

BOOK OF ABSTRACTS

HEALTH WORKFORCE TRAINING FOR IMPROVED ACCESS TO PEDIATRIC SURGICAL CARE IN WESTERN KENYA

Authors: Kaseje N, Marks I, Kaseje M, Onyango L, Raburu D, Ogengo J, Okelo S, Otieno J.

Introduction/Aims: By 2026, surgical diseases will be a greater contributor to the global burden of disease than HIV/AIDs, TB and Malaria combined (World Bank 2014). Yet minimal investments have been made to build the world's capacity to identify and provide essential surgical care especially in sub-Saharan Africa. Our aim was to assess surgical training as part of health system strengthening.

Method: We performed a community survey and hospital assessment to determine the prevalence of pediatric surgical diseases and the volume of pediatric surgical care provision in Western Kenya. We calculated the ratio of realized volume over expected volume. We reviewed general surgical and community health training curricula to determine the match between training content, delivery and context; and provision of surgical care.

Results: The household prevalence rate of pediatric surgical diseases was 15%. The ratio of realized volume over expected volume was: 0.001. Surgical education followed traditional approaches consisting of lectures, group discussions, tutorials, self-directed learning, ward rounds, bedside teaching, simulations, and rotations in teaching hospitals. The ideal teacher to learner ratio of 1:10 was rarely achieved with ratios averaging 1:50.

Conclusion: The realized volume at facility level was much lower than the expected volume, which is consistent with poor access to pediatric surgical care. Increased investments in surgical education are needed to address the poor access to surgical care.

UNDERGRADUATE TRAINING OF ENVIRONMENTAL HEALTH PRACTITIONERS: ASSESMENT OF CAPACITY OF SCHOOLS OF PUBLIC HEALTH IN KENYA

Authors: William Kitagwa, Japheth Mativo Nzioki, Phanice Omari, James Ouma

Introduction/Aims: Universities started undergraduate training in environmental health in 1999. Moi University's School of Public Health was the pioneer. Since then, many universities have developed undergraduate programs in environmental health. In January 2013 the government of Kenya established the Public Health and Technicians Training council (PHOTC) to regulate and oversee quality training of environmental health specialists. We sought to assess the current quality of undergraduate training of EVH specialists in Kenya.

Methods: The training and accreditation standards of PHOTC were used as a guide and reports from accreditation checklist were reviewed. Twelve schools and departments of public health were assessed. The data was analyzed using framework analysis and quasi statistics.

Results: Majority of schools had a Training curriculum that covered the core competence areas of Environmental health. Most schools did not have adequate academic and technical staff in core competence areas. All schools lacked ideal laboratory facilities and equipment for the program. Libraries in most schools had inadequate books and journals.

Conclusion: Public Health training in Kenya has not yet met PHOTC standards. To achieve quality training of environmental health specialists in Kenya there is need for increased investment in advanced training in human resource and development of physical infrastructure.

**A MODEL FOR EVIDENCE BASED POLICY ENGAGEMENT IN KENYA:
(PROCESSES AND ACCELERATORS, THE TROPICAL INSTITUTE OF
COMMUNITY HEALTH CASE STUDY)**

Authors: Prof. Kaseje, D.C.O., Prof. Edwards, N., Dr. Kaseje, M.A., Prof. Were, M. K., Dr. Ochieng, B.M

Introduction/Aims: Policy is a statement of direction that should result from a decision-making process that applies reason evidence and values. The research describes research to policy strategies through collaborative research. The Institute developed a model of Public Health training which places students and their lecturers in service delivery and management practice context in partnership with the Ministry of Health and communities, applying knowledge and skills obtained through learning processes in rural, peri-urban and nomadic communities in Kenya.

Method: It was a longitudinal case study. Three phases are identifiable in this process 1) Researchers and communities were engaged in research while policy makers played an advisory role, 2) policy makers became co-investigators in research 3) policy makers took over the leadership of the research process with researchers playing advisory and quality control roles.

Results: Ministry of Health adopted the CBHC model after twenty five years of researchers demonstrating the effectiveness of the model, but using the "push" approach. The researchers accompanied the implementation process to guide modifications to the policy guidelines that became necessary as it was implemented. The process influenced the creation of Technical Working Group on operations research as a structure within the MOH to strengthen the engagement of research teams in the policy cycle being embedded in the policy making structures of the MOH.

Conclusion: Collaborative research is effective in influencing policy. It's critical in strengthening country's health system by engaging key players at the different levels in a consultative research process for achieving health outcomes and influencing policy.

