsa¹, Ibrahim Lwingi¹, | ¹PHDA, Nairobi, Kenya | Kenya |Scientific.

Background: National AIDS Control Council (NACC) estimates that 1.4 million people are living with HIV/AIDS in Kenya today and Transgender PLHIV are among them. This was recognized that HIV/AIDS elevates highly through Human Right Issues. Many human rights are relevant to HIV/AIDS, such as the right to freedom from discrimination, freedom of expression, the right to life, equality before the law, the right to privacy and the right to the highest attainable standard of health among Transgender PLHIV.

Methods: Sex workers Outreach Program (SWOP) has 10 sites across Nairobi serving female sex workers, men who have sex with men and Transgender women, Conducting demand creation for HIV services and sexual reproductive health research. In 2021 transform clinic one of swop clinic started offering services to transgenders, since universal access to care and treatment is also an important component of the right to health for TG persons living with HIV/AIDS.

Results: We have enrolled more than 1000 clients and have 700 active clients that come to access services quarterly. We have 156 clients on PrEP which is 52% and 58 clients who are on care which is 30%.80% of the active clients come for STI treatment frequently.

Conclusion: The stigma and discrimination they are suffering from in society and public places make them more vulnerable to HIV infections. HIV/AIDS pandemic, stigma and discrimination among sexual orientation are widely acknowledged.

Recommendation: Further Lessons and studies should be warranted in Nairobi to positively elevate all factors of health rights among Transgender PLHIV. Furthermore, there should be special clinics in the local area where Transgender PLHIV can access medical services and

get access to ARTs. It is important to ensure the availability of medicines and strengthen HIV prevention by providing commodities, HIV-related information that can prevent Anal sex transmission.

ABSTRACT 159: Social Determinants of Health, A Case Study on Livelihoods and Health outcomes at Migori County Referral Hospital.

George Oyuch¹, Duncan Arunda¹, | ¹Migori County Government, Migori, Kenya | Kenya | Scientific.

Background: Migori County Referral Hospital (MCRH) serves as a primary healthcare facility in the Migori region, a place often challenged by socio-economic factors that significantly impact residents' health. The study aimed to understand the delicate relationship between livelihoods and health, considering factors such as employment opportunities, income inequality, social support, and access to essential resources.

Methods: A mixed-methods approach was adopted, combining both qualitative and quantitative data collection techniques. A structured survey was administered to 50 patients visiting MCRH over three months. This was complemented by in-depth interviews with 50 households to get a comprehensive view of their socio-economic status and health outcomes.

Results: The study found a strong correlation between health outcomes and employment status, with those unemployed reporting poorer health indicators. Income inequality was severe, with the top 10% of earners in Migori having access to better healthcare and nutrition than the bottom 40%. Social support played a pivotal role in health outcomes. Families with strong community ties and social networks reported better mental and physical health. Access to essential resources like clean water, sanitation, and nutritious food directly influenced the health status of the residents, with those lacking access more prone to diseases.

Conclusions: Livelihood factors are linked to health outcomes in Migori. Income inequality, lack of employment opportunities, and inadequate access to essential resources are primary drivers of health disparities. A holistic approach, considering socio-economic determinants, is necessary to improve health outcomes in the region.

Recommendations: 1. Implement community-based programs to strengthen social support networks. 2. Ensure equitable distribution of health resources in the county, with emphasis on marginalized areas. 3. Launch public health campaigns focusing on the importance of access to clean water, sanitation, and nutrition

ABSTRACT 254: Uptake of COVID-19 vaccine among persons living with HIV on antiretroviral Therapy, Siaya County, Kenya.

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Background: Vaccination against SARS-CoV-2 has played a large role in efforts towards bringing the COVID-19 pandemic under control. Hesitancy to accept vaccines remains common while little is known about COVID-19 vaccination uptake among PLHIV in high HIV burden counties, such as Siaya County, western Kenya.

Methods: Data on vaccination status for PLHIV receiving care at 22 health facilities in Siaya was ABSTRACTed between October 2021 and January 2023 from Electronic patient medical records and verified against the national data warehouse reports. Descriptive summaries were used to describe the data, logistic regression used to determine association between immunization status and demographic characteristics.

Results: Of 12,330 PLHIV active on ART, data for 91% (11,110) was verified. Of these, 91% (10,096) were fully vaccinated, 4.6% (524) partially vaccinated, 3.0% (335) not vaccinated, while 1.4% (155) had unknown vaccination status. Median age was 42 years (interquartile range [IQR]: 34,52). There was greater uptake among 25-49 years, (Odds Ratio (OR): 2.42; 95% Confidence Interval (CI) 1.86-3.14; p-value <0.001), and 50+ yrs. (OR: 2.77; 95% CI 2.09-3.67; p-value <0.001). Males had lower uptake (OR: 0.62; 95% CI 0.55-0.71; p-value <0.001). Among the verified, 9.2% (1,023) were not virally suppressed, of whom 85.6% (876) were fully vaccinated, 6.3% (64) partially vaccinated, 5.6% (57) not vaccinated, and 2.5% (26) had unknown vaccination status. There was no significant association between time on ART and COVID-19 vaccination uptake (AOR:1.02; 95% CI 1-1.04; p-value -0.056).

Conclusion: More client-focused and targeted approaches may be needed to increase vaccine uptake needs by age and sex among PLHIV. While the majority of the non-suppressed VL had been fully vaccinated against COVID-19, the results indicate that PLHIV who are not vaccinated and those with unknown vaccination status may benefit with adequate information, access to vaccines, and targeted reviews to identify their gaps and needs.

ABSTRACT 141: Prevalence of Tuberculosis Disease in Ndhiwa Sub County

Thomas odera¹, Joel Nyaema¹, | ¹Ndhiwa, Kenya | Kenya |Scientific.

A Statement of problem: Tuberculosis (TB) disease is caused by a bacterium called Mycobacterium tuberculosis. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal especially in people living with HIV/AIDS. The purpose of this study was to establish the prevalence of TB infection in patients analyzed at Ndhiwa sub county Hospital Laboratory Hub who presented with cough of any duration. The hospital is located in Homa-bay county. Sputum and Stool samples were collected and examined on GeneXpert real time Machine for detection of TB in the laboratory. From the study, it established that the prevalence of TB is 3.0% for general population, with ages 16 - 50 years mostly affected (55%) followed with >50 years (27%) and <15 years (18%). The study also established that out of stool samples for paediatrics analyzed 50% turned out positive for the Mycobacterium Tuberculosis bacilli.

Study Design: Cross-sectional study design was used in data collection where by single Sputum and stool examination/tests were carried out to generate the prospective data. Study Sample It comprised of all the sputum/ stool samples sent to the hospital laboratory for GeneXpert analysis. Study Variable. The study had M. Tuberculosis as the dependent variable while the independent. variable was age group. Sample Size A sample size of 270 patients were obtained.

Conclusion: Community approach to TB/HIV diagnosis is key in case identification and should be advocated to reach the patients with stigma of visiting health facilities and constrained with transport cost to facilities for health services. Universal health coverage should be embraced.

ABSTRACT 18: Housing as a social determinant of health.

Pauline Omutere¹, Lordlaro Lidoros ¹ | ¹Maseno University, Kisumu, Kenya | Kenya |Scientific.

Background: The conditions in which people grow, live, work and age have a major influence on their health and health inequities for instance, the unfair and unavoidable differences in health status within different countries. Health and illness follow a social gradient; the lower the socio-economic position of a country, the poorer the health of its citizens. Housing is influenced by other structural determinants which include policies, politics, and income. These determinants tend to shape the wellbeing of people. This research describes the nexus between housing policies and health in Kenya, UK and Singapore. It demonstrates the contextual factors impacting on the health policies developed.

Methodology: Comparative policy analysis was conducted in 3 countries, Kenya, UK and Singapore to determine the extent at which housing policies affect the health of the citizens. This research aimed at demonstrating how data approaches are being applied to understand the impact of housing on health.

Results: Kenya: The research focused on informal settlement and its impact on health. It revealed that 61% of urban residents live in informal settlements, which are overcrowded, insecure and have a limited access to safe water. Child mortality was also identified as a great menace in the slums. Overurbanization, rural- urban migration and unemployment in rural area among others were the reasons for increased slums. Singapore: About 78% of its citizens live in public housing estates and 94% of the citizens are home owners. UK: Homes in UK are either owned by private or social landlords.

Conclusions and Recommendations: The strong correlation between housing and health clearly describes the importance of Health in all Policies (HiAP) approach; collaborative approaches targeting the social determinants of health. Targeted interventions such as slum upgrading and housing levies for the government housing fund will be of great essence in solving this challenge.

ABSTRACT 136: Widows Economic Challenges Contribute to their delay in Accessing Primary Health Care Services

Zilpher Audo¹ | ¹Smart widows Support System, Nairobi, Kenya | Kenya | Best Practice.

This paper interrogates the relationship between livelihood opportunities of widows in low income brackets within informal settlements and their ability to seek Primary Health Care. Due to financial disadvantage, most widows in low income settlements have to balance between seeking medical attention for symptoms of various ailments and going out to look for menial jobs to provide livelihood for their children. This deny them the opportunity for early detection and treatment which is crucial in preventing, managing, and curing many diseases. Early detection and treatment has proved to lead to better treatment outcomes, as the disease may be in its initial stages, making it more responsive to treatment. This may as well prevent the disease from progressing, reducing the risk of complications and improving long-term health. It is a fact that early detection and treatment are generally less costly than treating advanced stages of disease, which may require more invasive treatments or hospitalization and, reduces the need for expensive diagnostic tests, such as MRIs or biopsies. In the process save lives particularly in cases of cancer, heart disease, and other life-threatening conditions. It is therefore worth noting that there is direct relationship between economic status of widows and their health care service seeking behavior. There is further compelling evidence that collaboration from all actors at community level is key in realizing access to primary health care services. It is therefore important for health care providers to consider economic empowerment/ livelihoods strengthening a key component in Widows well being

ABSTRACT 219: The Role of Livelihood Security in Promoting Health in Kenya

Mutua Patrick¹ | ¹Kenyatta University, Nairobi, Kenya | Kenya | Best Practice.

Livelihood is the ability to maintain a standard of living that meets one's basic needs for food, shelter, clothing, and healthcare. In Kenya, livelihood is a key determinant of health. People with secure livelihoods are more likely to have access to adequate food, water, sanitation, and healthcare, all of which are essential for good health. They are also more likely to have the resources to cope with health shocks, such as illness or injury.

On the other hand, people with insecure livelihoods are more likely to experience poverty, hunger, poor housing, and limited access to

healthcare. These factors can all contribute to poor health. In addition, people with insecure livelihoods may be more likely to engage in risky behaviors, such as smoking, drinking alcohol, or drug use, which can also have a negative impact on health.

Furthermore, there are a number of factors that can affect livelihood security in Kenya, including: Poverty: Poverty is a major determinant of livelihood insecurity in Kenya. Secondly, Unemployment: Unemployment is another major determinant of livelihood insecurity in Kenya. Thirdly, Gender: Women are more likely than men to live in poverty and experience unemployment in Kenya. Finally, Disability: People with disabilities are also more likely to live in poverty and experience unemployment in Kenya.

However, there are a number of interventions that can be implemented to improve livelihood security and health in Kenya. These interventions include: Promoting economic growth: Economic growth can create jobs and increase incomes, which can help to reduce poverty and improve livelihood security and also Investing in education and skills development: Education and skills development can help people to find better jobs and earn higher incomes.

By improving livelihood security, we can improve the health of people in Kenya and create a more equitable society.

ABSTRACT233: Improving Adolescent Sexual And Reproductive Health Outcomes Through Life And Vocational Skills Enhancement; Lessons From The Binti Shupavu Project - Homabay County.

David Ongiri¹, Charles Orora¹, Peris Waitthaka¹ | ¹Population Services Kenya, Nairobi, Kenya | Best Practice.

Background: Findings from The KDHS 2022 Indicate That Teen Pregnancies in Homabay County Are At 23%; An Indication that the Adolescent Sexual Reproductive Health Needs Remain Unmet Amongst This Age Cohort. A Meta-Analysis, Using Findings from The KDHS 2022 Indicate That Teenage Women in The Lowest Wealth Quintile Are More Likely To Become Pregnant Than Women In The Highest Wealth Quintile. The Percentage of Women Who Become Pregnant Decreases From 21% Among Those In The Lowest Wealth Quintile To 8% Among Those In The Highest Wealth Quintile. About 4 In 10 Women Aged 15-19 Who Have No Education Have Ever Been Pregnant, As Compared with Only 5% Of Women Who Have More Than Secondary Education.

Methodology: 1) A Key Touchpoint of The Program Is Life-Skills Training That Pushes Our Adolescent Girls And Young Mothers Beyond Just

Learning About Their Bodies, But Also Towards Feeling Empowered And Equipped With New Skills That Link Her To Economic Opportunities - Enabling Them To Feel Confident In Using Their Voice To Secure Their Future.

2) Gender Norms and Power Dynamics Play A Critical Role In Shaping The Reproductive Health Outcomes Of Young Women. As Such, The Program Employs A Gender Transformative Approach That Seeks To Challenge And Transform Harmful Gender Norms And Promote Gender Equity.

Achievements: In Health Facilities Linked To The Program, There Was An Increase In Young Women Receiving Contraceptives For The First Time Between Jan 2022 And July 2023 By Total Of 22,456, Which Accounts For (66%) Of The Total Adopters Within The Age Cohort Of 15-19yrs.

Recommendations: To Achieve Significant Impact On A Young Woman's Ability To Make Decisions About Their Own Reproductive Health And Well-Being And To Act On Those Choices, It Is Important To Avail Substantial Economic Empowerment Support While Maintaining Critical Linkages To Reproductive Health Services.

Track 2.3 Education

ABSTRACT 237: Factors Influencing Uptake Of Cervical Cancer Screening Among Female Students At Pwani University

Odhambo Ondielo¹, CHARLES ORORA¹, PERIS WAITHAKA¹ | ¹Pwani University, Kilifi, Kenya | Kenya | Scientific.

Introduction: Cervical cancer is a significant public health concern worldwide. Despite the availability of screening services, the uptake of cervical cancer screening among university students remains suboptimal.

Study objectives: To investigate factors influencing cervical cancer screening uptake among Pwani University students. To determine the proportion of students utilizing the cancer screening services in the university.

Methods: This study adopted a cross-sectional design using a stratified sampling technique sample of university students aged 18-28 years. The quantitative survey collected data on demographic characteristics, knowledge about cervical cancer and screening, awareness of

screening services, perceived barriers and facilitators, and intention to undergo screening. The data was then analyzed using SPSS version 25 software and the association between variables was presented using pie charts and tables.

Results: A total of 199 participants completed the questionnaire. About 59.8% had ever heard about cancer screening while only 8% had undergone the test. Correlation analysis showed that cervical cancer screening uptake had a significant relationship with factors such as knowledge gaps about cervical cancer, fear of results, perceived invulnerability, age of the student, and lack of social support. However, it had no relationship with the year of study and the student's residence.

Conclusion and recommendations: The study revealed a higher awareness of the existence of Pap smear screening tests among university students. However, this hasn't reciprocated in its uptake as only a few female students within the university students usually turn up for it. The variation comes as a result of age, school of studies, religion, and marital status. Therefore, there's a need to increase awareness through campaigns as well as adding the topic into the university's curriculum in common units which will later foster a culture of proactive healthcare-seeking behavior among university students.

ABSTRACT 04: Inclusion of Person-Centred Care in Kenyan Undergraduate Nursing Training-A Documentary Analysis of Moi University School of Nursing Curriculum

Brian Kipkoech¹, Charles Orora¹, Sally Keino¹ | ¹kenyatta National Hospital, Nairobi, Kenya | Kenya |Scientific.

Background: Quality health and well-being form part of the UN Sustainable Developmental Goals. Over time, there has been much emphasis on the need to achieve quality care to improve the overall quality outcome of care and client (in this context, the patient) satisfaction. Undergraduate training is an essential foundation for the achievement of a quality workforce. Objectives: To understand how patient-centered care is represented in the undergraduate nursing curriculum b) To identify approaches to PCC education in the undergraduate nursing curriculum.

Methods: This work applied qualitative document analysis research method to analyze the published curriculum for undergraduate nursing training at Moi University. An electronic search of these keywords in the document was used to capture the phrases, their location noted, and

the concept adopted. Since the curriculum was developed in American and British English, words were searched in both lexes. An individual document analysis was adopted before a critical filter of the components that make the person-centered care concept.

Results and conclusion: The curriculum acknowledge the position of all parties in care, the healthcare provider, and the clients at all times. There is a need to emphasize shared decision-making among the parties and the inclusion of both parties equally in care delivery. The nursing curriculum applies a subtler communication approach and assumes nurse-only decision-making. Developing a patient-centered care-oriented curriculum is essential for increasing competency and skills during teaching and assessing undergraduate students for most healthcare-related programs. Continued policy and curricula review to meet society's needs is necessary for delivering high-level quality care in all settings. Future policy documents, therefore, should be conscious of the gaps highlighted.

Kipkoech, B., & Keino, S. J. (2023). Inclusion of person-centered care in Kenyan undergraduate nursing training-a documentary analysis of Moi University School of Nursing curriculum. *East African Medical Journal*, 100(3), 5732-5738.

ABSTRACT 176: Menstrual Hygiene Management Barriers and Enablers In Western Kenya: Assessment By Usaid-Funded Western Kenya Sanitation Project

Neville Okwaro¹, Faith Masika¹, Bill Okaka¹, Paul Orengho¹ | ¹USAID Western Kenya Sanitation Project, Kisumu, Kenya | Kenya | Scientific.

Despite interventions to improve menstrual hygiene management (MHM) in western Kenya, girls and women continue to face a myriad of problems on managing their menstruation. Through a baseline assessment, the USAID-funded Western Kenya Sanitation Project (USAID WKSP) sought to (i) assess women's and girls' current menstrual experiences and practices and their role as enablers or barriers to good menstrual management practices in Western Kenya, (ii) identify menstrual product preferences in each of the eight selected counties in Western Kenya, (iii) examine how MHM implementation strategies in Western Kenya interact with the political, social and economic ecosystems within which they are implemented, and (iv) explore menstrual waste management options and existing gaps in Western Kenya. A cross-sectional study design, conducted in the counties of Siaya, Busia, Kakamega, Bungoma, Kisumu, Homa Bay, Kisii and Migori, target groups were unmarried adolescent girls (10-19 years), married women of reproductive age (15-49 years) in households, men, and adolescent boys. Up to 41% of

women and 34% of girls did not know about menstruation before it started. The first source of information about menstruation was mainly from teachers (53%), and 17% of women and 62% of girls missed an activity because of menstruation. Menstrual pain was the main reason for missing activities (50%). The most used materials were disposable or single use pads (88%) for women and 96% for girls. The choice of menstrual hygiene material was based on safety (54%), cost (18%) and availability (17%). Up to 21% of women and girls changed menstrual hygiene products at least four times on the heaviest day of their last period. Only 37% washed their hands each time before changing MHM, while 83% washed their hands after changing MHM. 92% disposed used products in latrines. Low information, poor product disposal and poor hygiene impedes dignified menstrual hygiene management.

ABSTRACT 202: Factors Influencing Social Determinants of Health among Youths Between 21 to 35 years Living in Makadara in Nairobi, Kenya.

Knight Kalekye¹, Beryl Oborah¹ | ¹Amref International University, Nairobi, Kenya | Kenya | Scientific.

Background: Globally, food insecurity, unemployment, accessibility to affordable decent healthcare services, and air and water pollution are the leading factors influencing social determinants of health among the youth. This is widely prevalent in Kenya with Makadara Constituency leading in the number of youths who cannot afford access to healthcare services due to either unemployment or other related social determinants of health (Gatehi, 2022). This study aims to address the gap by investigating how the social determinants of health can be curbed through evidence-based interventions and contribute to wide health disparities and inequities.

Objective: The objective of this study is to assess the social determinants of health factors among youths between 21 to 35 years living in Makadara, Nairobi, Kenya.

Methods: The study will employ a cross-sectional study using a structured questionnaire to collect both quantitative and qualitative data, which also will be employed through in-depth interviews and focus group discussion. The study population will include youths in households and communal areas. A systematic sampling method targeting a sample size of 520 youths aged between 21 to 35 years will be conducted. Data collected will be analyzed using univariate and multivariate analysis.

Results: The study aims to provide relevant and practical information that will apply to Makadara youths towards achieving a balance of the social determinants of health versus management of NCDs that may affect the considered age group. The results will also find a correlation for more research that will apply in future references.

Conclusions and Recommendations: Social determinants of health have been a major factor in research, and this has prompted several organizations to come together to curb related diseases and conditions. Therefore, the findings of the study will recommend and encourage behavior change and positive attitudes toward achieving health for all as per the Alma Ata Declaration 1987.

ABSTRACT 109: IoT-Enabled Healthcare Systems in Africa: Improving Security And Privacy Through Machine Learning And Ethical Considerations

Amilola Oni¹, Emmanuel Arshad¹, Pham Bich Ngoc¹ | ¹Vietnam National University-International School, Hanoi, Vietnam | Vietnam | Scientific.

With the proliferation of Internet of Things (IoT) devices, healthcare has greatly benefited from remote monitoring, remote diagnostics, and personalized treatment. It is important to note, however, that this integration of IoT devices, which is also known as the Internet of Healthcare Things (IoHT), presents significant challenges in terms of Cybersecurity.

This research is directly oriented towards the application of machine learning techniques in order to enhance the security of IoT-enabled healthcare systems. Adding to its machine learning power, this research seeks to detect and cushion potential threats posed by unauthorized access, data breaches, and device manipulation that fortify the foundation of IoHT. The study devotes a concerted effort to build strong anomaly detection models that can tell normal device behavior from abnormal patterns, thus ensuring early identification of security breaches. It then explores techniques for protecting the patient's privacy during data sharing and evaluates the potential of federated learning for diagnostics and devises methods to counter adversarial attacks. Further, ethical considerations and regulatory compliance in the use of machine learning for healthcare security are investigated. The health care data is to be safeguarded as well as ensuring uninterrupted quality medical services delivery in a truly interconnected health care landscape.

Track 3.1 Adolescents & Sexual Reproductive Health

ABSTRACT 73: Adolescents and Young People Teen Mothers Program Success at Rachuonyo District Hospital, Homabay County 2023.

John Ndungu¹, Effie Obiero¹, Ruth Vellemu¹, Penninah Mauda¹, Oliver Mito¹|¹AHF-Kenya, Homabay.| KENYA| Best Practice

Background: The adolescents and young people (AYP) aged 10 years to 24 years form a large proportion (34%) of Kenya's population. AIDS Healthcare Foundation among other key players in Kenya has prioritized the implementation of an AYP project geared towards supporting and offering health services to this youthful population.

According to Kenya Demographic and Health Survey report, Homabay County has 24 percent prevalence in teen pregnancies while HIV prevalence is 19.6 percent.

Objective: To eliminate unintended pregnancy, new HIV infection and school dropout amongst teen mothers enrolled in the Adolescents and young person program in Rachuonyo District Hospital by 2023.

Methodology: 20 teen's mothers were enrolled in a teen mothers AYP group. The members of the group were to be followed up for a period of 2 years during which they were to be provided with health empowerment messengers' during their monthly group session. The members were also provided with AYSRH services, retention to care and viral suppression, empowered through their guardians to go back to school, empowered on income generating activities, and table banking.

Results: Amongst the 20 AYP teen mothers enrolled 3 were HIV infected while 17 were HIV negative which represented 15% and 75% respectively. All the 20 (100%) AYPs had dropped out of school by the the time of enrollment with 4 (20%) having being married. By the end of two years AYP follow up: 7 (35%) AYPs had gone back to school, 14 (70%) were trained on income generating activities and table banking. There 100%(3) viral suppression and retention to care and 100% delayed second pregnancy.

Conclusions, recommendations, and implications: Safe space and regular provision of health messages and targeted AYSRH services to AYP improves overall AYP health outcomes. Guardian involvement is vital.

ABSTRACT 211: Stakeholders Involvement In Upscaling Menstrual Hygiene Through Sanitary Pads Distribution To Adolescent Girls In Jomvu Kuu Ward, Jomvu Sub-County.

Lucy Ngemu¹, Nellie Tinde¹¹Department of health, Mombasa, Kenya| KENYA| Best Practice

Background: Stakeholder Involvement Is Key In Identifying And Engaging People And Groups In Provision Of Sanitary Pads And Educating Adolescent Girls On Menstrual Hygiene Management (MHM). Jomvu Kuu Is Characterized By Families Living Below The Poverty Level Where Provision Of Sanitary Pads Is Not Prioritized And This Affects The General Health (Susceptible To Infections)Dignity Of The Girl Resulting To Absenteeism And Poor Performance In School. A Girl Misses 1-3 School Days, 8- 24 Days Per Year Which Is 11% Of Schooling Missed Due To Menstrual Periods (IRC 2013). Menstrual Hygiene Management Plays A Major Role In Enabling Girls And Women Reach Their Full Potential, Improve Their Health And Empowerment. To Effectively Manage Menstruation, Girls.And Women Require Access To Clean Adequate Water, Hygienic Sanitary Facilities, Affordable And Appropriate Menstrual Hygiene Materials, Information On MHM And Supportive Environment Where They Can Manage Menstruation Without Embarrassment Or Stigma (WHO/UNICEF - Joint Monitoring Programme 2012, Menstrual Hygiene Management)

Implementation: In Jomvu Sub-County 13 Public Health Officers And 100 Teachers Were Trained On MHM. The Phos Visited 50 Schools And Reached 3500 Learners With The Message. The Learners Reached Their Fellow Learners With The Message. eacher To Provide Sanitary Bin In Girls Toilets.Distribution Of Pads To 2500 Girls

Outcome: Here Was Reduction In Absenteeism During Monthly Periods, Teachers Started Providing Sanitary Bins In Girls Toilets, Boost In Confidence And Engagement Of Learners.