STRATEGIES OF AVAILING RESEARCH FINDINGS IN TRAINING INSTITUTIONS FOR EFFECTIVE TREATMENT OF MALARIA IN SUB-SAHARAN AFRICA

Authors: Jomama One JomamaLual, Margaret Kaseje, Selam Seje

Introduction/Aims: Dissemination of research findings ensures up-to date information for clinical practice. An assessment was undertaken to determine awareness of medical lecturers and students about a study on sensitivity of *Plasmodium falciparum* to generic artemether-lumefantrine compared to artesunate-mefloquine among children (6-11 years) with uncomplicated falciparum malaria in Kisumu County in Kenya.

Method: The study protocol was presented at research seminars for lecturers and students from Kisumu County. The study was a two armed, open label randomized controlled clinical trial with a fourteen day follow-up and a sample size of 130 children with uncomplicated falciparum malaria in government primary schools in Kisumu County. The study results which showed that *Plasmodium falciparum* clearance rates were significantly lower ($P = 0.015$) with generic artemether-lumefantrine compared to rates of clearance of *Plasmodium falciparum* with artesunate-mefloquine were presented to the same group. A desk review was conducted on the medical training curriculum. Key informant interviews and focus group discussions were carried out with the lecturers and students six months after the study regarding research on malaria.

Results: The training curriculum contained research methodology and dissemination of research findings. Meetings and internet were cited for research updates. Informants were aware of existing policy of treating uncomplicated falciparum malaria with generic artemether-lumefantrine but were unaware of the most recent research on malaria treatment and influence on treatment policy.

Conclusion: Continuous medical education, integration of research findings into medical training curricula and use of e-mails are feasible strategies for communicating malaria research findings to medical professionals.

ASSESSMENT OF PUBLIC HEALTH GRADUATES' ACADEMIC COMPETENCIES IN RELATION TO REAL LIFE PUBLIC HEALTH DEMANDS AND PRACTICE IN KENYA.

Authors: Hellen Jepngetich; Caleb Nyamwange; Anna Kagure Karani; Joice Baliddawa

Introduction/Aims: Public health practitioners all over the world face a growing range of challenges emanating from health consequences of demographic change, aging population and burden of ill health due to poverty. This calls for adequate training of public health practitioners for effective public health response. To assess the extent at which public health curriculum structure and implementation conform to the graduates' practice and workforce demands.

Method: Online surveys involving the public health graduates, tutors and practitioner organizations were done. The graduates were randomly selected while the practitioner organizations were purposively identified. A census of all the faculty involved in training the graduates was done.

Results: Among the graduates' respondents, 62% believed their undergraduate public health training formed the basis for their recent job positions while 38% didn't. On public health emergencies, only 28% felt prepared despite their tutors rating them highly.

Conclusion: There is need for academic competencies to conform to public health job demands and practice. Lack of which results in public health practitioners being ill-prepared for the job demands and trends.

EFFECT OF COMMUNITY STRATEGY ON FOCUSED ANTENATAL CARE COVERAGE: A PRETEST - POSTTEST EXPERIMENTAL STUDY IN RURAL MWINGI WEST SUB-COUNTY; KENYA

Authors: Japheth Mativo Nzioki, Rosebella Ongutu Onyango, James Ouma, James H. Ombaka

Introduction/Aims: Despite global gains made in reducing Maternal Mortality Rate (MMR) and Child Mortality Rates (CMR), MMR in sub-Saharan Africa accounts for 99% of global maternal deaths and 1 child in 12 die before their fifth birthday. In Kenya, maternal and child mortality rates are still high. Studies have acknowledged that Focused Antenatal Care (FANC) plays a critical role in reducing MMR and CMR. This study sought to determine the effect of a community health worker led primary health care intervention (Community Strategy) on FANC in Mwingi West sub-county.

Method: A pretest -posttest experimental study design with 1 pretest and 2 post-test surveys in intervention and control sites was employed. Data was collected from a sample size of 422 households in each survey. Women with a child aged 9-12 months were main respondents.

Results: Community Strategy significantly increased FANC coverage by 9.5% ($Z=2.7528$, $P<0.05$) within six months after implementation, and by 20.1% ($Z= 5.7881$, $P<0.05$) within 18 months of implementation. In intervention site, FANC coverage significantly increased to 59% from 38.9%. Women in intervention site were 1.7 times more likely to seek ANC services for at least 4 times compared to women in control site (95%CI: 1.464-2.014, $P<0.0001$).

Conclusion: CS was effective in increasing FANC coverage in intervention site. To improve MCH outcomes in Kenya the government should fast-track national implementation of CS.