Conclusion And Recommendation: With MHM Skills , Reduce Ld Absenteeism Reduced Infections, Good Waste Management, The Girls Registered Improved Grades.More Research Is Needed For Affordable And Sustainable Solutions For MHM Sensitization And Supply Of Materials.

ABSTRACT 155: Sports - A Platform For Captive and motivated dialogue for Adolescents SRHR Knowledge Acquisition and service uptake

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Background: Life skills, health, confidence, and positivity can all be enhanced through physical activity and sports. Essential skills like teamwork, communication, and problem-solving are inherent in sport; and sports teams are a lab where sexual and reproductive health and rights (SRHR) can be taught through play and social learning. Amref Malawi implemented a Journey4life program in Mangochi district that integrated sports (games) as a tool to reach adolescent boys and girls in hard-to-reach areas with SRHR messages and services.

Implementation: District health statistics showed that few young people were visiting health facilities to access SRHR services. Some of the reasons included the negative attitude of healthcare providers in the facilities, and fear of their parents and peers seeing them visiting the facilities. To increase the number of youths reached with SRHR services, the project implemented youth open days which were integrated with various sporting activities and outreach clinics. The project used these platforms to disseminate SRHR messages and provide integrated SRHR services to young people.

Outcomes: The project registered a 25% increase (from 73% at baseline to 98% at end-line) on basic SRHR knowledge and a 190% achievement in SRHR service uptake among the targeted boys and girls in the project sites.

Conclusions and recommendations: Limited access to appropriate sexual and reproductive health information and services amongst adolescent girls and boys is one of the contributing factors to unintended pregnancies and early marriages. Sport tournaments are important platforms where SRHR messages and services are delivered to young people.

Key Words: Sports, SRHR Services, Young People

ABSTRACT 177: Harmonising Government Policies on Adolescents' Sexual Rights /Project Requirements/Ministry Of Health Guidelines And Adolescents' Life Circumstances

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Background: Adolescents, constituting 16% of the global population, are pivotal to achieving UN Sustainable Development Goals by 2030. Despite their significance, SRH interventions often overlook their comprehensive health needs thus high HIV incidence, unwanted pregnancies and a high rate of STDs/STIs. Discrepancies between government policies, MOH guidelines, project requisites and circumstances have confused adolescents and health workers in their demand as well as SRH service provision respectively. MOH policies advocate abstinence for under-18s, while HIV guidelines permit testing from age 12 and PrEP from 15 and circumstances like forced marriages and peer pressure introduce adolescents to sex at unspecified ages. Our focus is to unify the age criteria for accessing the above services and integrate SRH into all of them

Methodology: 40 One-on-one interviews assessed the outcome of SRH ignorance on adolescents aged 10-19 where 20 were on ART, 10 on PrEP and 10 teenage mothers. This was aimed at assessing how SRH exclusion has affected them and what interventions can be put in place

Results: Among ART adolescents, 6 acquired HIV due to condom inaccessibility, 5 lacked condom knowledge, 4 were introduced to sex by naive peers, 5 were uninformed about SRH rights like saying no to sex. Among PrEP users, 3 engaged in risky behaviour, safeguarded against HIV but not other STDs, 5 faced condom refusal by older partners, 2 found dispensers empty. Of teenage mothers, 3 were denied family planning due to age, 4 lacked SRH awareness, 3 said condoms were too big.

Conclusion: Current interventions inadequately address sexually active adolescents. While abstinence is preferred, integrating services for sexually active individuals is crucial.

Recommendation: Align policies, guidelines, and project requirements to unify age criteria, conveying consistent messages. Healthworkers should be less judgemental when offering SRH services to adolescents. They also recommended that the condom size should be adjusted.

ABSTRACT 228: Understanding Barriers To Adolescence Access And Utilization Of Sexual Reproductive Health Services In Ugunja Sub County, Siaya -Kenya

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According to the United Nation, SRHR, though profoundly conceptually relevant to all Kenyans, are often practically irrelevant to their day-to-day lives because of the barriers experienced when accessing quality RH services at health facilities. Inadequate access to health information and services and inequitable gender norms, contribute to a lack of knowledge and awareness about puberty, sexuality, basic human rights, provider's attitude, confidentiality and stigma. It is on this ground that the Ugunja Development Initiative conducted a study to understand barriers to adolescents' access and utilization of SRHR information and services within Ugunja Sub County, Siaya County-Kenya.

The study adopted the use of questionnaires and social media interactions in data collection. A total of 150 adolescents were randomly selected to participate in the study and 30 questionnaires were administered to adolescents and two interactive social media sessions with a return rate of 80%. Data was coded and analyzed using an Excel sheet.

Of the 150 adolescents, 69% were girls while 31% were boys. From the study, the respondents highlighted a lack of trust among HCWs, stigma, inaccurate SRHR information, delay in services and lack of YFC for integrated comprehensive SRHR services socioeconomic, religious beliefs, few trained young service providers, waiting time and lack of integrated adolescents and youth services as major gaps in accessing SRHR services as the major issues that affect the adolescents in accessing SRHR Services.

Integrating comprehensive sexuality, friendly interactive education and service delivery including support for menstruation products and social media campaigns, parents and teachers training on adolescents' needs and retrogressive norms are key to improving adolescents' access to SRHR. I therefore recommend the adoption of strategies to promote the scale-up and sustainability of evidence-based SRHR programming. Establishing youth-friendly policies, facilities and competency-based training for HCWs is necessary for eliminating SRHR gaps.

ABSTRACT 13: Strengthening advocacy to reduce frequent uptake of Emergency Contraception Pills (ECPs) among students in higher learning institutions.

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Background: The uptake of emergency contraceptives among students has been on the rise in the recent past due to the rates of unprotected sexual behavior in the learning institutions. This behavior consequently, poses a great threat to their reproductive health. ECPs only prevent pregnancy while on the lower side, doesn't address the danger of STDs. Teratogenic and ectopic pregnancies, have also been linked to the frequent use of ECPs.

Methods: The study utilized a mixed-methods approach in both Sigalagala Polytechnic in Kakamega and Maseno University in Kisumu. Voluntary and anonymous questionnaires were used alongside interviewing to collect both quantitative and qualitative data. The target population was female students. The participants were sampled randomly to achieve a sample of 200 from each of the institutions.

Results: In both of the two institutions, the study identified that more than a half of the participants had used ECPs at least once, while a tenth had used ECPs twice every month in the past six months. Participants highlighted that they had planned unprotected sex more times than they had unplanned therefore, resulting into the use of ECPs. Furthermore, the use of ECPs was due to the fear of conceiving and not STDs or side effects. Some of them also used ECPs to back up failure of traditional methods such as withdrawal. The study also identified that most of the participants were misinformed about ECPs.

Conclusions and Recommendations: The risky sexual behavior in higher learning institutions continues to escalate due to insufficient information among teens and lack of targeted interventions to address this concern. Reproductive health should be integrated into all the learning curricula of higher institutions to incorporate information and behavior change of the long-term effects of ECPs. Female students should opt for long-term contraceptives and only use ECPs in real emergency situations.

ABSTRACT 114: Give A Girl A Hand, Stop Survival Sex and Reduce School Absentism

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Background: in many developing countries, girls often miss school during their menstrual periods due to a lack of access to affordable and hygienic menstrual products. . This puts them at risk of unwanted pregnancies, sexually transmitted infections (stis), and other health problems, in some communities in cameroon girls miss school during their menstrual periods due to a lack of access to sanitary pads. This leads to a higher risk of dropping out of school, which can result in survival sex as a means of income. Providing free sanitary pads to girls has been shown to reduce absenteeism and prevent survival sex. In some cases, girls drop out of school altogether due to the stigma surrounding menstruation and the lack of access to proper hygiene products

Methods: a study conducted in uganda found that providing free sanitary pads to girls reduced absenteeism by 17%. The study also found that girls who received free sanitary pads were less likely to engage in donations for example, free sanitary pads and reproductive health education to girls in kenya. The program has resulted in a 60% reduction in absenteeism among participating girls. This intervention aims to improve menstrual hygiene management among girls and reduce school absenteeism. It also aims to prevent girls from engaging in survival sex by providing them with a basic.

Conclusions: providing free sanitary pads to girls is an effective way to reduce absenteeism and prevent survival sex, which is shown to have a positive effects on their education and health outcomes and thus reduces school absenteeism among girls and improves their academic performance. It also reduces the risk of stis and unwanted pregnancies associated with survival sex. As stated by unicef, “menstruation is a natural process that should be managed with dignity, not shame. When girls can manage their periods with confidence.

ABSTRACT 300: Motorcycle Ambulance Transport Saving The Lives Of Pregnant Mothers And Children In Turkana South.

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Background: Pastoral Communities in Turkana County Are Constantly On The Move In Search Of Pasture And Water For Their Livestock Which Further Increases The Distance Between Them And Health Facilities Making It Challenging For People, Particularly Pregnant Women, To Access Health Services. Katilu Sub County Hospital, A Key Referral Hospital Is Located Approximately 184 Kilometers South Of the County Headquarters. The Rough and Sometimes Impassible Roads As Well As Lack Of Adequate Transportation Delay Access To Timely And Emergency Care. To Improve Timely Referral for Pregnant Women In The Community And Among Peripheral Facilities, The Irc With Funding Assistance From Unfpa, Piloted A Motorcycle Ambulance To Support Referral For Delivery And Emergency Care In November 2022.

Implementation: A Motorcycle Ambulance That Transports One Patient And An Outreach Medical Worker Was Designed With A Standard Front Suspension System, A “Roof” And An All-Weather Cover For Patient Protection. A Semi-Fowler Stretcher Was Added To Accommodate Distressed Patients And Expectant Mothers As Well. Emergency Calls From Households Or Outreach Sites Were Answered By Community Health Volunteers Who Were Trained To Drive Ambulances. Chvs Provided Basic Antenatal Care, Labor Onset Detection, Identification Of Pregnancy Danger Signs And Initiating Referrals. Moh “Linda Mama” Funds Covered Operational And Maintenance Costs, Ensuring 24-Hour Operation. Ambulance And Referral Logs Were Monitored.

Outcomes: 38 Pregnant Women Benefited From The Motorcycle Ambulance Services Over The Last 9 Months (November 2022 -July 2023). 4 Lives In Critical Danger Were Saved. In-Depth Analysis Of Referral Cases, Client Outcomes And Client Feedback Are Ongoing And Will Be Updated By The End Of October.

Conclusion: The Motorcycle Ambulance Is A Promising Local Solution That Can Significantly Reduce The Time Required To Deliver Essential And Urgent Medical Assistance To Local Communities Especially Where Referral Is A Critical Gap In Humanitarian Setting.

ABSTRACT 266: Effect of Introducing Mobile And Digital Health Innovations On Maternal And Child Health Outcomes Among Women Of Reproductive Age (15-49) In Kakamega, Kenya

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Background: Only 20% Of Kenya's Population, Which Is Currently At 50 Million And Still Increasing, Has Access To The National Hospital Insurance Fund (Nhid) Public Health Insurance Scheme. Amref Health Africa Implemented I-Partnership For Universal Sustainable Healthcare (I-Push) Project In Kakamega County, Where The Fertility Rate Is High At 3.9 Live Births Per Woman. Utilizing Innovative Digital Health Interventions (Dhis); Leap For Maternal And Child Awareness, M-Jali For Community-Based Health Reporting, And M-Tiba For A Health Insurance Savings Wallet For Women Of Reproductive Age (Wra). The Objective Was To Enhance Access To Quality Healthcare For Wras And Children Under Five Years Old By Connecting Them With Health Financing Options, Rmnch Awareness Materials, Capacity Development For Community Health Workers, And Community Health Data Reporting For Informed Decision-Making.

Methodology: Mixed Methods Study Design Was Used To Assess The Effect Of Adopting Dhis In Rmnch Outcomes. Data Was Collected On The Utilization Of Health Care Services, Enrollment In Health Insurance, Out-Of-Pocket Expenditures And Rmnch Knowledge Levels. Ancova Was Used For Data Analysis To Control Covariates Like Baseline Health Knowledge And Socioeconomic Factors.

Results: Dhis Led To Improved Rmnch Outcomes. 77.6% Of Pregnant Mothers Met The Recommended 4 Antenatal Care (Anc) Visits. Out-Of-Pocket Expenditures Decreased From \$ 0.62 To \$ 0.31, And Nhid Enrollment Reached 80% In The Intervention Sites. The Introduction Of Digital Gadgets Improved Data Management. M-Jali Reduced Expenses For Data Collection Tools. Leap Disseminated Valuable Health Information During The Covid-19 Pandemic, Saving Costs On Training And Meetings In A Resource-Restrained Context.

Discussion: I-Push Alleviated Women's Financial Constraints To Formal Healthcare Utilization By Offering Subsidized, Mobile Phone-Based Health Insurance And Strengthening community health structures for improved healthcare utilization. By targeting women directly rather than their husbands, i-push was able to empower women to access healthcare for themselves, their children, and their spouses.

ABSTRACT 27: Utilisation Of Antenatal And Postnatal Group To Promote Identification And Retention Of Clients Seeking Mnh Services; Case Of Bondeni Hc, Saboti, Trans Nzoia County, Kenya

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The 2022 Kenya Demographic And Health Survey (Kdhs) Indicated 98% Of Pregnant Clients Attend 1st Antenatal Care Clinic(Anc), With 66% Attending 4 Anc And 93% For Skilled Birth Attendance Nationally. Trans Nzoia County Has A Significantly Lower Rates Mainly Attributed To A Vast Rural Setup With Most Of Its Population Having A Low Social Economic Status. Trans Nzoia County Had Not Embraced Group Anc To Promote Early Identification And Retention Of Pregnant Women Receiving Mnh Services. To Empower Community Members To Be Advocates of high quality and appropriate health services and also promote eliminate preventable maternal and neonatal morbidity and mortalities. trans nzoia county department of health collaborated with partners to establish group anc. Bondeni health center in saboti sub-county was identified as a pilot facility being the only health facility in kinyoro ward which comprises of 12 community units. The facility conducts a maternity open day quarterly, whereby pregnant mothers are sensitised on need to form facility based antenatal chamas whereby they voluntarily accepted to join binti kwa binti (less than 25yrs) and mama kwa mama group(others). Each group elected the chairlady, treasurer and general secretary and agreed to meet on monthly at the facility.

At the inception in dec 2022, the facility had 25 clients seeking 1st anc, 16-receiving 4th anc services, 28 sbas, 1 perinatal death, 28- pnc services, mean of 74% in immunization but as of may 2023 1st anc - 58, 4th anc - 10, sba-39 with zero perinatal death 40 clients received pnc services while 80% immunization. 100% vitamin a supplementation to all children under five. 19 cases of malnutrition identified and initiated on supplements. Barriers to provision of quality healthcare services addressed and established adolescent and youth-friendly clinic. Embracing facility group anc model is a sustainable, effective, and impactful intervention in promoting primary health care.

ABSTRACT 84: Monitoring Maternal and Neonatal Emergency Navigation Triage On Mfangano (Momentum): Community-Based Study Evaluating Delays in Access to Maternal And Newborn Emergency on Mfangano Island, Kenya

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Background: In Rural Sub-Saharan Africa, Preventable Delays In Accessing Healthcare Have Been Leading To High Maternal And Neonatal Mortality Rates. The Momentum Study Focuses On Examining The Impact Of The “Three Delays” - Recognizing The Need For Care, Reaching Care, And Receiving Care - Within The Communities Living On Mfangano Island, Kenya. In 2019, An Initial 12-Month Cohort Study Was Conducted To Quantitatively Assess The Interval Of Time For Each Delay. This Initial Study Also Identified Factors Influencing The Delays, Which Was Further Investigated Through A Qualitative Study In 2021.

Objectives: To Understand the Major Factors Impacting The “Three Delays”, To Examine How The Covid-19 Pandemic Further Influenced The Factors.

Methods: Focus Group Discussions (Fgds) And Key Informant Interviews (Kiis) Were Conducted To Collect Information. Through Purposive Sampling, We Recruited 59 People Who Have Experienced Or Were Involved In A Maternal Or Neonatal Emergency On Mfangano Island. Detailed Interview Guides Were Developed For Fgds And Kiis. Participants’ Responses Were Recorded In Luo And Translated Into English For Transcripts. For Data Analysis, Responses On The Transcripts Were Coded And Categorized Collectively By The Research Team According To The Major Factors Categories And Condensed Into A Qualitative Table.

Results: Participants Most Frequently Reported Shortages Of Healthcare Staff Due To Strikes And “Go Slows”, Delays In Recognizing Health Emergencies, Information Shortages, Incorrect Advice From Community Providers, And Lack Of Funds For Transportation And Treatments As The Largest Factors Impacting Access To Care. The Covid-19 Pandemic Was Found To Exacerbate All These Factors.

Conclusions: The Momentum Study Has Been Critically Important For Assessing Factors Impacting The “Three Delays” In Accessing

Timely Maternal And Neonatal Healthcare. This Study Has Allowed Us To Identify Areas In Which We Can Improve Our Health Navigation Intervention Program To Address Health Disparities

ABSTRACT 307: Prevalence and Factors Associated With Postpartum Post Traumatic Stress Disorder At The Bamenda Regional Hospital, Cameroon.

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Background: Postpartum Post Traumatic Stress Disorder, Pp Ptsd Is An Anxiety Disorder Which Can Result After A Traumatic Labour Or Traumatic Birth. Pp Ptsd Is Considered The Third Most Common Psychiatric Disorder Among Pregnant Women, After Depression And Nicotine Dependence But Limited Data Is Available In Our Context. The Reason Why We Decided To Carry Out The Study Entitled Prevalence And Factors Associated With Post-Partum Ptsd.

Method: This Was An Analytic Cross-Sectional Study At The Bamenda Regional Hospital. It Involved Women At 6 Weeks Postpartum Who Came For Vaccination At The Infant Welfare Clinic (Iwc). During Collection, A Structured Pretested Questionnaire Was Used. Data Was Entered In Cspiro Version 7.7, Coded And Analyzed Using R Studio Version 4.2.3. Chi-Squared Test Or Fischer's Exact Test Were Used To Determine The Strength Of The Association .A Confidence Interval Of 95% Was Used And The Threshold Of Significance Set At 0.05.

Results: One Hundred And Eighty Participants Were Included In Our Study. The Prevalence Of Pp Ptsd Measured At 6 Weeks Postpartum In Our Study Was 8.3%. On Multivariate Analysis Using Binary Logistic Regression, Fear Of The Delivery Process With An Adjusted Or: 0.18, 95% Ci: 0.03 - 0.71, P Value Of 0.03,1 And Preeclampsia With An Adjusted Or: 0.11, 95% Ci: 0.02 - 0.72, A P-Value Of 0.019 Were The Only Psychosocial And Clinical Factors Respectively Associated With Pp Ptsd.

Conclusions: We Had A High Prevalence Of Pp Ptsd At 8.3%. Fear of The Delivery Process And Preeclampsia Were Associated With Pp Ptsd.

Recommendations: For Physicians To Increase The Index Of Suspicion, Screening And Diagnosis Of Pp Ptsd In Patients During Pregnancy (Especially Those At Risk) And Postpartum To Reduce High Rates Of Under Diagnosis With Referral When Need To The Appropriate Specialist

ABSTRACT 288: System Strengthening To Enable Good Accessibility and Utilization Of Immunization Services At Mugarustya Hc Ii, Mbarara District

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Introduction: As Routine Immunization Brings Children Into Contact With Health Services Many Times Throughout A Child's Life, It Can Provide A Synergistic Platform To Increase Access To Phc. Accessibility And Utilization Of Immunization Services At Mugarustya Hcii Had Always Been Challenging Below 50% Far Below The Recommended 90% By The Ministry Of Health In 2022. As A Facility In Charge, I Realized That A Well-Coordinated And Target-Oriented Vht Is Integral For Proper Utilization And Accessibility Of Immunization Services At The Facility And Outreach Sites Using Limited/Available Resources. We Thought Of Innovations That Would Help The Facility Strengthen The System, Improve Coordination, Respect, And Oneness In This Team Using Available Resources For Better Service Delivery. This Propelled Us To Converge A Meeting With The Vhts And Local Council Leaders To Draft Our Practices That Would Strengthen Access To Phc

Practices Invented: Analyzed Previous Facility Epi Data, Held Vht Meetings, Formed A Vht Sacco, Organized Social Gatherings With Vht, Political Leaders And Health Workers, Set Targets For Vhts

Results: In Year 2022, The Facility's Access To Epi Services Was At 52.1%. With The Implementation Of Practices Invented January 2023, The Facility Improved To 58.3% In January And February, 75% In March And April 2023 And To The 93.8% In May And June 2023.

Discussion: Social Gathering Where The Vhts Political Leaders And Facility Staffs Attended And Shared A Meal And Danced Off Together Created A Sense Of Togetherness, Good Vibe And A Need To Be Part Of The System To See An Increase In Access To Immunization Services

Conclusion: In Conclusion, A Highly Motivated, Target-Oriented, Well-Coordinated Vht With Respect For One Another Is The Back Bone Of System Strengthening In Phc That Can Improve Access And Utilization Of Immunization Services At The Facility.

ABSTRACT 160: Mama Toto Care Initiative in Jomvu Sub-County By Community Health Services Team

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Background: In Spite Of Substantial Advances In Maternal And Newborn Health Over Recent Decades, Roughly 300,000 Women Still Die Due To Pregnancy-Related Complications Every Year. There's Evidence Within Global Community On What Needs To Be Done To Prevent These Deaths And Improve Health, Nutrition, And Wellbeing Of Women And Babies. Health Interventions And Services Need To Be Delivered Across A Continuum Of Care Before, During, And After Pregnancy. According To Khis, The Sub County Mmr 2021/22 Was 42/100,000 Livebirths Comparing To County Mmr Which Was 195/100,000 Livebirths. Mama Toto Initiative Is A Strategy Used By Jomvu Sub-County Cht Which Are Linked To Public Health Facilities To Help Reduce Maternal And Neonatal Mortality Thus Increase Number Of Skilled Deliveries.

Implementation: Chews Working In Maternity Department Mobilized Chps, Sensitized Them On Importance Of Best Practice. Community Dialogues, Outreaches And Household Visit Were Conducted To Create Awareness On Importance Of Anc And Skilled Delivery. Chps Conducted Household Visits Sensitizing Household Members, Identifying Pregnant Women, Referring And Accompanying Them To Facility For Anc, Follow Ups Are Done Till Delivery And Two Weeks Postnatal. During Delivery They Are Given Needed Care, Shown How To Bath Baby, Cord Care And Hygiene. After Discharge, They Are Attached To Chps Who Follow Up At Home.

Outcomes: In 2021/2022, The Number Of Skilled Deliveries Were 2453 (47.10%) While In 2022/2023 Were 2744 (51.14%) An Increase Of 4.04% And Mmr Reduced From 42/100,00 Fy 2021/22 To 37/100,000 Livebirths Fy 2022/23. The Practice Led To Many Women Deliver In The Facility Other Than In The Community With Traditional Birth Attendants, Improved Quality Of Life During Pregnancy, Labour, Delivery And Post-Natal Period, Reduction Of Perinatal And Neonatal Mortalities.

Conclusion: The Practice Ensure All Pregnant Women Start Anc On Time And Deliver In Health Facilities. The Practice To Be Implemented In All Public Facilities.

ABSTRACT 19: Mutual Accountability in The Fight Against Maternal Mortality

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Background: Zambia Is Faced With High Maternal Mortality. In 2018, The Maternal Mortality Ratio Was Estimated At 252 Deaths Per 100,000 Live Births Indicating A Decline From 729 Deaths In The 2001-02 Zdhs. Amref Health Africa In Zambia Implemented A Respectful Maternity Project To Contribute To The Reduction Of Maternal Mortality On The Copperbelt Province Of Zambia. Health Care Professionals, Community Health Workers Were Trained Respectful Maternity Care As In Order To Contribute To The Reduction Of Maternal Mortality. The Study Was Conducted To Assess And Track The Progress Of The Intervention And To Measure Improvements In Maternal And Child Health Areas Where The Closing The Gap Was Implemented.

Methods: A Mixed Method Approach Provided The Assessment Of The Diverse And Vast Information Across Spectrums Of Maternal Health. The Qualitative And Quantitative Approaches Solicited Information Through; (1) Key Informant Interviews (Kiis) (2) Focus Group Discussions (3) Interviews With Health Providers/Health In-Charges In Health Facilities; (4) Facility Observation (5) A Household Survey Quantitative Approach Involved; 20 Interviews With Health Providers (Facility In-Charge/Midwives).

Results: The Project Significantly Increased The Knowledge And Awareness Of Rights Of Childbearing Women Among Service Providers In Health Facilities, Service Providers There Was An Increment In Deliveries By A Skilled Birth Attendant 99.4% To 100%); Satisfaction In Maternal Care Received At The Facility (80.5% To 87.3 %); Service Provider Referral To Chw (17.4% To 19.5%) And Satisfaction Of Maternal Care Offered By Chw Improved By 5%.