ASSESSMENT OF EQUITY AND INCLUSION COMPLIANCE FOR PERSONS WITH DISABILITIES AND ELDERLY PERSONS IN ODF VILLAGES IN NAIVASHA SUB-COUNTY, NAKURU COUNTY, KENYA

Author: Kagira John

Introduction/Aims: Ensuring compliance to equity and inclusion to persons with disabilities and elderly people in open defecation free villages. To determine the access to sanitation by persons with disabilities and the elderly people in Open Defecation free villages. To determine the access to water by persons with disabilities and the elderly person in the Open Defecation Free villages. To determine the access to hygiene by persons with disabilities and the elderly persons in the Open Defecation Free villages. Determine the status of supportive structures of equity and inclusion.

Method: Case studies design of Kamurugu village in Naivasha Sub-county, Kenya.

Results: The persons with disability and all elderly persons with mobility challenges had no access to water, sanitation, and hygiene before capacity building and follow ups. 100% of mobility challenged persons (persons with disability and elderly persons) have access to water sanitation and hygiene. A sustainable community unit, Kenya environmental sanitation and hygiene policy, assistive devices such as commodes, ropes are key in ensuring compliance.

Conclusion: Compliance to equity and inclusion is key in achieving SDG 6. A village with trained community volunteers and natural leaders on equity and inclusion does well in ensuring the water, sanitation and hygiene issues of persons with disabilities and elderly person are addressed in a sustainable manner.

ATTITUDE, PERCEIVED RISK AND INTENTION TO SCREEN FOR PROSTATECANCER BY ADULT MEN IN RARIEDA SUB-LOCATION, KENYA

Author: Jackline Ochieng

Introduction/Aims: Prostate cancer is increasingly becoming the most significant health problem facing Kenyan men. Though increased survival rates occur when diagnosis of prostate cancer is done early, the disease is usually detected at a more advanced stage with participation in prostate cancer screening being extremely low (4%). This study was conducted to identify factors associated with intention to be tested for prostate cancer risk among adult men in Rarieda Sub-location, Siaya County, Kenya.

Method: A cross-sectional analytical study design using quantitative data collection method was used with primary outcome being intention to receive prostate specific antigen (PSA) screening within the next six months. Three explanatory variables were studied; attitude, social influence, and perceived risk.

Results: The sample population (155) aged between 25-94 years of age (mean 49.8, SD 16.7). Results indicated that all the men had information of prostate cancer but only 3.1% had knowledge; 2.4% had tested for prostate cancer while 43.6 % intended to be tested in the next six months. There was no significant association between demographic factors such as marital status, religion, education level and screening intent ($p > 0.05$). Variables significantly associated with intent to screen for cancer were attitude ($p = 0.04$) social influence ($p = 0.016$) and perceived risk (< 0.05).

Conclusion: The results suggest the need for potential health strategies to increase prostate cancer awareness, screening rates which are culturally sensitive targeting men living in rural areas with low education levels.

TRAINING AND SUPERVISION IN TASK SHIFTING: A SOLUTION TO HUMAN RESOURCE FOR HEALTH CRISIS IN KENYA?

Authors: Ochieng' Beverly Marion, Kaseje Dan Owino

Introduction/Aims: Task-shifting is an approach to reducing the impact of human resource for health shortages. Upgrading skills of community health workers to improve the health of deprived populations is urgent. This paper describes the perspectives of various stakeholders on training and supervision for shifting curative tasks.

Method: This was a qualitative study that compares perspectives of stakeholders on training and supervision of community health workers for curative tasks in peri-urban, nomadic, and rural areas. Data was collected by focus group discussions with clients and Community Health Workers; and key informant interviews with national level policy makers, district managers, and service providers at. The data were transcribed and coded using a content analysis framework. Emerging themes and sub themes were identified and narratives were constructed.

Results: In nomadic and peri-urban sites lay workers had assumed curative services beyond the range of tasks in the policy documents. This was explained to be influenced by urgent local service demand due to scarcity in nomadic and population density in peri-urban sites, respectively. Respondents emphasized the need to modify training to enable task shifting of simple curative and maternal care tasks, particularly, nomadic areas.

Conclusion: Task-shifting of curative care to lay health workers at community level can improve access to care among hard to reach populations without compromising quality, through training and supervision.

DEMOGRAPHIC AND ECONOMIC FACTORS ASSOCIATED WITH UPTAKE OF SKILLED DELIVERY SERVICES AMONG WOMEN OF REPRODUCTIVE AGE IN MANDERA COUNTY, KENYA

Authors: Asha Adan Farah, Leila Geteri, Careena Flora Otieno, Ronnie Midigo

Introduction/Aims: This study aimed at investigating demographic and economic factors associated with uptake of skilled delivery services among women of reproductive age living in Mandera central Division of Mandera County, Kenya.