Conclusions And Recommendations. Good Customer Care Will Encourage More Clients To Seek Health Services And Thereby Contributing To The Improvement Of Health Outcomes Of Mothers And New-Borns. Knowledge Transfer And Sharing Should Be An Integral Part Of At All Points Of Service Delivery Including Communities. Respectful Maternity Care Must Be Taught In Colleges Of Nursing And Midwifery.

ABSTRACT 131: A Case of Vyemani Community Health Unit- Effective Community To Facility Linkage of Family Planning and Cervical Cancer Screening

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Introduction: Vyemani Community Health Unit Whose Link Facility Is Shika Adabu Dispensary In Shika Adabu Ward, Likoni Subcounty Mombasa County Has 1070 Households And A Population of 4,840. Each Community Health Promoter (Chp) Coordinates Health In 107 Households. In The Period June To August 2022, There Had Been Low Uptake Of Family Planning And Cervical Cancer Screening Among Women Of Child Bearing Age. This Was Below The Chu Monthly Target Of 30 And 27 Respectively. This Can Lead To Increased HIV Transmission, Unplanned Pregnancies, Delayed Diagnosis And Death. The Low Uptake Was Attributed To Ignorance, Cultural Beliefs, Negative Attitudes And Lack Of Proper Information. The Uptake Was To Be Increased To Above The Set Target At The Community Level By November 2022.

Implementation: To Increase The Low Uptake, Vyemani Community Health Unit Conducted Community Dialogues In The 4 Villages On Family Planning And Cervical Cancer Screening. Integrated Outreaches Conducted In The Hard-To-Reach Village Of Mwaweche. Supervised Household Visits Were Carried Out And Effective Referrals From The Community To The Facility Through Ministry Of Health 100 Were Fully Signed And Filed At The Link Facility. Chps Also Conducted Health Talks And Each Had A Target Of 4 Women Referred Monthly To The Link Facility.

Findings And Lessons Learned: Family Planning Data Improved To 50 Women Served And Cervical Cancer Screening Documented To Above 25 Women Per Month. Improved Documentation Of Community-Facility Linkage For Women Receiving Cervical Cancer Screening.

Recommendations: Chps Play A Vital Role In The Community-Facility Linkage. Effective Useof Moh 100 Should Be Upscaled To Other Chus To Improve On Community-Facility Referral To Document Uptake Of Fp And Cervical Cancer Screening Contributions By Chps. Chps Have A Role In Reducing Hiv Transmission, Unplanned Pregnancies And Early Diagnosis Of Cervical Cancer, Thus Reducing Deaths.

ABSTRACT 37: Relationship Between Intake Of Energy-Dense Diets And Nutritional Status Of Adolescents In Primary Schools In Nairobi City County, Kenya

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Background: Energy-Dense Diets Are Of Low Nutrient Quality But High Energy Content And This May Have Adverse Health Outcomes, Especially In Adolescence Where The Body Is Transforming From Childhood To Adulthood. There Is However Scanty Information About The Relationship Between The Intake Of Energy-Dense Foods And Adolescents' Nutritional Status. This Study Established The Relationship Between Intake Of Energy-Dense Foods And The Nutritional Status Of Adolescents In Nairobi County.

Methods: The Study Was A Cross-Sectional Descriptive Research Design Involving Quantitative Techniques Of Data Collection. A Total Of 161 Adolescents, 87 Females And 74 Male Aged 10-14 Years Participated In The Study. Cluster Sampling Was Used To Select Schools In Embakasi South Sub-County. Simple Random Sampling Was Used To Select Adolescents In Classes 5, 6 And 7. Data Were Collected Using Structured Questionnaires, 7-Day Food Frequency Questionnaires, And Anthropometric Measurements. Data Analysis Was Done Using; Spss Version 23.0 (Quantitative Data), Ena For Smart (Anthropometric Data), Nutrisurvey Software (Dietary Data) And Hypothesis Testing (Pearson Correlation).

Results: The Study Established A Burden Of Malnutrition Among Adolescents In Nairobi County (13%) Underweight, (5.7%) Overweight, (4.3%) Severely Underweight, And (2.5%) Obese. The Energy-Dense Foods Which Were Found To Have Significant Relationship With The Nutritional Status Of The Adolescents Were: Potato Chips (R=0.044, P=0.045), Doughnuts (R= -0.02, P = <0.001), Pancakes (R= -0.001, P= 0.762), Bhajia (R= -0.014, P=0.897), Cheese (R= -0.107, P-Value= 0.660), And Regular Soft Drink (R= -0.147, P= 0.101).

Conclusion: The Nutritional Status Of The Adolescents Was Influenced By The Intake Of Some Energy-Dense Diets And Sociodemographic Characteristics.

Recommendations: There Is A Need To Have Nutrition Education Forums In The Communities And Schools On Importance Of Adolescent Nutrition For Better Health.

ABSTRACT 70: Discrimination and Other Barriers To Accessing Health Care: Viewpoints Of Hiv Positive Adolescent With Mild And Moderate Intellectual Disability And Their Cares

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Background: Adolescents With Intellectual Disability Living With Hiv Have A Higher Prevalence Of Physical Health Problems But Often Experience Disparities In Accessing Health Care. In Kenya, Legislative Changes, Policies, And Recommendations Have Been Introduced To Improve Health Care Access For This Population.

Objective: The Aim Of This Qualitative Study Was To Examine The Extent To Which Patients With Intellectual Disability And Their Cares Experience Discrimination Or Other Barriers In Accessing Health Services, And Whether Health Care Experiences Have Improved Over The Last Decade Years.

Methodology: Twenty-Nine Participants Took Part In Semi Structured Interviews. The Interviews Were Audio-Taped And Transcribed And Analyzed Using Thematic Analysis.

Result: Eight Themes Were Identified. Half The Participants Thought That The Patient Had Been Treated Unfairly Or Had Been Discriminated Against By Health Services. There Were Accounts Of Negative Staff Attitudes And Behavior, And Failure Of Services To Make Reasonable Adjustments. Other Barriers Included Problems With Communication And Accessing Services Because Of Lack Of Knowledge Of Local Services And Service Eligibility Issues; Lack Of Support And Involvement Of Cares; And Language Problems In Participants From Minority Ethnic Groups. Most Participants Were Able To Report At Least One Example Of Good Practice In Health Care Provision. Suggestions For Improving Services Are Presented.

Conclusion: Despite Some Improvements To Services Because Of Health Policies And Recommendations, More Progress Is Required To Ensure That Health Services Make Reasonable Adjustments To Reduce Both Direct And Indirect Discrimination Of People With Intellectual Disability.

Keywords: Discrimination, Barriers, Health Care, Hiv Positive, Adolescent, Disability.

ABSTRACT 279: Investigating The Prevalence And Determinants Of Malnutrition Among <5 Children In Korogocho Slum, Nairobi.

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Background: Malnutrition Among Children In Slum Areas Is A Critical Public Health Concern. Korogocho Is One Of The Largest Informal Settlements In Nairobi, Kenya. The Community Faces Numerous Challenges Related To Access To Food, Poverty, Healthcare, And Clean Water, Contributing To A High Prevalence Of Malnutrition Among Children <5. The Prevalence Of Stunting Among Children Under Five In Korogocho Is 46%, While Wasting Is 11%.

Objectives: The Main Objectives Of The Study Will Be; To Assess The Prevalence Of Malnutrition Among Children In Korogocho Slum, To Identify The Determinants Of Malnutrition Among Children In Korogocho Slum, And To Recommend Appropriate Interventions To Address The Problem Of Malnutrition Among Children In Korogocho Slum.

Methods: The Proposed Research Will Use A Cross-Sectional Study Design To Collect Data From 400 Households With Children Aged 0-5 Years. A Multistage Random Sampling Technique Will Be Used To Select The Study Participants. Data Will Be Collected Using Structured Questionnaires, Anthropometric Measurements, And Laboratory Tests. The Collected Data Will Be Analyzed Using Descriptive Statistics And Logistic Regression Analysis.

Expected Results: Estimation Of The Prevalence Of Malnutrition Among The Children. Identification Of The Socio-Economic Determinants Of Malnutrition Including Household Income, Education Level, And Access To Healthcare. Assessment Of The Dietary Patterns And Food Insecurity Status And Determine The Relationship Between These Factors And Malnutrition Prevalence. Exploration Of Maternal Knowledge, Attitudes, And Practices Regarding Feeding And Care. Evaluation Of The Effectiveness Of Current Interventions And Strategies Aimed At Reducing Malnutrition And Identifying The Potential Areas For Improvement. Provision Of Evidence-Based Recommendations For Interventions And Policies.

Conclusions: The Findings Of The Study Will Contribute To The Development Of Appropriate Interventions To Address Malnutrition Among Children In Korogocho Slum, Ultimately Improving Their Health And Well-Being. Over Time, This Research Will Potentially Help Improve The Nutrition And Health Outcomes Of Children In Other Parts.

ABSTRACT 57: Chamas A Community-Based Hybrid Strategy Of Peer Support In Pregnancy And Infancy In Western Kenya.

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Background: Despite Primary Health Care Being Geared Towards Improved Health Services, The Inequities That Deprive Communities Of The Basic Right Of Essential Healthcare Remain Subtle. Access To Care Is Linked To Economic Accessibility, Women From Lower Socio-Economic Status Are Exposed To Greater Barriers In Accessing Care In Pregnancy And 119 Infants Die Before Their 1st Birthday And Maternal Mortality Remains Of Great Concern Among Women Of Reproductive Age. To Address These, We Utilized Chamas For Service Delivery In Pregnancy And Infancy By Empowering Communities And Facilitating Accountability With The Support Of Community Health Promoters: CHPS. Chamas For Change Combines Evidence-Based Maternal, Newborn And Child Interventions From Women's Health Programs And Best Practices From Social And Microfinance Programs To Create An Integrated Service Delivery Platform.

Methods: We Conducted A Cluster Randomized Control Trial In Trans-Nzoia County By Consenting And Enrolling Pregnant Women (Gestation \leq 32 Weeks) Presenting For 1st Antenatal Care Visit. The Intervention Sites Participated In Chamas While The Control Arm Only Received MOH Standard Care. We Collected Data To Validate The Impact Of Chamas On Improving Population Level MNCH Outcomes. This Data Was Analyzed Using An Intention To Treat Approach With Descriptive Statistics And Multilevel Logistic Regression Models.

Results: 80.9% Of Those In The Intervention Arm Delivered With A Skilled Birth Attendant Compared To 73.0% Of Those In The Control Arm. Higher Rates Of 48 Hours Of Postpartum Visits (RD 15.3%, 95% CI 12.0 TO 19.6), EXCLUSIVE BREASTFEEDING (RD 11.9%, 95% CI 7.2 TO 16.9), Contraceptive Adoption (RD 7.2%, 95% CI 2.6 TO 12.9) And Infant Immunization Completion (RD 15.6%, 95% CI 11.5 TO 20.9).

Conclusion And Recommendation: This Is A High Impact, Community Run Initiative That Is Low Cost, Sustainable, Well Aligned With The Kenyan Community Health Strategy And Has Potential To Achieve Long Term Population Level Benefits.

ABSTRACT 161: Dietary Practices, Physical Activity, And Overnutrition Among School-Going Children Aged 8 - 11 Years In Thika, Kenya, May 2023

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Introduction/Background: Childhood Overnutrition Manifesting As Either Overweight Or Obesity Is A Growing Public Health Challenge In The 21st Century. Overnutrition Is A Major Risk Factor For Non-Communicable Diseases (NcDs). Once Thought To Be A Problem Of The Developed World, It Is Increasingly Becoming Prevalent In Low And Middle-Income Countries. The Increasing Prevalence Is Partly Driven By The Nutrition Transition, Which Results In The Consumption Of Highly Processed, Energy-Dense, And Micronutrient-Poor Diets, Increased Sedentary Behaviors, And Decreased Physical Activity. This Study Aimed To Determine The Dietary Practices And Physical Activity Levels And Their Influence On The Occurrence Of Overnutrition Among School-Going Children Aged 8 - 11 Years In Thika Town, Kiambu County, Kenya.

Methods: We Employed A Cross-Sectional Design With A Multistage Sampling Procedure. We Recruited 281 Children Aged 8 -11 From Five Schools In Thika Town. A Food Frequency Questionnaire Was Used To Assess Dietary Intake. Physical Activity Level Was Evaluated Using The Physical Activity Questionnaire For Older Children (Paq-C). Body Mass Index (Bmi For Age And Sex) Was Used As The Indicator For Nutrition Status. Data Was Analyzed Using Univariate And Bivariate Methods To Determine Associations Between Various Variables With The Main Outcome.

Results: Of The Respondents, 32.4% Were Underweight, 6.1% Were Overweight, And 5% Were Obese. The Prevalence Of Overnutrition Was Higher Among Children In Private Schools (15%) Than Those From Public Schools (7%) (P=0.027). Overnutrition Was Positively Associated With Oats Consumption (P=0.042) And Negatively Associated With The Consumption Of Amaranthus Vegetables (P=0.380) And Citrus Fruits (P=0.013). There Was A Significant Association Between Time Spent Playing Video Games And Overnutrition (P= 0.030).

Conclusion: The Prevalence Of Overnutrition Is Significant Among School-Going Children. This Requires Special Attention Through The Implementation Of Appropriate Management And Prevention Strategies.

Keywords: Overnutrition, Overweight, Obesity, School-Going Children, Dietary Practices, Physical Activity

ABSTRACT 14: Effective Use Of Short Message Service SMS To Improve Maternal, Child And Nutrition Among Pregnant Mothers At Kimwenge Dispensary

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Background: High-Quality Maternal Care Comprises Not Only The Discrete Clinical Interventions Offered To Women And New-Born, But The Broader Health System Structures, Systems, Processes, Policies, And Innovations Through Which Care Is Delivered According To World Health Organization. It Also Recommends Antenatal Visits At Least 8 Times During Pregnancy And Initiate Antenatal Care In The 1st Trimester To Reduce The Risk Of Maternal Mortality And Effects Of Pregnancy Related Complications. In Kimwenge Dispensary, There Was Low Uptake Of Antenatal Care Services With Mothers Attending 1st ANC Clinic In Their 2nd Trimesters With Little Or No Information On Care During Pregnancy.

Description Of Intervention: In October 2022, Pregnant Mothers Were Mapped In The Villages Attached To Kimwenge Dispensary By Community Health Volunteers Using The Pregnancy Monitoring Tool Capturing The Biodata And Landmark. 30 Pregnant Mothers Were Identified, A Cluster Of 15 Pregnant Mothers Each Was Formed According To Locality And A Database With Phone Numbers Of The Pregnant Mothers And Their Spouses Generated. Information On Pre-Natal Care And Post-Natal Care Was Disseminated On A Monthly Basis, A Constant Venue Selected For Focused Group Discussion Meetings And A Reminder Done Through Short Message Service (SMS). Health Talks Held Every 3rd Sunday Of The Month By Community Health Volunteers In Churches To Emphasize On The SMS Information.

Findings: There Was Increase In Uptake Of Prenatal And Post Care Services At Kimwenge Dispensary. Improvement Of Male Involvement In Support Of Their Spouses. Increased Knowledge On The Services Offered At The Facility. Community Health Volunteers Were Competent On Matters Of Maternal Care And Gained Honor In The Community.

Conclusion: Consistent Use Of Short Message Services Could Leverage Behavior Change Towards Maternal Care Through Constant Sensitization And Reminders On Health Education Forums And Uptake Of Prenatal And Postnatal Care Services.

ABSTRACT 108: Support Supervision Booklet Approach: A Case Of Migori County Health Programs Adoption, Implementation And Sustainability.

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Introduction: Implementation Science Conventionally Addresses Gap Between Healthcare Interventions That Have Been Shown To Work, And Their Successful Adoption And Routine Use By Service Providers And Individuals Who May Benefit From Them In ‘Real world’ settings. Strategies to adopt and integrate evidence-based health interventions into clinical and community settings improving individual outcomes and benefit population health. All health facilities in Migori county have been visited before through program-specific and integrated support supervision on performance measurement from problem identification to timelines indicated with minimal implementation. This is a new deliverable where supervisors visit health facilities primarily to monitor and evaluate conformity to the prescribed strategies and performance impact bi-annually and annually. The purpose of this approach will improve behavior change, explore barriers, and highlight core elements through adoption and implementation for successful sustainability.

Methodology: Desk review of health facility supervision booklet forms the source of information for this suggested model. Visits are marked for routine performance measurement on adaptation, fidelity, and sustainability scales. The conformity and impact are monitored and evaluated biennial and annual.

Results: Health facilities randomly sampled and visited never followed up their suggested strategies through supervision booklets, with no evidence of linkage between strategies and performance, further reducing impact level analysis.

Discussion: Health facilities within the bounds of Migori county are visited within the dictates of support supervision, running from clear definitions of visit team, period, program area(s), goal(s), challenges, and opportunities identification with suggested corresponding strategies, to the ownership and final acknowledgement of the event by facility representatives.

Conclusion: It is vital in improving behavior change as a key variable, exploring barriers and highlighting core elements that need to be in place for successful sustainable implementation.

ABSTRACT 83: Health Navigation Program: A Community Health Intervention To Expand Access To Emergency Care And Promote Safe Deliveries In Rural Kenya

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Background & Objectives: Mfangano island in Kenya is primarily comprised of remote fishing and subsistence farming communities with limited access to healthcare facilities and resources. Consequently, the maternal mortality rate for these communities is one of the highest in the world, estimated to be 583 deaths per 100,000 lives. As a result, the health navigation program (HNP) was established to help communities' access timely emergency maternal and neonatal care.

Methods/Description: the (HNP) was started in 2014 and is coordinated by Ekialo Kiona CBO. The program first trained a network of community health volunteers who are first responders to emergencies in their villages. CHVS facilitate timely referral of patients to health facilities, identify newly pregnant women in their communities to develop a "safe birth plan" to prevent emergencies, and follow up with communities periodically. The program also established an emergency boat available 24 hours to transfer patients to the mainland for a higher level of care.

Results: since 2014, the program has successfully recruited and trained a cadre of 30 CHVS, coordinated over 500 emergency transfers for patients with an average CHV response time of 14.44 minutes, and established preventative 'safe birth plans' for over 250 mothers. The program has successfully followed up with over 150 mothers who have delivered safely. Challenges include limited funds to expand the program and resources to all the island communities. Lessons learned include maintaining the sustainability of the program during health crises such as the covid-19 pandemic.

Conclusions: Overall, the data suggest that the HNP is a successful community intervention and has made an impact in increasing access to care and reducing maternal and neonatal deaths. For the next steps, we want to expand and improve the program by incorporating the feedback from our latest evaluation and research conducted with the community in 2021.

Track 3.3 Mental Health & gender-based violence

ABSTRACT 105: The Impact Of Youth Friendly Space On Mental Health

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Background: Mental health is significant to adolescents and its well-being is crucial for the overall development and futures success. According to the world health organization (WHO), half of all mental health conditions begin by the age of 14 years, and three quarters of them start by mid-20 years of age. 25% and 40% of outpatients and in patients respectively suffer from mental health conditions (KNCHR) with men standing at 56% while women at 44% (KNBS). 60% of youths with depression never get adequate treatment. Before inception of the youth friendly space at Jomvu model health center, there was low uptake of services by youths. After invention of the youth friendly space, a steady rise of youths attending counselling sessions was noted hence the aim to assess the impact of the youth friendly space instituted at Jomvu model H/C in January 2022.

Methodology: observational study carried out at Jomvu Kuu ward between March 2022 to December 2022. Total of 200 adolescents (14 - 24 years) were reached with semi structured interview questionnaires administered through face to face and focused group discussions.

Results And Lessons Learned: 80% of the respondents acknowledged that youth friendly space was of great importance to their mental and social welfare needs through routine outreaches and in-reach activities.

Conclusion: Observed increase in number of youths seeking counselling services at the facility for period between march to December 2022.

However, there is a need to invest more in psychosocial human resource as well as establishing more youth friendly centers in the sub county to help in adequate service provision to youths coming with various mental issues.

ABSTRACT 255: The Effect Of Integrating Standardized Mental Health Screening Tools Into Routine Primary Health Care Assessments

Daisy Maiyo^{1,2}|¹the Medical Psychologists Association Of Kenya, Nakuru, Kenya, ²the Ministry Of Health, Nairobi, Kenya | Kenya | Scientific

Background: Mental health disorders are a growing global concern that continues to exert a profound toll on individuals, families, and communities worldwide. However, a substantial portion of these disorders remain diagnosed and untreated due to barriers to access and stigma, necessitating innovative approaches to address them proactively. The primary objective of the study is to examine the effect of integrating standardized mental health screening tools into routine primary care assessments. This study will inform the decision-making process on the implementation of this practice, resource allocation, research and development, and policy implementation.

Methods: The location for the study is Baringo county, Kenya, in levels five and four primary health care settings. The study design is a randomized clinical trial (RCT). The study population entails the patients in the outpatient departments of these facilities during the study period of three months. The study used a stratified random sampling method. Data collection entails baseline and follow-up assessments using primary data sources: patient interviews, self-reported questionnaires, and a secondary data source: patient medical records. The methods of analysis used are statistical methods and control for confounding variables.

Results: according to the study, the intervention yielded numerous key benefits such as consistent and accurate assessments, early detection, timely interventions, improved health outcomes, reduced stigma, streamlined referrals, enhanced collaborative care, and enhanced data collection and analysis.

Conclusions And Recommendations: In conclusion, this intervention to ensure accessible screening and early intervention will transform mental health care delivery. There are recommendations for efforts on staff training, privacy safeguards and enhanced referral pathways, community engagement and education, and policy implementation to support this strategy.

ABSTRACT 248: Revolutionizing Community Well-Being: Evidence-Based Strategies For Mental Health, Gender Equality, And Violence Prevention In Primary Health Care

Brenda Wanjiru¹|¹malaria Youth Army, Nairobi, Kenya The Umundu Artivism, Nairobi, Kenya | Kenya | Scientific

Background: This ABSTRACT explores a critical facet of priority primary health care (PHC) interventions focused on community health transformation, namely mental health, and gender-based violence. Within this framework, we emphasize the pressing need to address these intertwined issues, transcending stigma, and silence. Our initiative aims to enhance mental health access and combat gender-based violence to improve community well-being.

Implementation: Our intervention involves comprehensive community awareness campaigns, the establishment of mental health clinics at PHC centers, and training healthcare providers to identify and manage mental health issues. We have also created support networks for gender-based violence survivors, providing legal aid services and promoting gender equality through education.

Outcome: Our intervention has yielded promising results. Heightened awareness has led to reduced stigma and increased utilization of mental health services, improving overall mental well-being. Incidents of gender-based violence have dwindled as communities become more informed and supportive. Survivor-centered services have empowered victims to seek help and justice, fostering safer communities.

Conclusion and Recommendation: In conclusion, our mental health and gender-based violence PHC initiative showcases the transformative potential of targeted healthcare interventions. We recommend scaling up these strategies, integrating them into national healthcare systems, and fostering collaboration among healthcare providers, community organizations, and law enforcement agencies. By doing so, we can create communities where mental health is prioritized, and gender-based violence is confronted head-on, ultimately achieving comprehensive community health transformation.

ABSTRACT 188: The Burden Of Mental Health And Gender Based Violence Among Men In Chulaimbo Hospital Kisumu County, Kenya.

Molvine Ouma¹, Bryan Wataka¹|¹masaba Hospital Limited, Kisumu, Kenya| Kenya | Scientific

Background: the study intends to evaluate harmful acts to male gender and its psychological, emotional, and social well-being at Chulaimbo sub-county hospital. Men have also been sexually abused just like women, but it is considered less sinful than abuse of a girl child. It focused on three specific objectives; to evaluate domestic violence to boys and men, to evaluate sexual abuse of male gender e.g. anal and oral rape, genital torture, castration and sexual slavery and forced rape of others and finally to evaluate the provision of comprehensive, integrated mental health and social care services especially for male gender in the society. The study was descriptive cross-sectional design where qualitative data was used. The information was collected by instructed questionnaires and face-to-face interviews. The sampling method was random sampling. The sample size was 150 patients. The data was analyzed and presented by graphs, tables, and pie charts.

The Results: in terms of sexual abuse, 23% of the men have been having genital torture, 5% said that men have been forced to be castrated, 27% said that men have been subjected to sexual slavery, 3% said that they have been raped .53% agreed that men have been subjected to domestic violence, 40% disagreed while 7% had no idea. In terms of the provision of mental health and social services; 57% strongly agreed that there `s no proper provision, 33% agreed that there was no provision of mental health services while 10% said that there was proper provision.

Recommendation: in response to the problem, the society should encourage reporting any male gender based violence, government to start the associations protecting men, proper provision of comprehensive, integrated mental health and social care services available to community.

ABSTRACT 267: Strengthening Health Systems To Improve Health Outcomes Around Ncds At Primary Healthcare Level In Meru County

Raymond Muhanji¹, Caroline Mbindyo¹¹amref Health Africa, Nairobi, Kenya| Kenya | Best Practice

Background: The blueprint for innovative healthcare access program sought to identify and co-create a sustainable blueprint for healthcare pharmaceutical, county governments, NGOs, healthcare professionals, and communities to work collaboratively to address non-communicable diseases (NCDS) and save lives. By strengthening high-quality, integrated, and consistent local healthcare capacity across the patient journey, it aimed to improve survival and quality of life for people living with NCDS (diabetes, hypertension, and cancer).

Description: Implemented in Meru from April 2019 through March 2022 by a consortium of seven partners including Amref, Elewa cancer foundation, NCD alliance Kenya, Kenya medical research institute, Kenya hospices and palliative care, management sciences for health and innovations in healthcare. Meru's rural population experienced limited access to NCD treatment and care. To address this blueprint strengthened the capacity of the county's healthcare system to prevent, control, and treat NCDS. This was achieved through capacity building health workers on NCDS, promoting awareness on ncds and strengthening the ncd supply chain. Chvs were trained on hypertension and diabetes screening while healthcare providers were trained on palliative care. Community screening and morphine utilization data was collected through Amref's m-jali tool which analyzed and displayed data on dashboards.

Results and Lessons Learnt: 1,700 healthcare workers underwent training on ncds and 1,000 chvs were equipped with blood pressure machines. This led to more than 150,000 adults being screened for ncds with 10,000 referred for follow-up care. Monthly palliative care visits rose by 319% from 2019 to 2022. Strengthening the supply chain resulted in development of a national tracer tool that was piloted in 3 counties, in Meru it reduced stock out of ncd medicines by 35%. Blueprint also developed the meru county population-based cancer registry and five hospital-based cancer registries, where a majority of cancers are detected at stage i and stage ii.

ABSTRACT 227: Ganahola Community Health Unit Engagement With Mikindani Mcm Link Facility To Ensure Increased Cervical Cancer Screening Services For The Community.

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Introduction: Ganahola Community Health Unit (Chu) Has 10 Community Health Promoters Manning 1971 House Holds. In 2021 The Link Facility To The Chu Reported 18.7% Of Women Of Reproductive Age Having Been Screened For Cervical Cancer. The Current Cervical Cancer Situation In Kenya Is Worrying With 9 Mothers Dying Of Cervical Cancer Everyday Thus With Our Abstract We Aim To Contribute In The Set Goal In Vision 2030 Which Is 90% Of All Women Of Reproductive Age Are Screened For Cervical Cancer And 90% All Via Positive Are Treated.

Objectives: To Scale Up Cervical Cancer Screening In The Community Around Ganahola Community Unit From 18.7% In The Year 2021 To 50% By July 2023 Against A Target Of 1019 For Level 3 Facilities..

Implementation/Strategies Used To Achieve The Objectives.:Door To Door Sensitization On Cervical Cancer Screening By Chps Supported By Cha.More Dialogues Were Held And Monthly Meetings Enhanced.Use Of Mega Phones During Mobilization By Chps Has Also Helped Reach Morepeople.Continuous Health Education To The Chps & Sensitizing Of Village Elders To Help On Diminishing Myths And Misconceptions Around Cervical Cancer Screening. Facility Health Education And Cmes

Beneficiaries: The Community Around Ganahola Cu As It Focuses On Reducing The Burden That Comes With Treatment Of Advanced Cervical Cancer

Achievements: In The Year 2021 Only 190 (17.8%) Women Of Reproductive Health Were Screened For Cervical Cancer From The Target Of 1019 For All Level 3 Facilities. After The Project In 2022 We Successfully Screened 584 Women Which Is 57% Of The 1019 Target For Level 3 Facilities. In 2023, 507 Women Which Is Almost 50 % Of The Target Were Screened By August 2023. This Shows That The Strategies Involved For This Project Are Sustainable.

Conclusion: When Communities Are Empowered They Are Able To Voluntarily Seek Health Services

ABSTRACT 308: Impact of Intensified Cervical Cancer Screening Towards Scaling Up Early Detection and Initiation Of Early Treatment Interventions At Nyahera Sub County Hospital

Winnie Odhiambo¹, Risper Oyaa¹, Lilian Adhiambo², Maxwel Amolo³|¹ministry Of Health, Kisumu, Kenya,²kmet, Kisumu, Kenya,³tumaini La Maisha Services, Kisumu| KENYA | Scientific

Background: Cervical Cancer Is The 4th Most Common Cancer Amongst Women Globally. So Far, Unfounded Myths And Misconceptions And Poor Health Seeking Behaviour Of Not Going For Frequent Screenings And Not Adhering To Treatment Have Been Attributed As Contributing Factors To The Rising Cases Of This Cancer More So In The Developing Countries. To Bridge This Gap, Nyahera Sub-County Hospital Has Maximised On Conducting Outreaches And Scheduled In Reaches To Screen Wra. Through Chvs, Cancer Screening Awareness Has Been Made Known To The Community Whereby All Wra Are Mobilised For The Scheduled Screening Exercises At Designated Venues. As A Result, A Good Number Of Women Have Been Screened Timely And Cases That Would Have Probably Advanced To Severe Stage Have Successfully Been Managed At The Onset Stage.

Methods: This Was A Retrospective Study Conducted from March 2023 To August 2023 By Abstracting Data From Cancer Screening Register. The Data Obtained Was Analyzed In Microsoft Excel And Presented In Percentages.

Results: Of 322 Wra Screened,19 (6 %) Turned Positive During Initial Screening. Of The Positive Cases, 4 Were Females <25 Years And 15 Were Females Between 25-49 Years. Of These 19 Positive Cases,18 Receive Thermocoagulation Treatment On Site To Suppress The Cancerous Lesions At The Initial Stages Upon Detection.

Conclusions And Recommendations: While Wra Are Encouraged To Seek For Early And Consistent Cervical Cancer Screening, Communities Should Also Be Empowered To Support The 2 Dose Hpv Vaccination Amongst Girls Aged 10-14 Years As Well As Promoting Healthy Eating And Positive Living Habits.

ABSTRACT 158: The Innovative Approach To Decentralized Diabetes Prevention And Management

Ibrahima Gueye¹, Mabator Ndiaye¹, Aly Diacko¹, Bakary Gassama¹|¹amref West Africa, Dakar, Senegal | Senegal | Best Practice

Background: in Senegal, high blood pressure and diabetes affect a significant proportion of the population. According to the report of the national survey on risk factors for non-communicable diseases, steps, 2015. The prevalence of diabetes is 3.4%, i.e., 3.5% in men and 3.2% in women. The incidence also increases with age, peaking in men aged 45 to 59 (8.1%). With this in mind, msas and the NGO Amref health Africa, with the world diabetes foundation, set up a project to decentralize diabetes prevention and care from 1 November 2020.

Description: the project aims to contribute to the reduction of morbidity and mortality linked to diabetes and arterial hypertension in the medical regions of Kolda and Tambacounda by 2023 based on: i) developing a training strategy for healthcare workers in the management of type 2 diabetes; ii) increasing the supply of primary healthcare services for type 2 diabetes; iii) strengthening the promotion and prevention of diabetes in the community through the involvement of CHWS; strengthening governance, leadership and monitoring capacities in relation to diabetes.

Implementation: Development of policy standards and protocols for the management of type 2 diabetes Raising the technical standards of health facilities. Establishment of 02 reference centers and 4 diabetes care units. Organization of mass screening activities and advanced strategies

Outcomes: Improved technical facilities. Better collaboration between the various players and sectors (education, health, press, NGOS/ CBO, etc.). Strengthening the service offering at all points of service delivery. Improved collaboration between healthcare providers in patient management at all levels of the healthcare pyramid. A system of reference and counter-reference

Conclusion: the decentralization of biotech care and prevention has led to a clear improvement compared with the initial situation

ABSTRACT 150: Non-Communicable Disease Clinic at A Primary Healthcare Facility: Bringing Service Closer To The Community

Catherine Ochieng¹, Ferdinand Kai¹, Elizabeth Odhiambo¹ | Mwembe Tayari Dispensary, Mombasa, Kenya | Kenya | Best Practice

Background: Mwembe Tayari Community Health Unit is located in Majengo ward, Mvita Subcounty, Mombasa County and linked to Mwembe tayari Dispensary. With 3800 House Holds each Community Health Promoters (CHP) mans 100HH. Non-communicable diseases (NCDs) are a leading cause of mortality globally contributing to above 50% of deaths. In 2008 57million deaths occurred in which 36 million were due to NCDs mainly; cardiovascular diseases, cancers, diabetes and chronic lung diseases. (policy brief, 2017). In Kenya, NCDs are responsible for more than 50% of inpatient hospital admissions and 39% of all deaths annually. Unhealthy dietary habits and practices and reduced physical activity in the coastal people are major risk factors to obesity and chronic lifestyle diseases. (Ngundi et al,2018,) As at February 2022, our clinic had 37 patients 28 hypertensive and 9 diabetics with retention rate of 20%, poor follow ups with no screening strategy. The CHU goal was to address objective three of the Kenya health policy framework that seeks to halt and reverse the rising burden of non-communicable disease in Kenya through cost effective and feasible interventions.

Implementation: Screening at the community, blood pressure monitoring & blood sugar testing during home visits & outreaches individualized patient follow up via digital platform with the support of the iCARE programme in partnership with Mombasa County health department, Novo Nordisk and Medtronic labs in capacity building CHPs

Outcome: We have enrolled a total of 251 clients as at 31st July 2023. Hypertensive 51.8% Diabetic 41.2% Co Morbid 26.7% With Increased follow up and retention at 95% , return of loss to follow up patient 22.7%

Conclusions: Continuous screening awareness creation & follow ups by CHPs has brought about increased retention rate and reduced defaulters.

Track 3.5: Wash, Non-Tropical Diseases, Communicable Diseases

ABSTRACT 30: Menstrual Hygiene Management (MHM) in Industries and Workplaces: A Qualitative Evidence from Industries and Sector Offices in Addis Ababa City and Adama Town, Ethiopia

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Background: Adolescent girls and women who work in industries are likely to experience more challenges when they are menstruating, but limited evidence exists. This study intended to explore the situation of Menstrual Hygiene Management (MHM) in industries and work environments and assess its influence on work effectiveness and efficiency. The finding of the study will contribute to evidence on MHM service targeting industries and work places.

Methods: This study was conducted in Addis Ababa City Administration and Oromia Regional State using Descriptive Qualitative Research Design and purposive sampling technique. A total of 12 Key Informant Interviews, 11 In-depth Interviews, 6 FGDs and 8 systematic observations were conducted in selected industries and government sectors. Data were analyzed thematically using MAXQDA.

Results: Relatively speaking, women in sector offices are better ready and resilient to menstruation related difficulties than the industry workers. Female workers in industries usually use homemade fabrics and clothes, while employees in sector offices use sanitary pads to manage their menstruation. Majority of the study participants believe that menstruation affects work efficiency and effectiveness negatively. The physical pain and discomfort women experience during menstruation not only decreased interest but also degraded their capacity to work. Sector offices and industries were not having safe space to change sanitary pads. Industries and offices do not provide pad to workers even for emergency. Unlike sector offices, industries had better counselling services for women facing physical and emotional disturbance during menstruation.

Conclusions and Recommendations: No sector office or industry had been innovative in solving women's MHM concern. Local productions should be maximized, so that sanitary pads are accessible with reasonable prices near industrial parks. The issue of MHM should be seen from the right based perspective and every government and non-government institutions should collaborate to ensure and realize MHM at its best.

ABSTRACT 128: Working with Faith leaders to promote community health and wellbeing

Rozilla Adhiambo¹, Sarah Mokaya¹, Francis Kagema¹¹African Council of Religious Leaders-Religions for Peace, Nairobi, Kenya | Kenya | Best Practice

The Faith and Positive Change for Children families and communities (FPCC) is a global initiative that promotes a collaborative and systemic way of working between faith communities and development actors. It aims to achieve a sustainable positive change of attitudes and behavior on priority issues in a scalable way to impact children's lives. The initiative has been rolled out in 16 countries in the East, West and Southern Africa regions. The project works with religious leaders, women of faith and interfaith youth to address given country issues affecting children's well-being. The stakeholders include faith leaders through the National Inter-Religious Councils (NIRCs), UNICEF regional and Country offices and Faith-Based NGOs.

The major activities implemented include; ToTs on a reflective and experiential process called Mind and Heart Dialogue approach in 12 NIRCs; community engagement for vaccine uptake during the COVID-19 pandemic and other emerging health emergencies including cholera, polio and measles; and collaborative regional events on faith and science & culture.

The key achievements and lessons include; reflective community dialogues that have identified priority issues; formation of country coordination mechanisms for joint actions on polio, measles and COVID-19; involvement of women and youth as instrumental in awareness campaigns through social media; development messages with scriptural references assuring the safety and efficacy of vaccines encouraging more people to test and vaccinate; facilitating worship spaces for delivery of vaccines; sharing testimonies of religious leaders who have been vaccinated, encouraged their communities to get vaccinated.

In conclusion, building and maintaining momentum in primary health care requires the inclusion of all entities in society and close collaborative

efforts with faith leaders; building strong institutions can advance primary health care in the provision of essential health services, reduction in financial hardships and access to medicines, vaccines and technologies.

ABSTRACT 261: Enhancing Healthcare for Neglected Tropical Diseases Through Primary Health Care Principles In Kwale County, Kenya.

Grace Karen kamau¹, Michael Kimani¹|¹Kenya Malaria Youth Corps., Nairobi, Kenya | Kenya | Best Practice

Background: Neglected Tropical Diseases make afflict a meaningful portion of the universal population. These diseases preserve a series of poverty, damaging persons and hindering socio-economic growth. This ABSTRACT focuses on actions to boost services for NTDs within the comprehensive PHC plan. Key aspects include the integrated and integrative approaches, capacity building, community engagement, leveraging specialized growths, and strengthening partnerships between various collaborators.

Implementation: An all-inclusive approach can be entrenched, optimizing resource utilization and advancing equitable healthcare approach. Exchanging information and knowledge with healthcare professionals can promote a more holistic and deep understanding and effective control of NTDs. Capacity buildings, trainings and empowerment of the healthcare workers, equips them with the skills to diagnose, treat, and prevent NTDs. Community engagement guarantees active partnership and society-specific education which helps in promoting knowledge and partnership of health at the basic level. Technological advancements, like telemedicine and digital health tools, synergize with the PHC attempts to enhance reach, efficiency, and efficacy in service delivery in remote or underserved domains. Counterfeiting strong alliances with all stake holders within the PHC framework will help in mobilization of resources, ease information sharing and collectively push progress towards NTD control and elimination.

Outcomes: 1. Capacity buildings to train and empower healthcare workers in diagnosing, treating, and preventing NTDs. 2. Community engagement hence promoting health knowledge at the basic level and control of NTDs. 3. Utilization of technological advancements to enhance reach, efficiency, and efficacy of service delivery in remote or underserved areas. 4. Creation of strong alliances with the stake and non-stakeholders for resource mobilization and information sharing.

Conclusion: The integration of disease interventions with comprehensive health services, combined with collaboration, capacity building, community engagement, and technological advancements, within the framework

ABSTRACT 08: Assessment of Households infected by tungiasis to understand the linkage, Case study of Makuchi sub-location, Hamisi Sub-county, Vihiga County Kenya.

Obino Tai¹, Abigael Osendi¹¹Vihiga County Government, Department of Health, Vihiga, Kenya | Kenya | Scientific

Background: Tungiasis is a neglected public health problem in Kenya. It is a vector-borne disease caused by Tunga Penetrans. An estimated 1.4 million Kenyans suffer from jigger infestation, with the highest prevalence rates found in Central, Nyanza, Western, Coast and Rift valley regions. The most at-risk population cohorts are children 5 to 14 years, elderly and physically and mentally disabled persons. Household (HH) poverty has been linked to the health conditions of the occupants since it determines the family's ability to access quality housing, clean water, sanitation and nutrition.

Objective: To assess the living conditions of people infected by jiggers to establish the linkage.

Methodology: We used a standard questions which was administered by Community Health Volunteers (CHV) to assess the living conditions of the people infected by jiggers in 22 HH. The questioners contained housing status; permanent or semi-permanent, type of the floor; earthen or cemented, hygiene of the compound and house and beddings cleanliness and drying. The data was entered into excel sheet, cleaned, analyzed and presented in the form of graphs

Results: The total clients were 52 clients, on the housing status; all 22 (HH) were semi-permanent and earthened. Twenty HH (90.1%) of the walls were not well maintained. On hygiene 13 HH (59.1%) were unclean while on compound cleanliness 16 HH (72.3%) compound were unclean. On beddings assessment 18 HH (81.8%) were unclean while 20 HH (90.9%) were not air dried. Most affected clients that is 25% treated clients were from Kamulembe village.

Conclusion: Household poverty is linked to the health conditions of the occupants since it determines the family's ability to access good quality housing, clean water, sanitation and good nutrition. Thus jigger infestation tends to be linked to poverty, poor community participation in hygiene and sanitation education.

ABSTRACT 286: The Impact of Youth-County Partnerships in the Fight Against Neglected Tropical Diseases (NTDs) in Kenyan Counties of the Endemic Regions.

Michael Kimani¹, Karen Kamau¹|¹Kenya Malaria Youth Army (KeMYA), Nairobi, Kenya | Kenya | Best Practice

Background: Neglected Tropical Diseases (NTDs) affect tropical and subtropical regions, posing significant health challenges in Kenya, notably in Turkana, West Pokot, Baringo, and Narok Counties. Collaboration between Youths and county governments could reduce disease impact by advocacy, and education. Their interventions aim to empower communities, encouraging proper living practices to minimize disease transmission and enhance overall health in these regions.

Implementation: The communities residing in NTDs, often face limited access to education due to high illiteracy levels. Special attention is given to educating and training young children in these areas. County governments, in collaboration with other partners, provide funding and training to empower the youths as advocates in their communities. Efforts are made to ensure that the training is provided in local languages to effectively reach the people and raise awareness about NTD prevention.

Achievements: Collaboration has proven to be a formidable strength in the battle against NTDs. Through consistent dissemination of information and heightened awareness campaigns, individuals have gained a deeper understanding of the challenges posed by NTDs in their communities. Addressing treatment obstacles such as high costs and limited medical expertise, while also advocating proper sanitation practices, underscores the imperative of a holistic approach. This comprehensive strategy should encompass behavioral shifts, improvements in the environment, societal engagement, and enhancements in healthcare systems to effectively combat Neglected Tropical Diseases.

Recommendation and Conclusion: This study emphasizes the impactful partnership between youth and county governments in tackling Neglected Tropical Diseases (NTDs) prevalent in key Kenyan regions. Highlighting water scarcity as a significant factor, the intervention focuses on promoting proper sanitation and empowering communities through education.

Achievements underscore the value of a holistic approach, addressing behavior, environment, society, and healthcare systems. This study advocates for sustained community engagement, policy alignment, and resource optimization to effectively combat NTDs and improve public health.

DAY 3: ORAL PRESENTATIONS

Friday, December 01, 2023 - 10.30 am - 12.00 pm

AG 1: Track 4.1 Improving PHC in the face of climate change; maintaining health system resilience

ABSTRACT 107: Efficacy of activated carbon for ammonia gas reduction in selected poultry farms in Ido local government area, Ibadan, oyo state, Nigeria

Juliet Shaibu¹|¹ University of Ibadan| NIGERIA| Scientific

Background: Ammonia gas is one of the major pollutant gases which is toxic to humans and animals when inhaled in high doses. Previous studies have demonstrated an increase in ammonia emission levels among poultry farms in Nigeria, but there is little information on ammonia gas emission reduction. Hence, this study utilized activated carbon filter in the reduction of ammonia emissions produced in selected poultry farms.

Methodology: The study adopted a quasi-experimental design and four poultry farms within Ibadan metropolis (renamed A, B, C and D) were purposively selected. Also, a fabricated glass chamber was used to monitor ammonia gas emission and reduction levels in the farm. Measurements of ammonia levels was carried-out six days in a week, three times daily for two weeks at specific periods of the day with a total sampling period of eight weeks. Activated carbon produced from coconut shells and palm kernel shells was used as ammonia absorbent. Data were analysed using descriptive statistics, T-test and ANOVA at 5% level of significance.

Results: The ammonia emissions (ppm); 1150.67, 953.67, 1068.06, and 859.3 for farms A, B, C and D, respectively were higher than the guideline limits for ammonia gas by NIOSH (25ppm) and OSHA (50ppm). Coconut shells-based activated carbon had a higher absorbency capacity with the average ammonia level reduced from 36.15 ± 30.48 at baseline to 16.38 ± 17.71 at post-treatment level and a percentage reduction of 19.77% while Palm Kernel shells-based activated carbon had 35.80 ± 31.15 at baseline and 18.54 ± 16.85 at post-treatment

level, with a percentage reduction of 17.26% across all the poultry farms.

Conclusion: The study showed that activated carbon obtained from coconut shells had a greater absorbency potential for ammonia gas reduction when compared to palm kernel shells activated carbon. Therefore, poultry managers should include activated carbon filters as a mechanism to reduce ammonia levels in poultry farms.

ABSTRACT 120: Compliance of Kenyan Counties with the Sustainable Waste Management Act of 2022: a case of Five Counties.

Charles Muruka¹, Njoroge Kamau¹, John Njuguna¹ |¹Environmental Public Health Association of Kenya, Nairobi| KENYA| Scientific

Background: Solid waste management (SWM) is vital in securing the public health of the masses as well as mitigating climate change. Kenya enacted the Sustainable Waste Management Act in 2022. This legislation allocates County governments six roles. These are disposing waste within their boundaries, enacting legislation on SWM, incentivizing waste segregation, providing centralized collection and recycling facilities; and controlled waste disposal. This study looked at five counties which recently did SWM audits under the UN-Habitat Waste Wise Cities initiative so as to assess the extent of their compliance. These are Nairobi, Mombasa, Kiambu, Taita Taveta and Homa Bay counties.

Methods: Data from SWM audits were downloaded from the UN Habitat Waste Wise Cities initiative portal. Information on waste generation, collection, resource recovery, and disposal were collated. This was triangulated with policy documents on SWM and peer reviewed literature.

Results: All counties dispose of their waste within their boundaries and collect between 30 to 65 % of generated waste. Recycling rates range between 0% and 15%. No county has a centralized recycling facility, and household segregation of waste is minimal. Two counties have enacted SWM legislation.

Conclusion: and Recommendations: Counties scored highly on intra-boundary disposal of waste and poorly on waste segregation, controlled disposal, and recycling. An unacceptably high amount of waste is either uncollected or poorly disposed. County governments should promote household segregation, invest in recycling infrastructure and controlled waste disposal.

ABSTRACT 273: Building resilience to combat climate change effects on lifestyle and health among impoverished communities in semi-arid Chakama location, Kilifi County

Muhsin Sheriff¹ |¹ Centres for Health and Education Programmes, Nairobi, | KENYA| Best Practice

Background: Climate change compounds the ill effects of poverty, food and water scarcity, poor education and health services, malnutrition and outbreaks in the remote 46 villages of Chakama location, Kilifi County. A multi-pronged evidence-based effort was designed to build resilience of the communities.

Implementation: 1. Community awareness campaign 2. Improved water sources through rainwater harvesting, trucking, chlorination solutions 3. Improve food sources through training on demonstration organic farm, school feeding, community food distribution during severe drought 4. Assistance to sick 5. Tree planting in schools.

Outcomes: 1. Increased awareness and demand for improved health and education services and behaviour. 2. School feeding programme in 25 public schools for over 1,700 ECD and lower primary students leading to improved enrolment and attendance in schools. 3. Increased coverage of trees in participating schools. 4. Increased rainwater storage capacity in 9 schools, 10 villages and 30 houses of vulnerable elderly. 5. Improved coping mechanisms and resilience of communities. 6. Potentially improved organic farming practices and food availability. 7. Increased coverage and use of household toilets from 7% in 2021 to over 60% currently. First village in sub county close to being ODF with 139 of 140 households having their own toilets. 8. Reduced disease outbreaks. There were challenges in scale and consistency of the interventions.

Conclusions: and recommendations: There's limited success in short term for the interventions to combat climate change, ignorance, hunger and malnutrition, and access to quality healthcare services. Simple home-grown interventions with locally available items and ability, community ownership potentially helps improve community resilience, primary health and healthcare in remote, marginalized, impoverished rural areas of Kenya. Scaling up and continuous, long term quality services are required to ascertain resilience building through these efforts.

ABSTRACT 122: Aligning practice to evidence in strengthening PHC for lasting health change in africa

Kevin Wachira¹ |¹ BHESP, NAIROBI | KENYA | Best Practice

“PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment.” WHO and UNICEF. A vision for primary health care in the 21st century: Towards UHC and the SDG.

Strengthening Primary Health Care Is Essential to Achieving Universal Health Coverage: Primary health care addresses the health needs of all patients at the community level, integrating care, prevention, promotion and education. Primary health care improves the performance of health systems by lowering overall health care expenditure while improving population health and access. The aims of primary health care overlap with those of universal health coverage, which aims to ensure access to essential health services and safe, effective and affordable essential medicines and vaccines for all people. To achieve universal health coverage, reforms should focus on strengthening primary health care to ensure equity and cost containment. Health system reforms should be monitored with indicators that reflect the core characteristics of primary health care: continuity of care, person- and population-centeredness, coordination of care, prevention, health promotion and patient autonomy.

Elements Of Primary Health Care: Education on health problems and how to prevent and control them. Development of effective food supply and proper nutrition. Maternal and child healthcare, including family planning. Adequate and safe water supply and basic sanitation. Immunization against major infectious diseases. Local endemic diseases control. Appropriate treatment of common diseases and injuries. Provision of essential basic medication.

ABSTRACT 44: Prevalence of Staphylococcus aureus in bovine raw milk and associated milking hygiene practices among small-scale farmers in Magu district, Mwanza Tanzania

Doris Ngassa¹, Alice Lakati¹, Mariam Mirambo² |¹ Amref International University, Nairobi, ² Catholic University of Health and Allied Sciences, Mwanza, Tanzania | KENYA | Scientific

Background: Staphylococcus aureus is a known major cause of food-borne diseases. It is transmitted from animals to humans by the ingestion of contaminated raw milk from cows. Information on the occurrence of livestock-associated Staphylococcus aureus (LA-S. aureus) throughout the entire bovine supply chain in Tanzania is scarce.