Method: The study adopted multi stage random sampling technique where a list of all locations, respective sub locations and villages was compiled then simple random selection was applied to select participating units. Both quantitative and qualitative data was collected. Pretested and standardized structured questioner, key informant interview (KII) guides and focused group discussion (FGD) guide was used to collect the data. A research team was selected, recruited and trained on data collection protocol and etiquette. Data was analyzed using statistical computer package of social science (SPSS) version 17 and excel then presented descriptively.

Results: Analysis revealed that 34 % of the respondents sought skilled delivery services. The key factors are age of the mother, education, and number of deliveries ($p < 0.005$) were significant predictive factors for the use of skilled assistance. Economically, mother's occupation and income as well as the spouses' income predict the utilization of skilled delivery ($p < 0.005$).

Conclusion: The study concludes that utilization of skilled delivery services remain vital in central division of Mandera East Sub County. The study recommends community sensitization and awareness on the consequences of utilization of unskilled delivery services by divisional public health team. The strong role of social norms and traditions calls for advocacy to demystify out dated beliefs by community leaders. Local NGOS and CBOS are encouraged to empower the girl child both academically and economically.

MEDICAL WASTE IN HOMES: AN OVERSIGHT BY POLICY MAKERS AND IMPLEMENTERS

Author: Dr Lydia Hangulu

Introduction/Aims: As chronically ill people receive care at home, medical waste is generated whose adverse effects are of concern to the health of the public and the environment. There is more literature on medical waste management (MWM) from health care facilities and little is to be found on MWM in homes. This study aimed at exploring the policies and practices regarding MWM in homes.

Method: The study involved reviewing of policies relevant to MWM in homes, and also involved 30 interviews with policy makers and focus group discussion with 112 community caregivers working in 29 poor resource communities served by eThekweni Municipality in Durban, KwaZulu-Natal, South Africa.

Results: Both international and South African national policies assume that medical from homes are in small quantities and must be removed by the municipal authorities. All participants revealed that, medical waste such as used gloves, swabs, used diapers, bandages, syringes and needles, in the homes were not segregated, were stored with domestic waste in the house bins; illegally dumped in open spaces, burnt openly or buried within the yards.

Conclusion: There is poor management of medical waste in home. The international and national policies fail to adequately address MWM in homes; there is need to revise such policies. Improper MWM in homes undermines hygiene and sanitation practices that are needed for improving the well being of the people and that of the environment. There is need for policy makers and implementers to work together and see how best to improve MWM practices in homes.

DETERMINANTS OF DELAY IN ACCESSING PREVENTION OF MOTHER-TO-CHILD-TRANSMISSION (PMTCT) SERVICES AMONG HIV POSITIVE PREGNANT WOMEN IN FEDERAL CAPITAL TERRITORY, ABUJA, NIGERIA

Authors: Adaora M. Eneja, O. Fawole, B. Adedokun, G. Poggensee, P. Nguku

Introduction/Aims: Early commencement of PMTCT services during antenatal care is crucial for maximum benefit. Despite this, most pregnant women in Nigeria present late for antenatal care. This study investigated the factors associated with delay in accessing PMTCT services in FCT, Abuja.

Method: Descriptive cross-sectional study was conducted between May and September 2014 among HIV positive pregnant women attending selected healthcare facilities in FCT. Ethical clearance and informed consent were obtained from appropriate authorities. Structured questionnaires were administered to participants. Epi Info version 7.0 was used for analysis.

Results: A total of 210 participants were recruited in the study. Mean age of respondents was 30.0 (SD \pm 5.7). Majority of the women (61.4%) were married at the time of the survey and 53.3% had completed secondary school. 52% of the women were employed, while 50.5% spent between 30 minutes and 1 hour to get to the clinics by car. Knowledge score on HIV/AIDS was 9.5 ± 1.3 with 50.0% of the respondents having good knowledge. Attitude score towards people living with HIV/AIDS was 47.8 ± 6.4 with 48.6% having positive attitudes. Forty-four percent delayed in accessing PMTCT services. Being employed (OR=1.8, CI: 1.0-3.1), multiparous (OR=3.7, CI: 1.6-8.9), and primigravida (OR=3.1, CI: 1.7-5.5), significantly increased the odds of delayed access to PMTCT services.