Broad objective: This study has assessed the prevalence of Staphylococcus aureus in bovine raw milk from cows and assessed associated milking hygiene practices among small-scale farmers in the Magu district of Mwanza, Tanzania.

Methods: Conducted through multistage sampling, this cross-sectional study collected 384 bovine raw milk samples and 48 associated household questionnaires in Magu district, Tanzania. S. aureus isolation followed Standard Operating Procedures (SOP) in the laboratory. The susceptibility was assessed using Kirby-Bauer disk diffusion and interpreted as per Clinical and Laboratory Institute Guidelines (CLSI, 2022). A cefoxitin disc was used to detect methicillin-resistant Staphylococcus aureus (MRSA). Data analysis employed R-software, revealing associations between the bacteria and milking hygiene practices through Chi-square and Logistic regressions.

Findings: The prevalence of S. aureus was found to be 23.9%, while the prevalence of MRSA was 3.9%, with varying levels of resistance observed against different antibiotics. The highest resistance was observed against ampicillin (74.5%), followed by penicillin (45.9%) and tetracycline (33.7%); Cefoxitin had a resistance rate of 16.3%, followed by clindamycin (6.1%), erythromycin (21.4%), trimethoprim sulfate (6.1%), and gentamycin (3.1%); and ciprofloxacin (1.1%), with only a single resistant isolate. Further evaluation of small-scale farmers' milking hygiene practices indicated 29.2% poor conditions, 14.58% unwashed hands, 35.4% lacked pre-milking udder cleaning, and 50% used cold water for utensils. Minimal udder treatment (25%) and 10.41% meeting milk storage standards were observed; 89.58% were stored at room temperature.

Conclusion: The study provides veterinary and public health insights that enable the execution of acceptable preventive and control measures to produce high-quality, contaminant-free milk.

ABSTRACT 200: The Antimicrobial Resistance Profile of Staphylococcus aureus in Milk in Kenya: A Systematic Review

Eric Murimi¹ |¹ Afica One Health University Network, Nairobi| KENYA| Scientific

Background: Milk is an important reservoir of enterotoxin-producing *Staphylococcus aureus*, attributed to food poisoning, bacteremia, skin infections, and toxic shock syndrome in humans. In the dairy industry, *S. aureus* is recognized globally as a significant pathogen attributed to mastitis. The emergence of multidrug resistance presents a concern in the management and treatment of staphylococcal infections which may be transmissible between humans and dairy livestock. In Kenya, there is a need to comprehensively document the antimicrobial profile of *S. aureus* and its variants. The aim of this systematic review was to collate and evaluate existing studies on the phenotypic antimicrobial patterns and multidrug resistance profile of *S. aureus* isolates from milk in dairy ruminants.

Methodology: Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, a literature search was conducted on publicly accessible online search engines and databases such as PubMed, Africa Journal Online (AJOL), ScienceDirect, and Google Scholar. Moreover, additional literature was manually obtained from reference lists of identified studies and other systematic reviews. Case reports, cross-sectional, descriptive, and cohort studies evaluating raw milk from dairy ruminants (cows, goats, camels, and sheep) were considered.

Results: A total of 24 articles were selected for this systematic review. The prevalence of *S. aureus* isolates ranged from 7-84% in milk samples. The phenotypic patterns of antibiotic resistance as assessed from the studies used varying antibiotic combinations, ranging from 4-10 in number. In descending order, the highest degree of resistance was observed in β -lactam antibiotics (Penicillin, Ampicillin, Oxacillin, and Amoxicillin), followed by Tetracyclines, Sulphonamides, and Quinolones. Prevalence of multidrug-resistant (MDR) *S. aureus* ranged between 0-94%, with five studies detecting Methicillin-Resistant Staphylococcus Aureus (MRSA) isolates.

Conclusion: The occurrence of multidrug-resistant *S. aureus* in milk is a public health and food safety concern as it may predispose consumers to food poisoning and complicated staphylococcal infections.

ABSTRACT 10: Evaluation of Upper Respiratory Tract Infection Management To Understand The Drivers Of Antimicrobial Resistance Amongst Kitagwa And Tigoi Community Units Residents Vihiga County

Obino Tai¹ |¹ Vihiga County Department of Health, Vihiga| KENYA| Scientific

Background: Indiscriminate use of antibiotics has increasingly contributed to AMR burden, threatening effective treatment. Most upper respiratory tract illnesses (URTI) are caused by viruses and diagnosis to differentiate between bacteria and virus is very difficult. Antibiotic self treatment occurs due to easy access without a prescription.

Objective: To assess the perception of URTI management and antibiotics use in order to develop stewardship messages.

Methodology: This cross-sectional study occurred from 10th May-30th July 2022 among residents of Tigoi and Kitagwa community units (CU) >18 years. A structured questionnaire in English was administered on URTI management perceptions, availability of health insurance, antibiotics use and their source. Respondents were picked randomly among clients at Tigoi health centre. Results were presented using frequencies and percentages and chi-square statistics were used to test for significant ($p < 0.05$) differences between groups.

Results; Among 131 respondents who participated in the assessment, 94(72%) were female, 124(53%) had upto primary education level, and 7(5%) secondary. Ninety-three (71%) of respondents had no insurance coverage, and 104 (79%) reported self treatment with antibiotics to manage URTI. When examining the dangers of using antibiotics 78 (60%) didn't know, while 28 (21%) were unsure. One twenty-four

(94.7%) purchased antibiotics of which 66(53.2%) had a prescription. Antibiotic use was highest among respondents with no education (n=55, 53%, p-value <0.0001), without insurance coverage (n=66, 63%, p-value =0.0002), female (n=86, 83%, p-value <0.0001), without knowledge on dangers of antibiotic use (n =78, 75%, p-value < 0.0001), and those who perceived antibiotics to make them feel better (n=92, 89%, p-value < 0.0001)

Conclusion: Self treatment of URTI with antibiotics is common among respondents. Knowledge on dangers of antibiotics use and medical coverage may be points of intervention. Sustained AMR stewardship is necessary to ultimately influence behaviour change to address AMR.

AF 1.1: Track 4.2 Zoonoses and Evidence on the One Health approach

ABSTRACT 145: Reaching Zanzibar's children with disabilities: A digitally supported community health initiative delivering disability focused early childhood development services

Julius Rosenhan¹, Creptone Madunda¹ |¹D-tree, Stonetown| TANZANIA| Scientific

Children with disabilities are among the most marginalized groups in Zanzibar, experiencing significant barriers in accessing their right to health. With community health volunteers (CHVs) being well positioned to bridge the gap between marginalized communities and insufficient health care systems, D-tree enabled CHVs to deliver services to children (0-5 years) with disabilities and their caregivers.

As an NGO focusing on digital and community, D-tree employed the quality improvement methodology of PDSA-cycles (Plan-Do-Study-Act) to improve the knowledge and skills of CHVs on disability. Through disability focused early childhood development and the support of a digital application, CHVs were capacitated in a training to provide early screening and identification, awareness raising as well as referral services to children and caregivers.

Structured observations during the testing period showed that all CHVs were interested and appreciated the training. Furthermore, improvements in the areas of confidence, skills, and knowledge of CHVs as well as their ability to visit and interact with children with disabilities and their caregivers were recorded. Also, caregivers of children with disabilities reported gratitude, increased knowledge and ability to take care of their children. Following the evaluation and small-scale testing, a national training curriculum with a disability component was developed

which will be deployed to approximately 2300 CHVs.

Community health volunteers are interested and committed to delivering services to children with disabilities and creating awareness to their caregivers if enabled to do so. Therefore, they can play a crucial role towards achieving Universal Health Coverage by delivering primary health care to improve health equity for children with disabilities. With many African countries increasingly emphasizing a community health approach, the learnings from Zanzibar can inform and encourage various stakeholders and programs in other countries to amplify the way community initiatives can address health equity and inclusion through disability focused Early Childhood Development.

ABSTRACT 38: Impact of CHVs motivation on deliveries and other services at Nyahera sub county hospital, Kisumu County, Kenya

Risper Oyaa¹, Duncan Ongayi¹|¹ County Government of Kisumu,nyahera sub county hospital, kisumu| KENYA| Best Practice

Background: Nyahera sub county hospital situated in Kisumu west sub county, Kisumu County with an estimated catchment area population of 28,527 , number of pregnant women and deliveries at 741 (3.27%).women of child bearing age of 4,817(26%). Due to low delivery rates from the estimated 741 , the facility engaged CHVs to follow up all antenatal mothers to attend all antenatal clinics that is 1st ANC ,4th ANCs leading to final delivery at the facility ,they were also expected to follow up on the severe malaria cases at the house holds alongside tracing immunization defaulters .The study sought to evaluate importance of CHVs involvement and engagement outcomes through motivation in terms transport reimbursements that was done by the implementing partner AMREF and facility. The facility also implemented group ANCs were mothers had the opportunity to share their experiences.

Methodology: This was a retrospective comparative study conducted from January to April 2023 by ABSTRACTing data from DHIS and MOH 100 CHVs referral tools on mothers that attended 1st, 4th ANCs that were referred by CHVs to the facility and finally the number that deliveries in the facility were referred alongside the immunization's defaulters and cases of severe malaria from the community. The data obtained was analysed in Microsoft excel and presented in percentages

Results: Number of deliveries done at the facility increased from to 103 from 56(1.8%), number of mothers referred for, 1st ANCs increased from 178 to 72(2.5%) ,4th ANC were 97 from the previous 43(2.2%) ,number of children with severe malaria referred to the facility 56,

while the number of immunization defaulters tracked were 06.

Conclusion: CHVs motivation through transport reimbursement led to tracking of so many variables in the community since there was a serious engagement of the community through CHVs linkages to the facility.

ABSTRACT 117: Consensus building for community based-intervention for women following obstetric fistula treatment

Julie Nyanchama¹, Sabina Wakasiaka¹, Tina Lavender², Mariam Mirambo², Carol Bedwell², Weston Khisa³, Elijah Kirop⁴|¹ University of Nairobi, Nairobi, ²Liverpool School of Tropical Medicine, Liverpool, United Kingdom, ³Kenyatta National Hospital, Nairobi, ⁴Moi University, Eldoret| KENYA| Scientific

Background: Obstetric fistula is an abnormal connection between the bladder into the vagina and or the rectum. A fistula may develop after prolonged obstructed labour resulting to urine or fecal incontinence. Stillbirth is the loss or death of a baby before, during or immediately after birth. Obstetric fistula and stillbirth are significantly related. Both conditions are associated with short term and long-term psycho-social effects which adversely affect the quality of women`s lives.

Aim: To develop a community-based intervention for women who have experienced obstetric fistula with or without stillbirth. **Methods:** This was a cross-sectional study guided by a participatory approach (consensus). The Nominal Group Technique Method (NGT) consensus approach was used to develop a community-based intervention for women following obstetric fistula. NGT Consensus development process involved four sequential steps and it was guided by APEASE Criteria (Acceptability, Practicality, Effectiveness, Affordability side effects and Equity). Participants were assembled and asked to list individually and without discussions their ideas on community-based interventions for women following obstetric fistula treatment. This was followed by the assessment of the group`s priority views after having a highly structured discussion on the suggested interventions. Results: Consensus was reached on priority actions which included: Development of Information/Education materials, building community initiatives which will create awareness on obstetric fistula including counselling skills and developing a core group of community-based peer supporters. Conclusions: Community based peer support was a top suggested intervention.

Keywords: Nominal Group Technique, Community based peer support.

ABSTRACT 252: Re-imagining nutrition education for pregnant adolescents in the face of climate change: A COPC approach

Susan Cheruiyot¹, Fleur De Meijer¹, Mary Kimanthi¹|¹Aga Khan University Hospital, Nairobi| KENYA| Scientific

Background: Climate change has disproportionately affected low and middle-income countries, resulting in unpredictable rainfall pattern and reduced food availability. This especially threatens infants and adolescent pregnant women, who are most at risk for undernutrition and pregnancy related adverse effects. The study evaluates experiences with current nutrition education programs for teenage pregnant women in a drought-prone community in Kenya, and the communities' suggestions on how to best adapt nutrition education for them in the face of climate change.

Methods: The study was conducted in Tsangatsini, Kilifi County, in 2 phases: October - November 2020 and March-April 2022. It was based on Community Oriented Primary Care principles of identifying problems in a defined community and engaging the community to find context-appropriate solutions. Study participants included adolescent mothers and mothers-to-be, their parents and spouses, community health volunteers and health care workers attached to Tsangatsini Health Center. This study utilized a mixed methods approach: Initial quantitative data was collected from facility records and national data on the burden of disease, rainfall patterns and food production. Nine focus group discussions were conducted focusing on the participants' personal and observed challenges to nutrition, their views on current health promotion and education and suggestions for the future.

Results: Three themes emerged: 1. Climate-induced nutritional challenges; reduced access to food, poor crop variety, and increased livestock diseases. 2. Barriers to accessing adequate nutrition education; inadequate adolescent friendly nutrition education and CHV potential for nutrition education 3. Challenges in applying nutrition education in daily life: Low male involvement, lack of financial autonomy, cultural practices and mismatch between food education and availability.

Conclusions and Recommendations: Based on the study findings above, we proposed a framework to build adaptive capacity and resilience in climate affected regions by improving nutrition education access, increased skills development and enhancing peer support and collaboration within the community.

ABSTRACT 260: Ripple effect Kenya Community based health insurance model

Byrone Wayodi¹, Beatrice Were¹|¹Ripple Effect, Nairobi| KENYA| Best Practice

Ripple Effect Kenya is implementing the Enterprising Migori Project in Migori county that currently works with 1062 poor small holder farmer households of which 30% of them are people living with HIV/AIDS. Within the Enterprising Migori Project, Ripple Effect introduced the Community Based Health Insurance Model which was adapted and scaled from Support for Tropical initiatives in Poverty Alleviation (STIPA) and currently 600 households in the project in Migori (with an average of 3600 household members) are enrolled and receiving treatment for the period June 2023 - May 2024. Linking the two projects was necessary since the households are smallholder farmers who have competing needs and whenever they fall sick, they must sell their little produce to get health access. But with the community health financing they can now access health without disrupting their daily lives.

The Enterprising Migori project works with 50 community-based groups that have registered 1062 poor small holder farmer households in 2 sub-counties, whose overall aim is to ensure that farmers have got access to safe foods, nutritious food, and regular income through promotion of different value chains which includes banana value chain, vegetables, improved kienyeji chicken production, upgrading of local goats and cows and the grain Amaranth.

The project implementation model: This Community health insurance is a model where the community have been mobilized into clusters and sensitized to put their resources together to access health care in the identified local health facilities managed by a community structure called Migori CHBI network established and strengthened to manage and administer the insurance fund. This is an annual subscription where each household pays ksh.2000 and covers up to 5 household members within a ceiling of Ksh.7000 in dispensaries and local hospitals and Ksh.20,000 for Referral hospitals.

ABSTRACT 301: Sustaining Safe Motherhood Practices among women refugees through a community-based model in Kakuma refugee camp

Sila Monthe¹, Athanus Lutta¹, Wycliffe Lihanda¹, Brigid Waliuba¹, Caroline Tatura¹|¹ International Rescue Committee, Turkana| KENYA| Best Practice

Background: Women in displaced populations suffer poor maternal health outcomes and related mortality due to low health literacy, inadequate knowledge of available health services, cultural differences, fear of discrimination, and medical intervention resistance. To avert this, the International Rescue Committee initiated a community-based health promotion model.

Implementation: In 2019, IRC identified 6 community health units CHUs, linked to 6 primary health facilities. Each CHU had 36 community health promoters (CHPs), 3 safe motherhood promoters (SMPs), supervised by 1 community health programme officer. A total of 268 CHPs and reproductive health assistants were trained in community-based maternal newborn health. SMPs were capacitated to provide post-natal follow up to expectant and lactating mothers. The CHPs visited households to educate mothers on safe motherhood practices, conducted community dialogues, identified, and registered pregnant mothers, referred them for antenatal care, accompanied and monitored mothers through the gestation, birth planning, maternity, and post-natal period. They also traced mothers who missed antenatal and post-natal care back to the health facilities. The CHP interventions were monitored through routine data collected by CHPs and reviewed at program level.

Outcomes: The program routine service delivery monitoring data for maternal health key performance indicators over the past 3 years in Kakuma camp shows sustained utilization of maternal health services with good outcomes.

Conclusion: Community based models promotes utilization of MCH services and overall improvement of health outcomes among women in humanitarian setting. Health promotion increases, trust and community acceptance of the available medical interventions and should therefore be strengthened and integrated in humanitarian service delivery.

ABSTRACT 169: Village Mop up of Missed Opportunities for Immunization

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Background: Immunization is effective in improving quality of life through reduced morbidity and mortality rates among children below 5 years. Acknowledging its importance, we implemented a Village Mop up of Missed Opportunities for immunization as an intervention aimed at improving immunization coverage which stood at 78% (KHIS, June 2023) below the recommended coverage of 95% in Rangwe sub county. The intervention is further informed by the fact that every child aged 5 years and below is due for at least one immunization service at any particular time regardless of when he/ she last visited a health facility.

Implementation: It was implemented for 3 months (June, July & August). The process involved mapping of hard to reach villages with high numbers of missed opportunities for Immunization. It's implemented in Lower Koyolo CHU linked to Rangwe SDA Dispensary. All the 10 CHPs participated in the household to household mop up of children and care givers to 'The Village CLinic'. Pregnancy mapping and tracking tools are used as the guide to the households with the target population.

Outcome: 124 children reached out of 130 targeted in 3 villages. 90% of them received at least 2 services. Immunization coverage improved from 78 % in June to 84 % in August. 62 children representing 55% of children reached were defaulters of mostly vitamin A, Deworming, measles Rubella at 9 and 18 months. 33 children representing 30% of the children served had visited a health facility at least once for various reasons within the last 30 days.

Recommendation: Trainings of community health personnel and financial support for the exercise. Expansion of scope of services to include reproductive health services to all the mothers of reproductive age.

Conclusion: Based on the outcome, we recommend the intervention for adoption as a best action day activity to improve immunization coverage.

AF 2.1: Track 4.3 Use of technology to improve communities' access to primary healthcare

ABSTRACT 194: Healthcare provider perceptions on technology-driven interventions at primary health care level: Learnings from the Kenya TIMCI project implementation

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In Kenya, the probability of children under the age of five dying was estimated as 37 deaths per 1000 live births, with neonatal mortality rate of 18 per 1000 live births (as of 2021). Novel approaches to ensure access to affordable interventions and early detection of serious illness, as well as correct management of severely sick children are required. The Tools for Integrated Management of Childhood Illness (TIMCI) project was implemented across three Kenya counties between 2021- 2023. The project introduced tablet-based clinical decision support algorithm (CDSA) and pulse oximeters (POs) in selected primary healthcare facilities (PHCs) to improve quality of care. Little is known about healthcare provider (HCP) perceptions related to the use of these devices in the Kenyan setting.

A qualitative study was conducted to explore HCP perceptions related to the use of POs and CDSAs [i.e., devices]. Twenty-seven health care provider in-depth interviews were conducted and thematic analysis was employed.

Overall, perceptions of HCPs on the devices were mixed, with about half of respondents finding them good or very good. The HCPs interviewed reported a very high number of positive changes and few negative changes as a result of the introduction of the devices, which influenced their acceptance or non-acceptance. These changes were related to: 1) quality of care; 2) aspects affecting the providers themselves; 3) working environment; and 4) costs to the facility and caregivers.

Use of POs and CDSA at PHC level has substantial potential to improve quality of care. Implementation of technology-driven interventions at PHC needs to be carefully embedded into the working environment. Exploring attitudes and perceptions of end-users and adapting technology to their needs is crucial to increasing acceptability and uptake.

ABSTRACT 46: Health Service Provider Perceptions On Refugee Health Care Financing In Kenya

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Background: Refugee health financing involves the allocation and management of financial resources to provide health care services to refugees and asylum seekers. It is a complex issue that involves multiple stakeholders and funding sources. In Kenya, the primary responsibility for provision of refugee healthcare services rests with the Department of Refugee Affairs under the Ministry of Health. However, the government often faces resource constraints in meeting the health care needs of not only the refugee and asylum seekers within the Kenyan borders but also its own citizens. This paper seeks to bring to perspective refugee health care financing in Kenya by assessing the current state of refugee healthcare financing in Kenya, identifying financing mechanisms for refugee health financing and investigating policy aspects of refugee health financing.

Methodology: This was a qualitative study; 30 key informant interviews were conducted with health care workers and 60 in depth interviews conducted on the refugees of Somali and Congolese origin. A desk review was also conducted targeting publications on Refugee Health care financing between the periods of 2018 and 2023.

Findings: The key findings of the study were; limited funding or resources available to support provision of comprehensive health care services; the high-cost burden placed on the country by the presence of the refugees on the already strained health system; medical stock outs and lack of laboratory reagents at health facilities; unpredictable donor support; lack of medical insurance covers (NHIF); and poverty which poses greater challenges in access to health care.

Conclusion and Recommendations: The government needs financial support for the comprehensive provision of health care services. In addition, innovative financing models such as provision of NHIF cards should aim to reach all refugees within the shortest time upon arrival and registration in the country.

ABSTRACT 277: An Exploratory Study to Monitor Power, Biomedical Equipment Utilization, Location, and Barriers to Care In Oxygen Equipment In Kakamega Kenya, 2022-2023

Caroline Kendi¹, Erick Onyango¹, Michael Njuguna¹, Jane Wesonga¹, Bernard Olayo¹, Amos Momanyi², Ednah Kiome², Eric Wright², Martin Lukac²¹ Center for Public Health and Development, Nairobi, ²Nexleaf Analytics, California| KENYA| Scientific

Introduction: Healthcare provision in Kenya faces various challenges, including unreliable infrastructure, ineffective medical equipment, lack of continuous training for clinical staff, and uncoordinated service delivery. This study aimed to provide visibility on facility power quality and on functionality, utilization, maintenance and location of equipment to a level that would allow stakeholders to make informed decisions on actual needs to ensure optimal healthcare delivery.

Methods: Conducted in 4 facilities for 9 months. Bluetooth Low Energy (BLE) asset tracking tags collected data on location, utilization, and functionality of equipment. Power Quality Monitors (PQMs) monitored site-level power quality. Quantitative data on medical equipment uptime and location was fed onto a dashboard and accessed remotely. Additional data was collected via semi structured interviews on a scheduled timeline regarding equipment maintenance, facilitators and barriers for optimal use of medical equipment and on gaps and needs for improved patient care. Analysts conducted longitudinal analyses of sensor data and textual analysis of interview data to identify objective trends in BLE and PQM data and extract themes in user perceptions.

Results: 56 equipment (concentrators, incubators, suction machines, CPAP) were monitored. Use cases derived from the data included location data to validate inventory during procurement planning, integration of utilization, maintenance and uptime data for optimum service delivery and use of service data to ensure compliance with clinical guidelines. Power outages and voltage disturbances were common in 100% of facilities, 1 averaging outage over 1 hour daily.

Conclusions: Data on equipment tracking & utilization and power availability & quality can be used to improve design, deployment, maintenance and financing of life-saving medical equipment. Location and utilization data can facilitate efficient inventory management and resource allocation by providing a comprehensive view of equipment availability and usage patterns. However, resource constraints and political influences pose challenges to the effective use of data.

ABSTRACT 134: Assessment of the Effect of OUTREACH on Uptake of Pentavalent3 as Community Approach Model That Strengthens Equitable Access to Primary Healthcare Services in Vihiga Subcounty

Felix Mandela Akoyo¹¹ Ministry Of Health, Vihiga county Government, Vihiga| KENYA| Best Practice

Background: Equitable access to PHC services, including immunizations, is crucial for improving population health. In Vihiga Subcounty, efforts have been made to enhance immunization uptake, particularly for the Pentavalent3 vaccine. MRITE, in collaboration with the Vihiga County Government, has implemented defaulter tracing registers and conducted community outreaches since 2021 to strengthen immunization services.

Implementation: The study assesses the impact of OUTREACH on the uptake of Pentavalent3 by analyzing statistical data from selected healthcare facilities between 2019 and 2022. Five facilities in Vihiga subcounty have received support for the implementation of this model. These outreaches involve CHEWs and CHVs who raise awareness among parents and caregivers about the importance of immunization. Communication channels i.e community meetings, posters, leaflets, bulk SMS, and door-to-door visits are utilized in these campaigns, it prioritizes accessibility and convenience as essential factors contributing to improved coverage.

Outcomes: The results indicate a significant decrease in drop-out rates for Pentavalent3 in the selected facilities. Egago dispensary saw a decrease from 15% in 2019 to 45% in 2022, demonstrating a substantial improvement in uptake. Mulele healthcenter exhibited a decrease from 5% in 2019 to 0% in 2022. Kisiru dispensary experienced a decline from 0% in 2019 to 23% in 2022. Mbale rural healthcenter recorded a drop from 19% in 2019 to 9% in 2022. Iduku dispensary observed a decrease from 2% in 2019 to 7% in 2022. Overall, Vihiga County achieved an impressive immunization coverage of 96% being the top in Kenya.

Conclusion and Recommendation: The implementation of OUTREACH as a community approach model has significantly improved the uptake of Pentavalent3 and reduced drop-out rates in Vihiga Subcounty. Collaborative efforts between MRITE and the Vihiga County have strengthened equitable access to PHC. Therefore, it is recommended that similar community-based interventions be replicated in other regions to enhance immunization coverage and promote health equity.

ABSTRACT 241: Developing AI-Enabled Digital Mental Healthcare to Improve Treatment Outcomes

Dr. Yared Alemu^{1,2}, Dr. Hermon Amare³, Abaydar Workie³ |¹ AYA-Innovation, Addis Ababa,² Morehouse School of Medicine, Atlanta, USA,³ Amref Health Africa in Ethiopia | ETHIOPIA | Best Practice

Ethiopia is emerging from a protracted civil war lasting more than two years. The consequence of these conflicts are many, and chief among them are complex trauma; in some conflict zones, for example, studies from Maikadra Massacre Suffers in Northwest Ethiopia show the prevalence of PTSD can be as high as 60%. The prevalence of PTSD is exacerbated by multiple factors, including the lack of trained mental health providers and empirically validated measurements of trauma. Also, the severity and prevalence of the trauma symptomology are likely to be exacerbated by gender; both men and women can be affected. However, research suggests that women may have higher rates of PTSD due to factors such as gender-based violence and sexual assault during conflicts.

AYA-Innovation, in collaboration with stakeholders in Ethiopia, including Amref Health Africa in Ethiopia, is piloting this innovation in Artificial Intelligence (AI) and Voice Biomarkers to support mental health and nonmental health frontline service providers. Our pilot includes more than 25 clinicians from Amref Health Africa in Ethiopia. The collaboration also includes other Psychiatrists and researchers from multiple agencies. The pilot's goal is to support Africans' growing unmet mental health needs, leveraging innovation in AI-enabled Digital Health technologies, including tracking the effectiveness of psychosocial support and trauma-focused interventions.

While innovation in digital mental health is in the early stages of development in Africa, the opportunity exists to rapidly develop intelligent technologies to identify and effectively treat trauma-based mental disorders. Such approaches can eventually help identify robust, reproducible, and generalizable predictors and locally developed digital biomarkers to address Africa's growing mental health crisis. The cross-country and multi-stakeholder collaboration are intended to ensure that advances in AI are inclusive of marginalized communities globally. The current pilot aims to validate and verify AYA's patented speech-emotion recognition algorithms for the African context.

ABSTRACT 119: Expanding access to Family Planning through community pharmacies

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Background: Based on the 2022 Kenya Demographic and Health Survey, 57% of married women aged 15-49 opt for modern family planning methods. The unmet FP need is now 14%, primarily using injectables and implants. However, over 3.8 million women lack access to reliable FP services, leading to issues like unplanned pregnancies, unsafe abortions, abuse, and maternal health problems. Trained pharmacists in community pharmacies play a crucial role in offering accessible, stigma-free, quality FP services with extended hours and no need for appointments.

Methods: In 2022, InSupply Health through its Project “Strengthening Pharmacy Provision of Contraceptives”, supported 30 Pharmacists and Pharmaceutical technologists to implement business solutions and document value propositions for pharmacies to offer DMPA-SC for self-injection. The solutions include having trained pharmacists and pharmaceutical technologists offering FP services within a safe space, use of branding to increase awareness about family planning and working with community health volunteers (CHVs) for demand generation.

Results: To address underutilization of community pharmacies in family planning (FP), InSupply Health has trained and empowered pharmacies to provide innovative FP solutions. Our strategies include distinctive branding to educate patients, mentoring pharmacy staff, a supportive WhatsApp group, timely refill reminders, and ongoing social media campaigns. Our upcoming initiative aims to create a welcoming environment where patients feel comfortable expressing themselves. These novel approaches contrast with traditional FP practices in pharmacies and have significantly enhanced client perceptions and acceptance of FP services.

Conclusion: To close the 14% gap in unmet contraceptive need, more pharmacists need to be trained, and pharmacies must be made more welcoming to patients in terms of family planning services. The world of family planning as a cognitive pharmaceutical care option is expanding, and community pharmacists must be prepared.

Keywords: Family planning, DMPA-SC, branding, contraceptives, injectable contraceptive, FP provision.

ABSTRACT 196: Embracing Diversity and Fostering Inclusion for Adolescents and Young People's Sexual and Reproductive Health and Rights: A Case of Kisauni Dispensary, Mombasa County

Elvis Mwinyi¹, Joy Ndarathi¹ | Impact 4 Youth Kenya, Mombasa | KENYA | Scientific

Background: Healthcare access is characterized by approachability, acceptability, availability, accommodation, affordability, and appropriateness. Navigating sexual and reproductive health rights (SRHR) can be difficult for young people who present themselves with diverse needs, such as young people with disabilities, young people living with HIV/AIDS, and sexual gender minorities. Embracing diversity in healthcare can inspire young people from various backgrounds to seek sexual and reproductive health information and services provided at health facilities which are free from stigma and discrimination.

Methods: The study was carried out at Kisauni dispensary. A mixed-methods approach was employed, combining qualitative and quantitative data collection methods. Qualitative data was gathered through in-depth interviews with five (5) healthcare providers at Kisauni Dispensary responsible for SRHR services, while quantitative data was collected through structured surveys administered to sixty-seven adolescents and young people accessing the services. The data were analyzed using thematic analysis for qualitative data and descriptive statistics for quantitative data.

Results: The findings revealed that healthcare facilities have implemented a multifaceted approach to embrace diversity and foster inclusion in SRHR services. This is according to the feedback given by the seventy-two (72) participants. The healthcare facilities provide tailored educational programs that respect cultural, religious, and gender differences, which has increased adolescents' and young people's knowledge of SRHR. Furthermore, the provision of confidential and nonjudgmental services has facilitated greater utilization of SRHR services, as evidenced by increased uptake of contraceptives and STI screenings.

Conclusions and Recommendations: The research findings indicate that positive results have arisen from the acceptance of differences and the promotion of inclusivity in sexual and reproductive health services at healthcare facilities. Addressing and overcoming cultural and societal obstacles using approaches that are considerate and culturally adept will enhance awareness and the availability of services for young people. Further study on diversity and inclusivity is required.

ABSTRACT 113: Towards prevention of new Covid-19 infections in institutions of higher education: Factors influencing compliance with mask-wearing among public university students in Ghana

Fred Yao Gbagbo¹, Rosemary Quarcoo¹, Richmond Opoku² |¹ University of Education, Winneba, ² Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development (Asante-Mampong Campus, Ghana), Kumasi| GHANA| Scientific

Background: Ghana's mask-wearing compliance with COVID-19 prevention protocols has not been as impressive among the general population. In this study, we examined factors influencing compliance with mask-wearing among public university students in Ghana with an aim to make recommendations towards the prevention of new Covid-19 infections in public universities.

Methods: We conducted this survey in a public university in Ghana between January and December 2022. The study design was an exploratory-cross-sectional and online survey. Structured questionnaires developed by the authors were used to collect data from 3,272 students. Data were analyzed with Jeffreys's Amazing Statistics Program (JASP). Frequency distributions were used to summarize the data into tables and graphs whilst logistic regression analysis was done to examine the factors influencing compliance with mask-wearing among participants as well as their mask-wearing behaviors in school.

Results: Compliance with mask-wearing measures was high with 85.9% of the students wearing a nose mask always or often. Agreeing that the reusable masks do not last long was associated with a reduced risk of non-compliance (OR = 0.70, 95% CI = 0.57, 0.86). However, agreeing with some challenges was associated with increased risks of non-compliance. These included concerns that it is boring to mask after wearing makeup or having a haircut (OR = 1.71, 95% CI = 1.37, 2.14), and that masking is burdensome because it has to be removed when talking (OR = 1.26, 95% CI 1.01, 1.57). Students with hearing impairments who rely on lip reading find it difficult to hear/communicate while masked (OR = 1.36, 95% CI = 1.04, 1.79).

Conclusion: Cost-benefit analyses, opinions about one's look, and communication difficulties are the key factors influencing students' non-compliance with mask-wearing regulations. To encourage student compliance with mask-wearing regulations at Ghana's public universities, we recommend innovation in nose mask manufacture.

Friday, December 01, 2023 - 11.30 am - 1.00 pm

AG 1: Track 4.4 New evidence on management of infectious diseases including environmental drivers of antimicrobial resistance

ABSTRACT 280: Integrated Community-Based Approaches to Accelerate COVID-19 Vaccination Uptake

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The COVID-19 pandemic presented an unprecedented global challenge, disrupting lives and economies. In the midst of uncertainty and adversity in Kwale County, USAID Stawisha Pwani together with the County Government of Kwale came together to combat the virus and mitigate its impacts.

By coming together, sharing resources, and addressing the specific needs of their members, this community demonstrated that local initiatives can have a profound impact during a global crisis. The project's ability to raise awareness, provide essential support, and promote mental well-being contributed to the community's ability to endure and emerge stronger in the face of the pandemic's challenges.

Methodology: Community Engagement: USAID Stawisha Pwani engaged key community leaders and influencers, existing local government structures as well as CHPs and village elders to disseminate accurate information about COVID-19 so as to build trust and encourage vaccination in villages experiencing high vaccine hesitancy.

Door-to-door Campaigns: USAID Stawisha Pwani supported door-to-door outreach educating the community about the importance of vaccination, administering COVID-19 jabs as well as mapping homesteads with defaulters of the KEPI vaccines and referring the children to the nearest healthcare centres.

Walk-in vaccination: USAID Stawisha Pwani supported locum nurses to offer vaccinations to the walk-in clients at the triage, MCH and CCC clinics.

COVID-19 Workshops: USAID Stawisha Pwani supported COVID-19 trainings for healthcare providers to provide accurate information

about the vaccine's safety and efficacy while interacting with the community members during outreaches, dialogues and vaccination drives.

Peer Support: Trained AYP Champions mobilized their fellow young people by sharing their experiences within their social networks, helping to alleviate fears and misconceptions surrounding COVID-19.

Partnerships: USAID Stawisha Pwani collaborated with The Kwale County Government Department of Health, local community-based organizations, religious institutions, schools, training institutions, stakeholders and other implementing partners to reach a wider audience.

ABSTRACT 305: Sustaining safe motherhood practices among women refugees through a community-based model in Kakuma refugee camp

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Background: Women in displaced populations suffer poor maternal health outcomes and related mortality due to low health literacy, inadequate knowledge of available health services, language barrier, cultural differences, fear of discrimination and resistance to medical interventions. To avert this, the International Rescue Committee (IRC) and its partners initiated a community-based health promotion model in Kakuma refugee camp.

Implementation: In 2019, IRC engaged 6 community health units (CHUs), linked to 6 primary health care facilities. Each CHU identified 36 community health promoters (CHPs), 3 safe motherhood promoters (SMPs), and 1 Community health supervisor. A total of 268 CHPs and RH assistants were trained in community-based MNH with 25 CHPs undergoing the 6-month Community health assistant training while SMPs were trained on post-natal follow up. The CHPs conducted community dialogue and sensitization, visited households and conducted pregnancy mapping, and held safe motherhood sessions for pregnant mothers and referred them for antenatal care. They supported mothers in birth planning, during post-natal period, and conducted defaulter tracing of mothers who missed antenatal and post-natal care linking them back to health facilities. Routine data collection and program review was conducted to monitor the program.

Outcomes: Program data analyzed for the period July 2020- June 2023 showed progressive improvement of health indicators. Number of

post-delivery women completing PNC visits increased from 4,661 to 6,608. Skilled birth attendance proportion maintained above 95%, from 3,902 to 4,968, with those completing 4 ANC visits increasing from 2,773 to 4,476 within the 3 years. Maternal Mortality rate reduced to 116 out of 100,000 live births over the three years.

Conclusion: Community based models promote utilization of maternal health services and overall improvement of health outcomes among women in humanitarian setting. Health education and promotion increases trust and community acceptance of medical interventions and eliminates barriers that hinder service uptake.

ABSTRACT 287: Strengthening PHC Workforce Financing for Health Equity: Insights from Kenya, Zambia, and South Sudan

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Background: This ABSTRACT provides insights into the financing mechanisms for primary healthcare (PHC) workforces in three diverse African countries: Kenya, Zambia, and South Sudan. The review aims to illuminate the current funding strategies, challenges encountered, and the strategies employed to ensure sustainability in PHC human resource financing.

Implementation: This review delves into the PHC workforce financing mechanisms in each country, highlighting Kenya's decentralized approach with funding flowing from the national government to county governments, Zambia's national healthcare financing strategy, and South Sudan's reliance on a multi-donor trust fund. Key aspects discussed include Kenya's commitment to strengthening the primary health workforce, Zambia's efforts to retain healthcare professionals in underserved areas, and South Sudan's challenges in transitioning to systemic autonomy.

Outcomes: Several crucial outcomes and lessons have emerged from this review. Key takeaways include the pressing need for sustainable financing strategies in all three countries, the critical role of incentives in retaining healthcare professionals, the potential of technology and innovation in improving PHC efficiency, and the importance of enhanced collaboration among stakeholders. The examination also highlights the significance of community-level strategies, such as community health policies, in improving PHC accessibility.

Conclusions and Recommendations: In conclusion, this review underscores the vital role of financing mechanisms in strengthening PHC health workforce and ensuring equitable access to healthcare services. To achieve this, it is recommended that countries develop specific, sustainable strategies for PHC financing, increase the use of incentives to attract and retain healthcare workers, promote technological innovations, and enhance collaboration among stakeholders. These lessons from Kenya, Zambia, and South Sudan offer valuable insights for other nations facing similar challenges in PHC financing, paving the way for healthier and more resilient healthcare systems.

ABSTRACT 135: Universal Health Coverage by progressively facilitating access to services by all

Timminah Gwasima¹|¹ Vihiga County Referral Hospital, Vihiga| KENYA| Best Practice

Universal Health Coverage is the cornerstone of transforming Healthcare system for ease of access to affordable, quality primary healthcare. The study aims to achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

The main goals is to improve access to health services, delivery of quality health services, financial risks protection of ill health, Strong healthcare system responsiveness and advanced healthcare technology for better service delivery. Primary healthcare facilities in rural areas often suffer from shortages of staff, essential drugs, and basic medical equipment.

Some patients choose not to seek healthcare due to the distance that they would have to travel to reach the nearest health facility while some can't afford to finance their healthcare. Only 30% of the rural population has access to health facilities within 4km of their home, compared with 70% of the urban population. With UHC the local communities and urban population can access better healthcare without struggle.

The participatory process involving all stakeholders in health including government ministries, departments and agencies; clients, counties, development partners and implementing partners (faith-based and civil society)

The study adopted a quantitative research approach and correlational research design to survey 149 rural and urban Hospitals in Kenya. The multiple regression analysis results indicated that performance expectancy, financial support, facilitating conditions and community participation had significant effects on Primary Healthcare (PHC) ($F [4, 144] = 20.662, p > .01, R^2 = .604$), implying that the predictors

explained for 60.4% of the variance in intention to adopt PHC. The results indicate that the community feels UHC is the ultimate game changer. The study findings therefore contribute to Universal Health Coverage providing informative insights on Primary Health Care adoption in Kenya.

ABSTRACT 35: Enhanced uptake of ANC services in early gestation through community adopted Pregnancy Screening Tools, Mapping & Referral in Nakuru County

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Background: Nakuru County records high 4th ANC and SBA coverages at 56.4% and 88.4% compared to national averages of 52.5% and 78.8% respectively. However, Kuresoi North, Njoro, Molo, Subukia and Rongai Sub-counties perform below national averages in the two indicators. Kuresoi North records coverages of 39.7% and 52.3% for 4th ANC and SBA respectively while Rongai has 4th ANC and SBA coverages at 45.4% and 40% respectively in 2021. The proportion of clients with 1st ANC contact at 12 weeks or less by the end of 2022 was 14.7%. The 4th ANC Coverage stagnated between 51%-54% in 2022.

Implementation: In October 2022, the USAID Tujenge Jamii project (UTJ) and Nakuru County partnered to implement a pregnancy screening checklist. Community Health Volunteers used this checklist with six questions to identify pregnant women and referred them to health facilities for pregnancy tests. Community Health Units received training on pregnancy screening, testing, and referral for ANC services. UTJ provided the necessary screening tools for proper documentation and follow-up. The pregnant women identified were tracked using a follow-up tool to ensure they completed the recommended 4 ANC+ visits and received SBA services.

Outcomes: In January to June 2023, CHVs screened 39,094 women of reproductive age and referred 13,462 for pregnancy tests. 5,157 tested positive and were enrolled in ANC. The number of new ANC clients increased from 5,461 to 5,925, and the number of clients with their first contact at 12 weeks or less increased from 33,212 to 34,224. Additionally, the number of clients who completed their 8th ANC contact increased from 914 to 1,115.

Conclusion and Recommendation: Enhanced early pregnancy detection, mapping, referral and tracking at household level by community structures increases early Antenatal care services uptake and subsequently improves completion 4th and 8th ANC visits. The innovation is low cost for replication

ABSTRACT 284: Integrating nutrition and pediatric clinics to increase childhood tuberculosis diagnosis in Mathare slums; a case of german doctors Baraka health center in Nairobi Kenya

Samira Hussein¹, Alloysius Omoto¹, George Audi¹|¹ German Doctors, Nairobi| KENYA| Best Practice

Malnutrition in pediatrics increases susceptibility to tuberculosis and it also present clinically with features of malnutrition hence misdiagnosis is common. Africa accounts for one-third of all pediatric TB cases globally. Kenya ranks among the 30 high burden TB countries in the world; the situation is worse in slums which records higher mortality of malnutrition and tuberculosis. The study objectified increasing childhood tuberculosis diagnosis through integration of nutrition to pediatric clinic at Baraka Health Center. This was a retrospective cross-sectional study; convenience sampling technique was used to extract secondary data from patients' TB clinic records. Study period was from April 2022 to April 2023 at German doctors Baraka Health center in Mathare slums, Nairobi Kenya. During the study period, a total of 365 tuberculosis patients were on care, those aged below 15 years were 74 in number representing a prevalence rate of 20.27%. There were 54.1% males and 45.9% females, the modal age group was 12-59 months representing 54.1%. Only 2.7% of TB cases had HIV as comorbidity. Majority, 68.9% had some form of malnutrition, of the affected, 40.5% had features of both acute and chronic malnutrition, and 28.4% had chronic malnutrition while only 3% had acute malnutrition. Malnutrition is a common presentation among pediatrics with tuberculosis; therefore, children with any form of malnutrition should be screened for tuberculosis. Integrating nutrition into pediatric clinic can help upscale diagnosis and reduce mortality from undiagnosed tuberculosis.

ABSTRACT 41: Maternal healthcare at the newly established comprehensive health posts in pastoral settings of Ethiopia: Care experiences and perceptions of mothers and providers

Zewdneh Shewamnee¹, Abdulbasit Hamza¹, Omar Mohammed¹, Miftah Yasin¹, Abdulhelim Tufa¹, Arab Sirad¹, Zehara Fenataw¹, Mebrie Belete¹, Meskerem Abebaw¹, Arsema Solomon¹, Desalegn Tegabu¹, Temesgen Ayehu¹¹ Amref Health Africa in Ethiopia| ETHIOPIA| Scientific

Introduction: The Health Extension Program (HEP) has been a major contributor to the remarkable achievements in the health sector of Ethiopia. The new HEP roadmap over the next fifteen years packs several ambitious strategic objectives and transformative initiatives including the establishment of new community level facilities named “comprehensive health posts (CHPs)”. This report presents findings from a rapid assessment conducted at three newly established CHPs in pastoral settings of Ethiopia to understand the perceptions and experiences of healthcare providers and mothers regarding maternal healthcare services.

Methods: This rapid assessment employed qualitative interviews with 10 purposively selected mothers who delivered at CHPs in the past three months. In addition, eight Healthworks who provide maternal healthcare at those CHPs were participated. Three newly established CHPs posts each from Afar, Somali and Oroma regions were purposively selected.

Results: Overall, the report highlighted a positive experience of mothers towards the obstetric and maternal health services provided at those new CHPs. Mothers appreciated the roll out of delivery services at the new CHPs which was not provided previously at health post levels. The proximity of these CHPs to the community was seen as important in promoting safe deliveries and reducing the risks of home birth. From the providers perspective, establishment of the CHPs near communities has significantly improved physical access to skilled birth attendance. Other advantages identified included improved early care seeking, and early management of complications. Several challenges were also identified by both mothers and providers including shortage of human resources, frequent turnover of staffs, electric interruptions, and shortage of drugs and supplies.

Conclusions and Recommendations: The establishment of CHPs near to communities has positively impacted maternal healthcare access, utilization and reduction of complications. However, addressing those challenges identified above is crucial for sustaining and enhancing the services provided by CHPs.

AF 1.1: Track 5.1 Role of citizens' voices in improving access to PHC services

ABSTRACT 198: Community Based Management (CMB) of WASH facilities; sure way of attaining Lasting Health Change in Malawi

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Background: Weak maintenance capacity and vandalism of community Water Sanitation and Hygiene (WASH) facilities at community and institutional level including health centres is a major setback in achieving universal WASH coverage which is one key enabler of Universal Health Coverage (UHC). A robust operation and maintenance system in Deliver Life II project is to ensure the long-term sustainability of the water supply and sanitation infrastructure.

Implementation: The project instituted Community Bases Management (CBM) system at health centres and in villages where boreholes were drilled. The process included sensitising beneficiary communities through development committees, traditional leadership and health centre management on the proposed water supply projects, formed user committees (Water Point Committees (WPCs) for community boreholes and Maintenance Committee (MC) for health centres), oriented on construction processes, engaged in monitoring the construction process and supervision as one way of instilling ownership; and trained WPCs and CMs in CBM (where issues of leadership, operation and maintenance and resources mobilisation were emphasised). During the remaining project period, project and council staff were conducting visits for continued support, coaching, mentorship and review meetings to discuss progress and challenges.

Outcomes: 61 WPCs and 4 MCs were established and are active. Activeness is being measured by ability to meet, possess funds for maintenance, and ability to conduct fund raising activities. All the 61 boreholes and 4 water supply systems are still functioning since they were constructed 2 to 4 years ago.

Conclusions and recommendations: WASH projects should also focus on building beneficiaries' capacity in both community-based management and construction monitoring. Early community engagement is crucial in empowering committees and instilling a spirit of ownership of the facilities which ensures sustained maintenance of the facilities.

ABSTRACT 258: Potential of Community Scorecard in Ensuring Accountability in Nairobi County, Kenya

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Background: Community scorecard (CSC) is a community-led governance tool which brings Primary Health Care facilities, local government structures and the community together. The main objective of this intervention was to provide an opportunity to community members to provide inputs on the quality of health services that they receive at the primary health facility and community level.

Description of the Intervention: In March 2023, the Nairobi City County Government implemented the CSC. The County and Sub-County Health Management teams were trained on CSC procedure, scorecard indicators, scoring, and action planning. The team later cascaded the training to the community level. In the selected sub-counties Health Facility Management Team (HFMT), the Community Health Committees (CHCs), and local administration, including sub-county administrators, area MCA and chief were trained as they were to lead the process between communities and primary Health facilities. A total of 44 CSC targeting public health facilities were conducted. The CHCs were facilitators of the process and 20 community members per health facility were invited to score the health facility and community health units.

Findings/lessons learned: A total of 880 community members shared their perspective on the indicators. The tool had a three-point scoring system Good (3), Average (2) and Bad (1) as well qualitative information on the reasons for scoring. Thematic analysis was performed to analyze qualitative data. Community perception on cleanliness of the health facilities, responsiveness of community needs and home visits by the community Health Volunteers scored (Good-3). Indicators on Waiting time, availability of medicines and diagnostic services and emergency and referral services scored the least.

Conclusion: There are still areas for improvement in public health facilities, such as providing respectful and compassionate care, having medicine and diagnostic services available, and providing emergency and referral services. CSC improves collaboration in health system strengthening

ABSTRACT 244: Amplifying Citizen Voices to Enhance Access to Primary Healthcare Services: A Case Study of the Kenya Malaria Youth Corps

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Background: Access to primary healthcare (PHC) services remains a critical challenge in many low- and middle-income countries, including Kenya, where malaria continues to be a significant public health concern. This case study investigates the pivotal role of citizen voices in improving access to PHC services, with a particular focus on the Kenya Malaria Youth Corps (KeMYC) as an exemplary initiative which supports advocacy, communication, innovation, and community efforts geared towards ending malaria, improving maternal and child health, and advancing access to universal healthcare.

Implementation: The KeMYC supports awareness raising, community sensitization activities, and dissemination of malaria messages in a bid to drive action towards malaria elimination. It advocates for resource mobilization and policy implementation while supporting community level malaria prevention and control efforts. These includes community-facing actions including the spraying of larvicides at the malaria breeding sites in the lake and coastal malaria-prone counties of Kenya. KeMYC has harnessed the power of youth engagement and activism to advance PHC service accessibility. By amplifying citizen voices, the KeMYC has facilitated a bottom-up approach to healthcare improvement.

Outcomes: KeMYC has effectively engaged, empowered and given a platform to young citizens to advocate for better healthcare access, lobby for policy changes, and foster community involvement. These actions have not only increased awareness about malaria prevention and treatment but have also catalyzed the improvement of PHC infrastructure and services in Kenya.

Conclusion: This case study underscores the importance of citizen voices as a driving force for change in healthcare systems, shedding light on how grassroots initiatives like the KeMYC can serve as models for other nations grappling with healthcare accessibility issues. Moreover, it highlights the potential of youth engagement as a powerful tool in achieving sustainable improvements in primary healthcare services, ultimately contributing to the overall health and well-being of communities

ABSTRACT 63: The Decision-Making Process in Reporting Sexual Violence among Somali Refugee Women in Nairobi, Kenya

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Background: Sexual violence is a pervasive issue among refugees, impacting individuals regardless of their gender, age, or migration journey. This paper focuses on the decision-making process in reporting sexual violence incidents among Somali refugee women living in Eastleigh, a prominent urban settlement in Nairobi, Kenya. The study aims to shed light on sexual violence faced by Somali refugee women and the various barriers that hinder survivors from reporting such incidents.

Methods: This study is based on a qualitative research design. The qualitative data was collected by conducting 6 focus group discussions and 30 in-depth interviews with healthcare workers, refugees, and the host community. Purposive sampling was used for participant selection, and the qualitative data was analyzed using Taguette software.

Results: Factors contributing to underreporting of sexual violence cases amongst the refugees included; feelings of shame, lack of trust in assisting parties, and a strained legal framework. Cultural norms, fear of retaliation, trauma, distrust in the justice system, and concerns regarding stigma and shame influence the decision-making process. Somali refugee women face additional challenges such as language barriers, limited access to support services, and a lack of awareness about their rights.

Conclusions: The study found an increased trend in underreporting sexual gender-based violence among refugee women due to social, cultural, and judiciary factors, thus hindering them from accessing social justice.

Recommendations: Support systems, creation of awareness, formulation of policies, improving reporting mechanism, judicial support system should be enhanced to improve the reporting and access to justice among refugees. Also, safer environments for survivors of sexual gender-based violence in urban settings.

ABSTRACT 181: The role of service satisfaction in promoting continuation of Short Acting Method Usage Amongst Adolescents Girls and Young Women (AGYW)

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Background: Overall service satisfaction plays a vital role in the continuation of health seeking behavior same as in the continuation of contraceptive use amongst AGYWs. Tiko Kenya platform data shows a relatively low continuation rate of short acting methods (SAM) which was 15.1% for the period covering July 2022 to June 2023 amongst 15 implementation counties with users relying more on injectables (INJ) compared to oral contraceptive pills (OC).

Implementation: Data from client exit interview surveys (CEIs) collected in January- March 2023 from 238 AGYWs, method information index plus (MIlplus) of continuers and discontinuers and the platform dataset that provides rating their overall satisfaction with a service was examined. Furthermore, sentiment analysis was performed on the general feedback provided to identify positive and negative sentiments.

Outcomes: Information regarding side effects and what to do in case they occur was provided to 64% continuers more than 59% discontinuers on the platform. In the CEIs 96% of continuers reported being informed by healthcare providers about the necessary actions to take if they experience side effects, compared to tho 83% who discontinued with continuers using the service being more likely to express high satisfaction compared to discontinuers. Positive sentiments revolved around free and friendly services, while negative sentiments related to time and feeling tired due to service duration. Quality of counseling shows a high MIlplus score indicating high quality of counseling however the score for continuers was only slightly different from that of discontinuers (68% vs 66%). Participants reporting overall satisfaction were more likely to continue using SAMs compared to those who reported lower levels.

Conclusions and Recommendations: Addressing factors that contribute to dissatisfaction such as patient - centered care, quality of counseling and information on management of side- effects are essential amongst AGYWs creating a supportive and empowering environment that encourages positive experiences

ABSTRACT 58: Community-Led monitoring Intervention to Improve access and Accountability in provision of Primary Health Care services for people living with HIV (PLHIV) in Lamu County

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Background: Lamu County has an estimated 2,293 people living with HIV and 1,695 on antiretroviral therapy (ART). The County HIV prevalence rate is 2.2% slightly below the national prevalence rate of 4.3%. Attainment of UNAIDS 95-95-95 targets requires different strategies as well as data quality and feedback from service users. The project aimed at enhancing retention to care, prevention of vertical transmission of HIV, and stigma reduction for PLHIV in Lamu County.

Implementation: Between January-June 2023 under the Kenya Red Cross Society/Global Fund HIV project, Witu Community Development Platform collaborated with the Lamu County Department of Health and with the support of Amref Kenya to train Imonitor super users and community members on Imonitor and Community-Led monitoring. The super users conducted 3 days of training for community members on both Imonitor and community-led monitoring. Participants used smartphones to download the Imonitor application, and they demonstrated to participants how to navigate the application. Action plans developed by participants were implemented at the psychosocial support groups (PSSG) for PLHIV.

Outcomes: 1 Super user, 43 PLHIV (14 male 32.6%, 29 female 67.4%) were trained on Imonitor and 30 PLHIV (7 male 23.3%, 23 female 76.7%) were trained on community-led monitoring. No community dialogue was conducted to monitor progress and action points on matters raised for accountability and cross-learning. The scale-up of information learned to other community members was conducted in 11 PLHIV PSSG (11 out of 13 groups, representing 84.6% achievement)

Conclusions and Recommendation: Communities play a central role in effective health systems and the strengthening of community systems to enhance accountability in health service provision. Roll out of structures, tools, and increase of funding to support the implementation of community system-strengthening interventions will enhance the uptake of PHC services by PLHIV.

ABSTRACT 298: Scope and Ethical Issues from Primary Health Care research studies reviewed and approved by the Amref Ethics and Scientific Review Committee (ESRC)

Joseph Kokumu¹, Yvonne Opanga¹, Brian Okada¹, Stephen Okumu¹, Anita Wanjiru¹, Jane Jabilo¹, Mohamed Karama¹, Joyce Olenja¹, Maurice Odindo¹, Jane Godia¹, Alice Lakati¹, Josephat Nyagero¹, Clarice Ambale¹, Sheikh Abdullatif¹, Jane Carter¹, Samuel Muhula¹, Omondi Ogutu¹, Peter Gichangi¹, Dona Anyona¹, Emmanuel Musombi¹¹ Amref Health Africa in Kenya- Ethics and Scientific Review Committee, Nairobi| KENYA|Scientific

Background: Integrating research into primary health care (PHC) delivery is essential for evidence-based decision-making and ongoing improvement of PHC services. The Amref ESRC plays a pivotal role in ensuring ethical and scientific rigour of research studies conducted in Kenya. We present an analysis of the scope and ethical issues arising from PHC research studies approved by the Amref ESRC between 2009–2023.

Methods: This study employed a retrospective design using secondary data from the Amref ESRC's database of approved studies. Data were analysed by generating descriptive statistics using MS Excel and thematic analysis using inductive methods in NVIVO.

Results: Forty studies involving PHC were submitted to the ESRC mainly from non-governmental organizations (37%) and higher educational institutions (19.6%). Based on the WHO PHC framework, key PHC levers assessed included digital technologies for health (32.5%), systems for improving quality of care (20%), PHC workforce (20%), models of care (15%), and governance and policy frameworks (15%). None of the studies focused on private sector engagement. Studies were mainly conducted in Nairobi (35%) and Turkana (25%) counties. Healthcare workers (32.1%), patients (25%), and community health workers (21.4%) were the primary targets. Cross-sectional mixed methods (42.9%) and quasi-experimental (23.8%) designs predominated, with one study using a community-based participatory approach. Key ethical issues

observed included lack of clear procedures for consenting in adolescent studies, ensuring privacy and confidentiality, and documenting informed consent. Scientific issues included a limited target population, inadequate data collection methods, and unclear data analysis plans.

Conclusion and Recommendations: Comprehensive research across all levers is necessary to ensure interventions and evidence generated can comprehensively address PHC challenges. Engaging all sectors and stakeholders is crucial. Enhanced community engagement through community-based participatory approaches will improve research quality and community benefits. Addressing ethical and scientific challenges is essential to ensure validity and reliability of research findings

AF 2.1: Track 5.2 Effective health leadership and governance approaches and practices

ABSTRACT 310: One size does not fit all: Paradigm shift in Primary Healthcare Governance and Policy Frameworks for differentiated contexts in Kenya

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Background: In order to strengthen PHC as a critical pathway for achieving UHC, Kenya launched the PHC strategic framework to ensure equitable and quality PHC services are available to communities. The PHC service delivery model is organized around Primary Care Networks (PCNs), premised on a hub and spoke model supported by Multi-Disciplinary Teams (MDTs). Despite this, inequities in healthcare access still exist among last mile populations in Turkana County. This is largely contributed to by high proportion of migratory populations and sparsely distributed healthcare facilities. This ABSTRACT shows highlights the gaps in Policy frameworks that address PHC needs of differentiated populations.

Methods: The landscape analysis adopted a cross sectional study design and was conducted in Loima and Turkana Central Subcounties. Data was collected through desk review of county PHC documents, stakeholder consultative meetings, key informant interviews and focused group discussions. Thematic analyses using inductive and deductive methods were utilized.

Findings: There was evidence of political good will and leadership support of PHC, PHC agenda included in the governors' manifesto. PHC activities included in annual workplans. The County has adopted one health Kimormor model as main service delivery model and a strategy developed. The current National PHC policy does not align to differences in county contexts. For Instance, the Hub and Spoke model may not be feasible for Loima subcounty, characterised by migratory populations, sparsely distributed facilities (av. 30km) and poor road networks affecting referral systems. Other gaps include: minimal availability of PHC governance and co-ordination structures, lack of awareness of PHC among leaders, lack of a clear organogram and county specific policy to guide PHC implementation leading to gaps in decision making processes.

Conclusions: When developing National PHC policies, it is imperative to factor in differences in contexts for ease of adoption at County Level and optimal PHC delivery

ABSTRACT 183: Effective Coordination of Market-based Menstrual Hygiene Management through Established County-led Steering Committees: Intervention by USAID-funded Western Kenya Sanitation Project

David Nyajowi¹, Neville Okwaro¹, Gilbert Wangalwa¹, Bill Okaka¹|¹ USAID Western Kenya Sanitation Project, Busia| KENYA| Best Practice Kenya's Menstrual Hygiene Management Policy and Strategy (2019-2024) recommends the establishment of the Menstrual Hygiene Management (MHM) Task Force/ Steering Committee to manage and coordinate activities at the National and Counties. Specifically, the committees are expected to make key policy decisions, guide the implementing partners in the execution of MHM activities, and ensure effective oversight by receiving regular reports, ensuring good governance and fiduciary oversight, and periodically reviewing the results of the implementation of MHM. USAID-funded Western Kenya Sanitation Project (USAID WKSP) has supported establishment of committees in the counties of Kisumu, Kakamega, Bungoma, Kakamega, Busia, Kisii, Homa-Bay and Migori. The committees comprise of departments and state agencies, academia and research institutions and representatives of civil society organizations. USAID WKSP supported the preparation of committee's terms of reference (TOR), validation of the TOR, ensured formal appointment of seconded county staff, and sensitization of the committee members on their mandate. Due to the committees, there is: increased ownership, co-ordination and streamlining of interventions

by departments, local CSOs and private sector players; increased prioritization and resources allocation towards MHM; intra-county cross-learning is enhanced with data for decision making; and strengthening of enabling environment for MHM through domestication of Kenya's MHM Policy and strategy. Formation and engagement of the steering committees supports the institutionalization of sustainable county MHM activities

ABSTRACT 291: Community Life Centers in Kenya and South Africa as an innovative model for primary health care; from co-creation to governance and leadership

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Background: Strengthening primary health care systems remains a high priority in low- and middle-income countries in support of achieving universal health coverage and the sustainable development goals, but strategic innovations are needed to counteract stagnation in progress. The Philips Community Life Center (CLC) model was such an innovation that has been deployed in several primary care settings across Africa. This study evaluated the effects of CLCs in three settings across Kenya and South Africa on access, utilisation, and quality of primary care services.

Methods: A mixed-methods approach was utilised in this cross-sectional study comparing CLCs to control facilities, employing client exit interviews, in-depth interviews, focus group discussions, key informant interviews, and facility and consultation observations, to evaluate the relevance of services offered, healthcare-seeking behaviour, perceived and observed quality of care, and the appropriateness of support and management functions. The study was conducted between September 2019 and December 2020.

Results: Overall, CLC services were appreciated by clients, aligned with national health priorities and local burden of disease, and offered sufficient quality. Improvements in physical assets and technologies contributed to an attractive, innovative and safe primary care experience for CLC clients. Our evaluation revealed differences across study settings in terms of needs served, utilisation of services, and quality of care: each CLC attracted a diverse population based on the local availability of alternative healthcare options, the broader political environment,

engaged leadership and local sociocultural norms.

Conclusions and recommendations: The CLC model is poised to strengthen primary health care systems, but needs clearer profiling on its key features, a formal co-creation process specifying roles and responsibilities of local authorities, implementing organisations, target communities, and integration of process components alongside an existing emphasis on structural components. The multisectoral context in should be considered when scaling and adapting the CLC solution to local settings.

ABSTRACT 290: Revolutionizing Primary Healthcare: Accelerating Policy Reforms through Cross-Country Learning Initiatives

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Background: Converting complex technical evidence into practical primary health care policy reforms remains a persistent challenge for policymakers due to the intricacies of healthcare systems. To address this, cross-learning initiatives have arisen, guided by experienced facilitators, condensing a typical 2-3-year process into a mere 2-3 months. This ABSTRACT delineates crucial guidelines for the efficient execution of cross-learning activities between countries.

Implementation: The initiative commences with a comprehensive needs assessment and country profiling, tailoring support to each country's unique healthcare challenges and grouping them by specific Universal Health Coverage (UHC) needs. The matchmaking process employs meticulous criteria, considering strengths, weaknesses, culture, and more, utilizing a data-driven algorithm for transparent and confidential country pairing, encouraging knowledge sharing and collaboration between high-performing and emerging nations. Multiple knowledge transfer channels are then created, including virtual meetings and online forums to facilitate information flow. The initiative also supports robust capacity-building programs and technical support, including improvement roadmaps and access to experts, are provided to countries. Sustainability and scalability are promoted through the cultivation of lasting relationships between paired countries, the inclusion of new nations, and exploration of international partnerships to expand the initiative's reach, inspiring others to join. A centralized data repository

simplifies access and analysis of best practices and research findings, while a clear exit strategy allows countries to graduate upon achieving significant progress, optimizing resource allocation.

Outcomes: Following the outlined process, cross-learning activities will promote knowledge exchange, strengthen policymakers' reform skills, and accelerate valuable information sharing. The data-driven pairing approach guarantees effective and long-lasting collaborations, nurturing enduring relationships.

Conclusions and Recommendations: Cross-learning initiatives efficiently disseminate health policy reform knowledge. To maximize their impact, sustained engagement, scalability, strategic partnerships with international organizations, and ongoing feedback from participating countries are crucial.

ABSTRACT 147: Mobilizing youth in Africa for action on Antimicrobial Resistance through a Leadership Program

Julian Nyamupachitu¹|¹ ReAct Africa, Nairobi| KENYA| Best Practice

Antimicrobial resistance (AMR) is a significant global threat to public health, food security and development today. In Africa, AMR has been documented as a multisectoral problem exacerbated by a high burden of infectious diseases and weak healthcare systems. Young people are an important and valuable stakeholder in addressing the global health threat of AMR since they are the next generation of public health professionals, the potential future antimicrobial prescribers, users, stewards, and policymakers in their professional practice. In 2021, I led the ideation and launch of the Antimicrobial Resistance Leadership Program for tertiary students in Africa (AMRLEP), launched by ReAct Africa in partnership with Students Against Superbugs-Africa. The program seeks to equip students with the relevant skills, strengthen their capacity, and offer them support in research, project design, community engagement and innovation. These students can then lead student initiatives in their respective countries and empower other students to engage in AMR. The actions can be diverse, including facilitating active engagements in AMR One Health clubs, partnering with other students to engage in research, raising AMR awareness, community engagement, and developing innovative solutions that can help mitigate AMR among other activities.

The pilot program uses a systems approach and saw a total of more than 90 students from 8 African countries successfully complete the

program that included going through an online course, sensitization sessions from expert presenters on topics that had a one health scope including among others; AMR National Action Plans, Antimicrobial Stewardship, surveillance, one health, AMR & Sustainable food systems, research and policy and soft skills which entailed topics such as design thinking and project management. The students will continue in experiential learning in their contexts.

This is a practical and sustainable model that can be replicated for a variety of health problems at sub-national, national, regional, and global levels.

ABSTRACT 78: 6'CHPs pamoja twaweza'

Bonke Reinhard Mugalavai Kisanji¹|¹ MoH, Mbale| KENYA| Best Practice

Hamisi subcounty is one of the sub counties in vihiga county it has a population of 215,186 according to community mapping done in January this year. It has 34 community health units managed by 34 chews, they act as ambassadors of level one services providers. Besides chps providing essential services we had big issues in handling chps general welfare.

It has taken me good 15 month to tern things around, by 1st January 2022 when I was posted in the subcounty which had structures in existence though no welfare nor a unique thing that would bring the service provides together and work as a team. I re-grouped chus per ward and termed it as a cluster. Established leadership within the cluster and selected 5 leaders per cluster and started the following activities

Monthly cmes within the clusters, these strategy at large equipped the chps with knowledge in chs activities that we implement daily. Each chu contributed a minimum of Kshs. 1,000 which was collected and the cluster lends one chu in the cluster with an interest of 10% monthly. Done on rotational basis hence a single chu received a minimum of Kshs. 6,000/= (done simultaneously with a 50 kgs of sugar)

All the selected leaders come at subcounty and formed a subcounty Hamisi Sub-county Community Health Strategy welfare CBO, to which all the members contribute a minimum of Kshs. 100 monthly. This cash is used to cater for benevolent issues and the subcounty cbo now lends the CHPs at cluster level loans at a staggering interest rate of 5% monthly.

This worked so well and the group decided to upgrade it from CBO to a SACCO and am happy to announce to you group now has a SACCO to which we are planning to launch it soon.

ABSTRACT 292: Hospitals are medicine and more...? An assessment of subsidized health insurance beneficiaries' experience in Western Kenya

Salome Sijenyi¹, William Omoro¹, Cornelius Lagat¹, Jeremiah Laktabai¹|¹ AMPATH, ELDORET| KENYA| Scientific

Background: Sub Sahara Africa requires innovative health financing strategies underpinned by financial protection. AMPATH piloted a financial protection project in a community in Western Kenya by paying for National Health Insurance Fund premium for 2050 households. Principal members were organized in agricultural socioeconomic empowerment groups. Three facilities participated in the project; one level four being the hub; one level three and one level two. An end line survey was then conducted to understand the beneficiary experience in the program which covered 2050 households and a total of 8519 individuals.

Objectives: i. To determine whether beneficiaries of subsidized health insurance are able to access care ii. To establish the challenges faced by beneficiaries of subsidized health insurance in accessing care iii) To understand the role of socio-economic empowerment in community members payment of health insurance

Methods: This is a secondary analysis of a mixed methods cross-sectional household survey consisting of 18 semi-structured interviews, conducted with the program beneficiaries in Western Kenya.

Results: Most beneficiaries and their families were able to access care at their respective facilities. Community Health Promoters were very instrumental in reaching the households to inform them of being beneficiaries of the subsidy program. Fluctuation of medical supplies was a major challenge while Socieconomic activities enabled more than 1500 participants pay for their subsequent premiums.

Conclusion and recommendations: The functionality of the facilities in terms of staff, turn around time and commodity availability are the most important drivers of UHC. The County and National Governments should therefore invest more in Primary Health Care facilities. Socioeconomic empowerment is an important for households to pay for their insurance. Sufficient health care workers, elimination of delay to access care by patients while at the facility and elimination of stock outs in health facilities is crucial to UHC despite availability of insurance coverage

ABSTRACT 40: Assessment of the governance system of the Ethiopian Primary Health Care System at National and sub-national Levels

Temesgen Ayehu¹, Sentayehu Tsegaye¹, Muluken Desalegn¹, Shegaw Mulu² |¹ Amref Health Africa, Addis Ababa, ² Ministry of Health, Addis Ababa| ETHIOPIA| Scientific

Background: Good governance is a core component of Primary Health Care (PHC) systems. An effective PHC system requires strong governance and leadership to govern the policies, planning, implementation, and monitoring of the PHC system. Assessing the governance and leadership of PHC systems helps to understand the existing system, inform PHC-oriented actions and reforms, and inform policy dialogues.

Methods: We assessed the Ethiopian PHC governance system at national and sub-national levels based on three components - policy and governance frameworks; engagement of communities and other stakeholders; and adjustment to population needs. The WHO PHC Measurement Framework and Indicators (PHCMFI) framework was used for the assessment. Data were collected through a review of documents, secondary datasets, and key informant interviews. Thematic analysis based on the components was done.

Results: PHC-focused policies and strategies were available at national and regional levels, but with an institutional capacity gap to implement and monitor. Stakeholder engagement platforms were established but the engagement of CSOs and the private sector was sub-optimal. Multi-sectoral collaboration was low. Community engagement platforms were established and engagement was high, but effectiveness declining recently. A community scorecard system was implemented in 67% of PHC facilities. The engagement of women in PHC leadership positions was low. Priority setting is conducted using Woreda-based health sector planning (WBHSP), with top-down and bottom-up approaches but

has gaps; low stakeholder engagement, inadequate capacity and resource mapping, and a huge budget gap.

Conclusions and Recommendations: The assessment showed that the Ethiopian PHC system has adequate policies and strategies but with a capacity gap and sub-optimal engagement of stakeholders. It is recommended to build the capacity of the leadership, improve stakeholder and multi-sectoral engagement; build the capacity of women and improve their representation in leadership positions; and reinvigorate the WBHSP process by building capacity, engaging stakeholders, and developing resource-mapping tools.

DAY 3: POSTER PRESENTATIONS

Track 4.1: Improving PHC in the face of climate change; maintaining health system resilience

ABSTRACT 256: Combating Climate Change: Championing Malaria Social Behaviour Change Sensitization in Schools in Machakos County, Kenya

Kimondiu Maweu¹ | ¹Malaria Youth Corps, Nairobi, Kenya | Kenya |Scientific.

Background: Malaria's profound public health impact is evident, with Africa bearing 95% of cases and 96% deaths in 2021. In Kenya, a prevalence of 13%-15% underscores the urgency. Amid conventional efforts, the intricate link between malaria and climate change remains underestimated, contributing to intervention failures. To mark the second anniversary of Kenya Malaria Youth Army, the team in Machakos decided to engage pupils in Kyambuko Primary school in a tree planting initiative and conducting a study on the link between malaria and climate change. By integrating malaria and climate change education into curricula, this initiative aimed to enhance awareness, reshape attitudes, and advocate for community action.

Objectives:

1. Evaluating the awareness levels on the connection between climate change and malaria transmission.
2. Establishing the need for education on changing behaviours toward malaria prevention and climate change adaptation.

Methods: A cross-sectional study was conducted at Kyambuko Primary School in Machakos County, targeting upper primary pupils and teachers. The study sample size included 300 pupils and 10 teachers selected through simple random sampling. One on one engagement method was used to collect data on awareness and behaviors related to malaria and climate change. The data was analyzed using descriptive statistics, where tables and charts were used for presentation.

Results: 127/310 of the participants were aware while 183/310 weren't aware about the connection between climate change and malaria transmission. 211/310 indicated the need for education on changing behaviors, 74/310 indicated no need while 25/310 weren't sure.

Conclusion: The study revealed a significant knowledge gap regarding the link between climate change and malaria transmission. Addressing this gap through targeted education is crucial to promote behavior change and enhance community awareness. Public health interventions should prioritize integrated education on climate-malaria connections to empower individuals and communities in combating these intertwined challenges.

ABSTRACT 274: The struggle of rural areas in maintaining PHC resilience in the wake of climate change: Is there hope?

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Background: Climate change poses a profound challenge to primary health care (PHC), with rural areas being more vulnerable. Worst still, only 30% of Kenya's rural population have access to primary care within 4km radius compared to 70% of urban population. PHC delivery in Migori County continues to deteriorate due to climate change impact. Examining the level of healthcare access, its interconnection with climate change and operational barriers at different levels will generate useful insights to develop interventions.

Methods: Open and close-ended questionnaires with residents and 8 healthcare facilities were conducted between July and September 2023. Additionally, a desk review of the Climate change adaptation model currently used in Migori was carried out to identify limitations and opportunities. Access to healthcare was measured using the Penchants and Thomas' model. Common themes were drawn from qualitative data, while quantitative data was analyzed using Python program.

Results: Despite poor implementation, climate change adaptation model has appropriate strategies for improving PHC. About 39% of residents have access to healthcare facilities within 4km radius, and 83% termed the services as unsatisfactory. 70% of the facilities visited attributed the increase in several diseases to climate change impact. Maintaining healthcare resiliency is further challenged by lack of collaboration and inadequate training of staff on climate change adaptation.

Conclusions and Recommendations: In rural Migori, low access to primary healthcare is significantly associated with the adverse effects of climate change because of skewed implementation of the adaptation plan, insufficient collaboration, and inadequate trained staff. Therefore, the design of universal health coverage programs should prioritize integration of climate change adaptation policies.

Track 4.3: Use of technology to improve communities' access to Primary healthcare

ABSTRACT 75: My Medics software application

Paul Njige¹ | ¹Medics App, Dodoma, Tanzania, United Republic of | Tanzania | Scientific.

Introduction: My Medics is a software application designed to promote rational use of medicine by providing users with relevant information about different types of medications, health advocacy on different global issues in public health and a sharing platform of researches in medicine field done by different individuals and organizations. The application is aimed at healthcare professionals, academicians, medical students and patients who want to make informed decisions about their medication use. It provides a platform for users to access information about how to rationally use their medicine, medication safety, efficacy, and side effects.

Applications: The application is designed to be user-friendly and accessible, with a simple interface that allows users to search for relevant medical content of their interest. The application also provides users with access to a database of medication information, which includes dosage recommendations, contraindications, and interactions with other medications. To ensure the accuracy and reliability of the information provided by the application, My Medics employs a team of experts in pharmacology and medicine. These experts review and update the information in the database regularly to ensure that it reflects the latest research and clinical guidelines.

Conclusion: In addition to providing information about medications, My Medics also includes features that promote adherence to medication regimens. Users can set reminders to take their medications at specific times, and the application can also send notifications when it is time to refill a prescription.

Overall, My Medics is an innovative solution that leverages technology to promote rational use of medicine. By providing users with accurate and up-to-date information about medications, the application empowers them to make informed decisions about their health and well-being.

Track 4.4: New evidence on management of infectious diseases including environmental drivers of antimicrobial resistance

ABSTRACT 118: Pre-Pandemic Cross-Reactive Immunity against SARS-CoV-2 among Congolese individuals in rural and urban areas

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Background: For more than three years after the emergence of COVID-19 (Coronavirus Disease-2019), the world has faced the most challenging health crisis of our time. But the significant regional differences in term of morbidity and mortality was observed. Studies identifying the host factors, including pre-existing immunity that lead to patient's death and disease severity are crucial. Hence the purpose of the present study was to investigate circulating cross-reactive antibodies against SARS-CoV-2 in Congolese individuals living in rural (Bomassa) and urban (Brazzaville) areas.

Methods: A total of 151 specimens (sera) from bio-bank, collected before COVID-19 pandemic in urban and rural areas were used. 69 of the samples were collected in urban area in 2014 and 82 in rural area since 2019. The presence of IgG antibodies against five major antigen of SARS-COV-2 (Anti-N; Anti-S2; Anti-S1; Anti-NTD; Anti-RBD) in these pre-pandemic samples were determined by ELISA methods with an innovative multiplex immunoassay from INNOBIOCHIPS Company (CoViDiag[®] assay). Data analyses were done with graphed prism5.

Results: Among 151 pre-pandemic assayed samples; 53 (35.1%) recognized the mentioned five SARS-CoV-2 antigens. In urban area, anti-S2 IgG seroprevalence was higher 4/69 (5.8%) compared to the other four antigens tested (anti-NTD IgG = 2/69 (2.9%); anti-S1 = 1/69 (1.4%); anti-N = 1/69 (1.4%); anti-RBD = 0/69 (0%). In agreement, samples proceeding from urban area showed similar results. IgG antibody

seroprevalence was significantly higher with S2 antigen compared to other antigens (IgG anti-S2 27/82 (32.9%); anti-N 22/82(26.8%); anti-S1 8/82(9.7%); anti-NTD 8/82(9.7%); anti-RBD 2/82 (2.4%). This finding may contribute to the higher seroprevalence of SARS-CoV-2 in many African countries.

Conclusions: According to this study, Congolese individuals have a high prevalence of cross-reactive IgG antibodies against SARS-CoV-2 antigens, which can explain the low mortality rate for SARS-CoV-2 infection cases in the country.

ABSTRACT 88: Trust and Willingness Towards Covid 19 Vaccine Uptakes in Achieving Nation Goal- A Case of Njombe-Tanzania

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Background: A successful vaccine education and consent approach involves effective communication by trusted health sources. Community health workers (CHWs) and influential individuals play a vital role in understanding people's perceptions, beliefs, and barriers to vaccination; by addressing issues with evidence-based solutions tailored to the specific context. Given the global health crisis caused by COVID-19, the rapid development and deployment of vaccines are essential to mitigate its impact. Engaging CHWs and influential community members is crucial in promoting vaccine acceptance and ensuring a high uptake rate during vaccination campaigns. The study showed how the involvement of CHWs and influential people in the Njombe Region during COVID-19 vaccination campaigns and door-to-door activities increased vaccine acceptance in local communities.

Methodologies: A successful vaccination model in Njombe was implemented to achieve vaccination targets by combining door-to-door. Teams (CHWs and influential leaders) were deployed to promote vaccination and address barriers. They visited specific households and communities, providing vaccine information, addressing concerns, and encouraging vaccination. Simultaneously, awareness campaigns, community events, and public outreach were conducted to reach a broader population. Influential inhabitants played a crucial role in supporting and endorsing vaccination efforts, building trust and credibility.

Results: There was a remarkable increase in vaccine uptake. Before the project, the region observed 74.23% of vaccination coverage. By utilizing CHWs and influential individuals, the VAN Project reached an additional 104,479 individuals, surpassing the initial target by 110%. This effort contributed to a 36% increase in vaccination coverage within the targeted local government authorities. Overall, the project was crucial in improving vaccine accessibility.

Conclusion: High vaccination uptake relies on trust in vaccine safety and efficacy, fostered by the active involvement of CHWs and influential individuals; whose strong connections to the community, ability to speak the local language, and established rapport have significantly boosted COVID-19 vaccine acceptance.

ABSTRACT 95: Advancing Public Health: A Successful Endeavor in Increasing COVID-19, Measles and HPV vaccination uptake through integration approach in Njombe Region

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Background: VAN project's response to the measles outbreak, the project supported the government's vaccination campaigns to combat the spread of the disease while integrating [1] COVID-19 outreach into routine vaccine distribution and provision of HPV vaccination to adolescent girls, contributing to overall community health. Starting in December 2022, with COVID-19 vaccination coverage at 83.4%, HPV being at 43.1% and Measles at 40.3% in the Njombe region, VAN project significantly enhanced the region's public health preparedness.

Methodology: Team adopted a comprehensive team-based approach, comprising a dedicated vaccinator, recorder, and community health worker. The team's primary focus was to efficiently administer COVID-19 vaccinations to the targeted populations. Concurrently, the door to door campaign introduced an integration activity, wherein support was extended to R/CHMT teams to combat the Measles outbreak and facilitate the distribution of routine vaccines to health facilities.

Results: In between June to July 2023, the VAN project in collaboration with R/CHMTs have reached 39,113 (162%) of COVID 19 individuals of targeted vaccination. Moreover, during the Measles outbreak the VAN project have played a crucial role to successfully vaccinated 2,334

(14.4%) children. Also, a total of 3,057 (30.4%) adolescent girls were provided HPV vaccine as part of collaborative efforts to improve vaccine uptake. Further, the team have facilitated the distribution of routine vaccines to 168 health facilities that helped to maintain the progression of routine immunization and improve vaccination coverage.

Conclusion: VAN team approach was highly effective in responding to the COVID-19 pandemic and supporting vaccinations against Measles and HPV. It surpassed its targeted COVID-19 vaccination coverage by 62% and played a critical role in vaccinating children during the Measles outbreak and providing HPV vaccines to adolescent girls, significantly improving overall vaccine uptake.

Track 5.1: Role of citizens' voices in improving access to PHC services

ABSTRACT 175: Unveiling Perspectives: Recipients of Care' Feedback on Facility Service Quality"

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In the pursuit of advancing the quality of healthcare, understanding the experiences and perspectives of recipients of care is paramount. Amref Health Africa in Zambia has undertaken a project to enhance the quality of healthcare by gathering feedback from recipients of care in HIV/AIDS facilities, aligning with PEPFAR strategies. They employ a hybrid approach, combining traditional Community Led-Monitoring tools with the innovative M-Jali mobile-based tool. This system collects data at the household level and transfers it online, significantly improving data accuracy, timeliness, and completeness.

The project involves several key activities, including designing a user-friendly feedback tool, training community healthcare workers in data collection methods and ethical considerations, and conducting interviews. The beneficiaries are men, women, adolescents, and key populations who receive HIV/AIDS services in PEPFAR-supported facilities, ensuring a comprehensive representation of facility users. Collaboration with the Ministry of Health facilitates smooth implementation and issue resolution.

Notable achievements have resulted from this initiative. By involving care recipients in shaping service delivery, the project has raised awareness within the Ministry of Health regarding areas needing improvement. The feedback collected informs policy development and

intervention strategies related to HIV treatment, prevention, viral load testing, HIV/TB coinfection, and stigma and discrimination. Findings and recommendations are regularly shared with PEPFAR, the National AIDS Council, the Ministry of Health, and stakeholders in the HIV field. Valuable lessons emphasize clear communication, staff engagement, and continuous feedback loops.

This project underscores the importance of integrating recipient feedback to enhance healthcare quality. Patient-centred care positively impacts the overall patient experience and the effectiveness of healthcare facilities. To expand such initiatives, healthcare organizations should prioritize structured feedback mechanisms, invest in staff training, and foster a culture of continuous improvement. By doing so, healthcare facilities can make sustainable enhancements in service delivery that align with patient needs and expectations.

ABSTRACT 153: Utilization of Kenya community scorecard process to help improve service delivery at PHC facilities in homa bay county.

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Background: A community scorecard (CSC), according to WHO (2020) is a community led governance tool bringing together primary healthcare (PHC) facilities, local government structures and community to promote action, accountability and responsiveness to community felt health needs.

Implementation: The implementation of the CSC leveraged on the existing PHC structures (Community health committee [CHC], Health facility management committee [HFMC], community health action plans [CHAP], Community dialogue days, community action days, data review meetings) to ensure sustainability and accountability of the service provision.

It Provides an opportunity for community members to give input in the quality of health services that they receive at the PHC facilities and community, enable community and facility service providers understand and appreciate the health outcomes in their communities, promote ownership in the communities towards quality service provision and Enable policy makers accommodate community needs for relevant resources allocation

Outcomes: The CSC ultimately led to a common understanding on how the community and the health care providers collaborate to solve the

identified problems to their satisfaction. Full involvement of community, local administration structures and PHC in mitigating high negative health outcomes afflicting adolescents such as; Increased supply of drugs and commodities for the facility, reduced teenage pregnancies in the community, increased ANC visits by Pregnant teenagers as per the guidelines, Increased health seeking behavior by the adolescents and youths, Increased knowledge and skills by the healthcare providers in handling adolescents and providing adolescent responsive services.

Conclusion: The Kenya CSC has the potential to improve the accountability and participation of the healthcare providers and community in the provision of quality healthcare services. This has increased the health seeking behavior of the community and healthcare providers by providing AYSRH responsive healthcare services that will ultimately reduce the already mentioned negative health outcomes affecting the adolescents, youths and the general population.

ABSTRACT 64: Evidence for Systems Strengthening: Social Accountability, Health Leadership and Management, Health Financing and Entrepreneurship

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Despite tremendous progress in achieving maternal and child health since the Millennium Development Goal targets were set in 2000, unacceptable inequalities still remain both among and within countries as high rates of death, disease and malnutrition persist among vulnerable groups of children and women, including within middle - income countries. The research for health system strengthening framework identifies key aspects of the system which are the key points in the study: Social accountability mechanisms and tools that can be applied and adapted to serve different purposes and contexts needed in system strengthening; Public revenue Monitoring Health leadership and management essential for ensuring resilient health system, its strategy on human resources for universal health coverage; Health financing that can improve effective service coverage and financial protection. The objective of the study is to give evidence that aligning practice in Strengthening Primary Health Care (PHC) will give a lasting health change in Africa, to identify the roles of Social accountability, health leadership and management in System strengthening and to identify health financing and entrepreneurship mechanism for efficient service delivery. This study will assist

in developing health promotional programs and policies as well as provide some insights into the effective role out of Primary Health Care. The analysis will emphasize the value of strategies to provide mitigation measures in Kenya, and the critical role that routine health system data can play in monitoring continuity of service delivery. A mixed-methods approach: Combining the analysis of secondary quantitative data obtained from the Kenya Health Information System, database in the study period beginning September 2023 and a qualitative inquiry involving key informant interviews (n = 12) and document reviews. Quantitative data will be analysed using an interrupted time series analysis (using March 2020 as the intervention period). Thematic analysis approach will be employed to analyse qualitative data.

ABSTRACT 165: Transforming Health Policy through Citizen led Social Accountability

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Alliance members knew first-hand that policy can only have transformative impact when leaders are held accountable for their commitments. With the Maternal and Child Health and Family Planning Act in place, PATH partnered with the MNCH Alliance to strengthen the coalition's capacity to hold the county government accountable for their commitments to improve maternal and child health per the legislation. PATH facilitated training in citizen-led social accountability strategies, providing technical advice and supporting the development of action plans and tools the MNCH Alliance could leverage to reach critical advocacy goals. The cornerstone of the MNCH Alliance's action plan is a series of social audits and community scorecards of primary health care (PHC) facilities in Kakamega County. PHC facilities are the recommended first contact providers for many in the county as patients seek to avoid the out-of-pocket expenditures experienced at hospitals and higher-level facilities; however, these lower-level PHC facilities and dispensaries are often inadequate for intrapartum care and poorly equipped to deal with complications. By auditing local facilities, the MNCH Alliance sought to understand how PHC facilities functioned and identify key gaps in services that were driving poor health outcomes. The social audits were conducted using the following process: input tracking visits, community focus groups and conversations with patients and community leaders, interviews with health care providers, and stakeholder interface meetings. More information on each tactic is detailed in the table below. Table 1. Tactics used in social audits of primary health care

facilities in Kakamega County, Kenya.

Approach: Input tracking visits at health facilities Conducted an inventory of existing facility budgets, human resources, infrastructure, equipment, commodities, and other resources. These observations were then compared against Ministry of Health guidelines on thresholds recommended for that health facility's specific level to score the facility.

Track 5.2: Effective health leadership and governance approaches and Practices

ABSTRACT 149: Integration of Menstrual Hygiene Management Awareness with Kitchen Gardening for Adolescent Girls and Young Women in Mombasa County.

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Background: AGYWs in Mombasa are unknowledgeable on MHM and have challenges in accessing dignity commodities. For us to curb EUPs, STIs, HIV/Aids and GBV among AGYWs, we started this project of integrating MHM awareness and kitchen gardening to address those challenges they face by empowering them while equipping them with knowledge on MHM and starting Kitchen gardening to promote their sustainability mechanism as an IGAs to enable them procure MHM dignity commodities at ease on their own.

Methodology: Integrating MHM awareness and kitchen gardening project enabled us reach AGYWs, equip them with knowledge on proper menstrual hygiene practices and benefits of cultivating their own food and earn money through kitchen gardening to sustain themselves. Introductory meeting was organized with the local administration, Youth leaders and religious leaders to inform them about the project and get their support in implementation. With their help, we mapped out 15 vulnerable young mothers from 15 marginalized villages, they were taken through a two days training on MHM and its relation to Kitchen gardening, and tasked to mobilize more AGYWs to be introduced to the intervention, as an organization we gave support to start the IGA.

Objectives: Reaching 1000 AGYWs in Kisauni Subcounty with MHM information through kitchen gardening in 9 Months.

Results: Reaching 729 young mothers with the MHM information through kitchen gardening in 5 months. Establishment of 15 kitchen garden for young women. 20 more kitchen garden started as a result of the initiative.

Conclusion: Integration of MHM with kitchen gardening reduces risks of infections, Unintended Pregnancies and UTIs. Involvement of key stakeholders helps to meet projects objectives and expectations. Such intervention creates job opportunities to Young People in community

Recommendations: Looking forward having more partners in implementing this project even in other Countries. Government to replicate this program also in schools.

ABSTRACT 201: Appropriate Sanitation Technology Key to Achieving Sustainable Ultimate Community Sanitation Coverage: Impact of corbelled latrine technology in sanitation promotion in Malawi

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Background: Efforts for sanitation promotion are being rendered futile in Malawi because of dependence on traditional technologies that only withstand for a year. Almost 99% of the households in rural villages of Malawi use traditional type of latrines that are easily destroyed with termites, rain and poor soil structures. Despite achieving over 95% latrine /sanitation coverage after open defecation free (ODF) campaigns, communities experience a drastic drop to less than 10% of basic latrine coverage within a year, mostly during the rainy season This is the situation that Deliver Life II project faced in its quest to make two project sites in Machinga and Zomba districts ODF.

Implementation: In response to community concerns about poor latrine structures, the project introduced cost-effective corbelled latrines. A total of 23 local builders/masons (12 in Machinga and 11 in Zomba) were trained on how to build corbelled latrines and they now guide fellow community members interested in building corbelled latrines. Masons are given a token of appreciation in form of cash or items like livestock, maize etc. Community members were sensitised about the sanitation technology highlighting its low cost, durability and impact on community socio-economic development.

Outcomes: Within three months, 29 households in Machinga and Zomba have constructed corbelled latrines signifying an increase in

permanent latrine coverage from 3.1% to 6% in Machinga and 4.7% to 8% in Zomba. The project is still implementing this activity.

Conclusions and recommendations: Adoption of cost-effective and durable better latrine technologies is key in sustaining community sanitation. Technologies like corbelled latrines should be rolled across rural areas to ensure universal sanitation coverage.

ABSTRACT 61: Addressing the Wicked Problem of Primary Health Care through a Network of Care: Early Lessons from Ethiopia

Desalegn Zegeye¹, Temesgen Ayehu¹, Meskerem Abebaw¹, Mebrie Belete¹, Arsema Solomon¹|¹Amref Health Africa, Addis Ababa, Ethiopia| Best Practice.

Background: Strengthening primary health care is a global priority, but its definition and attainment are complex and varied, lacking a clear endpoint. Consequently, it is recognized as a wicked problem, necessitating system thinking, collaboration, and adaptive management. Recently, Networks of Care (NOC) have emerged as a systematic approach to address health system fragmentation, delivering integrated, comprehensive, patient-centred, and coordinated health services for women and children across the lifespan and different levels of care. The NOC approach, discussed here, aims to improve the delivery and uptake of quality RMNCH services, reducing care fragmentation and addressing the needs of health system users for improved health outcomes and efficiency.

Methods: As part of the Improving Primary Health Care Service Delivery project, experiences from various countries were reviewed to propose a NOC model for Ethiopia. The model comprises four key domains: purposeful arrangement, operational standards, quality and accountability and learning and adaptation.

Results: In the 7 implementation woredas (districts) NOC co-design workshop involving various stakeholders, common goals were set, roles and responsibilities were defined, coordinated systems for the NOC platform were established, and an MOU was agreed upon. Implementation of the NOC across PHC facilities was facilitated, and regular review meetings were conducted. The project developed a NOC implementation guide, supported the establishment of woreda-level NOC coordinating committees, and monitored NOC functionality using a maturity index and tracking dashboards.

Conclusion and Recommendations: The NOC model in Ethiopia addresses the wicked problem of primary healthcare by reducing fragmentation and improving the delivery of comprehensive services. Through collaborative efforts and an enabling environment, the NOC approach fosters functional linkages, communication mechanisms, and resource sharing across primary healthcare facilities. Early results have shown enhanced administrative and technical collaborations, public-private partnerships, and the introduction of outreach services.

ABSTRACT 28: Socio-demographic factors for exclusive breastfeeding interruption and linear growth in a comprehensive setting in Homa Bay County

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Background: Breastfeeding, a low-cost intervention for preventing childhood undernutrition has not yet been fully adopted by lactating mothers. Comprehensive settings for support of exclusive breastfeeding (EBF) are ideal for scaling uptake. We sought to; document level and reasons for interruption of EBF, evaluate socio-demographic factors associated with EBF interruption and compare linear growth of infants in the breastfeeding interruption categories in a comprehensive support setting.

Methods: A retrospective cohort study of children enrolled in a probiotic and two symbiotic study (PROSYNK) in Homa Bay county. The sample comprised of 366 participants with complete follow-up data up to twelve months. Reasons and when interruption of exclusive breastfeeding occurred were Abstracted from participant's files. Socio-demographic characteristics and anthropometric data were obtained from the trial. We performed a Chi-square test or fisher exact where appropriate, bivariate and multivariate analysis were used to investigate further associations and compared change in linear growth over time of infants in the breastfeeding categories.

Results: A total of 534 (89%) of the 600 participants recruited in the PROSYNK trial had complete follow-up data to 12 months. We found lower level of EBF as compared to national (54.9%, CI; 49.7,60.1), interruption due to perception that breast milk was not enough being the major reason for interruption (50.3%, 83/165), significant association between being in a union and longer duration of breastfeeding (OR 4.7; 95% CI;1.1, 14) and significant variability of linear growth in the breastfeeding categories.

Conclusion: Gap exists from the expected level of EBF, educational support needs to be revamped to demystify perception that breast milk is not enough to meet child's nutritional needs and encourage longer breastfeeding durations to prevent growth faltering which is a precursor of stunting. Robust evaluation of predictors of breastfeeding in comprehensive support settings should be undertaken to inform breastfeeding programs.

ABSTRACT 171: Strengthening Primary Health Care Systems in Busia County's Matayos Sub County: Baseline Assessment

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Introduction: This baseline assessment conducted in Busia County's Matayos Sub County, aimed at assessing the state of primary health care systems and services, and readiness to roll out primary health care networks as per national guidelines.

Methods: We employed a mixed-methods approach, where quantitative data were collected through pre-existing secondary data, Evidence for systems strengthening: Social accountability, health leadership, and management; health financing and entrepreneurship. Exit interviews, and facility assessments, while qualitative data were gathered through focus group discussions and interviews with relevant stakeholders.

Results: Key findings indicated a disparity in resource allocation across health facilities. Also, there existed a concerning shortage of health workforce, with merely 39.7% compliance with established HRH norms and standards. Stockouts of critical medical supplies registered the highest concern among surveyed respondents (clients and health workers), impacting the ability to provide quality and comprehensive care. Private facilities demonstrated a higher utilization ratio of 2.3, in contrast to public hospitals which had a utilization ratio of 1.08. The assessment established that 13 out of the 21 health facilities had safe water sources hinting at gaps in infection prevention and control. On the community side, 52% of households had access to safely managed water and sanitation facilities. Regarding antenatal care (ANC) coverage, the proportion of 1st ANC attendance was 152.7 per cent. Concurrently, 4th ANC attendance was 76.9%.

Recommendations: Busia County should invest in health workforce capacity building and retention strategies, improve infrastructure and equipment density to meet minimum standards needed to deliver primary health care, strengthen emergency care services, and addressing water and sanitation gaps at health facility and household levels as a key social determinant of health. Enhance collaboration between public and private health sectors to ensure a comprehensive and effective PHC approach that leaves no-one behind.

ABSTRACT 243: External Quality Assessment as An Improvement Project in Rachuonyo East Sub County Hospital.

Everlyne Mboga¹|¹Homabay County Government, Homabay, | Kenya| Scientific

Background: EQA is a major component of Laboratory QMS as a useful indicator in Monitoring performance of the Lab. The Lab Monitors the performance and documentation of EQA in all the sections of the laboratory enrolled on EQA.

The Lab undertook this to ensure that the lab meets the requirements stipulated in ISO 15189:2012 and WHO SLIPTA checklist on EQA samples and results management. The standard requires each laboratory to participate in interlaboratory comparison program or alternative assessment systems for all tests. It was conducted from August 2022 to August 2023. The Laboratory Identified EQA focal person. Baseline analysis was then done which identified gaps on EQA Procedure and policy implementation such as; the procedure had not been attested to by all staff, EQA samples were not tracked from reception to results review, CAPA were not consistently done for unsatisfactory results and only 4 Tests were enrolled in EQA. Based on the ability to register for more tests, the Laboratory Identified Referral Laboratories which were subjected to evaluation and engaged in Interlaboratory comparison for all the remaining tests against their peer lab. With these gaps we decided to embark on this project to ensure that the Laboratory substantially improves in the management of EQA The focal person trained all staff on requisite procedures and attestation done by all staff, Tracking logs were put into use for all EQA panels enrolled. This ensured all staffs were involved as the schedule was pre allocated. All results were reviewed timely, disseminated and CAPA done for all non-conforming performance. EQA enrolment increased from 11 % to 66 %. Conclusion: Improvement project on EQA was successful, the gaps identified were addressed and implemented and this will go a long way in improving the Performance on EQA and as a result guaranteed quality and reliable results for our clients.

ABSTRACT 238: Health research systems in low-resource settings: From system analysis, understanding, to system building and strengthening: Kenyan Case Study.

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Background: The World Health Organization has proposed a global strategy to build a robust Health Research System (HRS) resources and infrastructural capacity. The existing global health challenges, e.g. COVID-19 pandemic and malaria mortality rate, underlined the need for research and evidence. There is a growing recognition from the global health community of research to tackle these challenges, and calls for urgent investment in establishing, rebuilding, and strengthening national Health Research Systems.

Aim: This study opens new avenues in the field of health policy and system research through conducting this system analysis approach in Kenya as an example of low-resource setting and it can be a transferable exercise to any other similar context. Perceptions of HRS actors and performers were analyzed to understand the status of system, identify its gaps, and propose policy solutions to strengthen the system.

Methods: This qualitative methodology targeted 3 health sectors: government, academia, and local and international organizations. Fifty-two in-depth interviews and 6 focus group discussions were conducted with key informants who were selected purposively. The qualitative data were analyzed using Word and Excel to perform question and preliminary thematic coding and content analysis.

Results: Conceptually, stakeholders have limited understanding of HRS concepts, importance, and application. Stakeholders describe HRS as underperforming and research is not on the leadership agenda. Stakeholders' roles are undefined, international contribution is weak, and resources for research are deficit, misallocated, and unsustainable, and mainly funded individually and externally with donors' conditionalities. Despite the availability of competent personnel, the overall HRS resources and capacity, such as human and financial resources, and facilities, forms a central challenge.

Conclusions: The overall status of HRS in Kenya is still lacking and major challenges persist where the pace of strengthening efforts is steady.



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