Conclusions: Significant number of HIV positive pregnant women still delay in assessing care. Health education aimed at improving knowledge and encouraging early and frequent HIV testing, may reduce delay in accessing care, and therefore improve pregnancy outcomes among women.

LEVERAGING SOUTH-SOUTH PARTNERSHIPS: REFLECTIONS FROM A PARTNERSHIP OF FOUR AFRICAN PUBLIC HEALTH TRAINING INSTITUTIONS

Authors: Woldekidan Amde, David Sanders, Uta Lehmann

Introduction/Aims: Partnership working, through its multiple variants, is recognized as one of the mechanisms to bring about development. South-South partnership is increasingly acknowledged to facilitate capacity development in developing countries. Literature on the South-South partnership is generally scant. The study aims to explore complexity of South-South partnerships for capacity development, and factors that enable or constrain partnership working (process) and outcomes.

Method: Case study approach was used to tackle ‘why’ and ‘how’ questions about partnership working and explore contextual nuances relevant to each partner. The research is also informed by theory driven evaluation principles, which is considered more suitable to uncovering mechanisms that underlie partnership working. Data was collected through key informant interviews, document reviews, and participant observation. Data was then triangulated and analysed thematically.

Results: The partnership afforded participants with opportunities to share knowledge and experience on issues related to curriculum and material development. Participants found the engagements relevant, with varying degrees of integration of learning in plan or practice in the respective course/module/institution. The partnership faced challenges such as resource limitation to sustain collective engagement, poor institutional memory, and lack of clarity of roles and responsibilities.

Conclusion: The paper demonstrates contribution as well as complexity of South-South cooperation for capacity development. Such cooperation has great potential for strengthening capacity for postgraduate education. However, its success and sustainability essentially depends on capacity and support for institutional champions, and funding.

THE NEED FOR PUBLIC HEALTH INFORMATICS TRAINING PROGRAMS IN AFRICA

Authors: Olusesan Ayodeji Makinde, Clifford Obby Odimegwu, Joshua O. Akinyemi

Introduction/Aims: Public health is a data dependent profession. Globally, management of public health data is now driven by Information and Communication Technology (ICT). Big data is being propagated as the new means of determining disease risks. However, big data depends on carefully collected large datasets using ICT. Yet, very few training programs in Africa are involved in this domain. In this paper, we present the report of a systematic review on public health informatics in Africa.

Method: We searched for articles indexed in Medline (2003 – 2016) with the combined MeSH terminologies of “Public Health Informatics” AND “Africa” to determine progress in this region on this evolving knowledge domain. We then reviewed the articles to identify the countries of the authors, year of publication and the domain of the publication.

Results: Twenty-Eight articles met our criteria but only 27 could be retrieved. Of the 27 articles, only 10 had the first author from African institutions. Of these, only five had some component of systems development or modeling. Average number of articles published in this domain per year is still below two.

Conclusion: First defined in MeSH in 2003, Public Health Informatics is the systematic application of information and computer sciences to public health practice, research, and learning. The low number of publications on systems development suggests that the development of large databases for big data in public health is still low in Africa. Though the telecommunication and banking sector in Africa have largely embraced ICT, the health sector lags far behind.

PREPARING MEDICAL STUDENTS TO RECOGNIZE AND RESPOND TO GENDER BASED VIOLENCE (GBV)

Authors: Olufunmilayo I. Fawole, Jacqueline van Wyk

Introduction/Aims: To obtain consensus of opinion among stakeholders on content, trainers and methods of training relating to GBV curriculum in three medical schools in south west Nigeria.

Method: Three rounds of the Delphi technique involving 52 experts from the academics, practitioners, government, and non-governmental organizations. The first round was open ended, while subsequent rounds were structured.

Results: Themes identified in Round 1 were:- Reasons for teaching GBV; Teaching Methods, strategies needed and department best positioned; Other professions to involve in training; Academic level to offer training; Strategies to assess effectiveness of training. From the Round 2, the highest topics for the training was:- complications of GBV (4.44 ± 0.63) and safety plan' (4.44 ± 0.51). Most ranked training in the final year highest (4.25 ± 1.13) and videos; (4.63 ± 0.89) was ranked highest followed by information, education and communication materials (4.50 ± 0.82). As regards format of the teaching, discussion with victims ranked highest followed by didactic lectures (4.06 ± 0.93 and 4.00 ± 0.89 respectively). The departments to teach were:- Public health (4.19 ± 0.91), Accidents and emergency (4.06 ± 0.85); Family medicine (3.81 ± 1.05) and Obstetrics and gynaecology (3.81 ± 0.89). Other professionals who can teach GBV were: - psychologist; social worker and lawyers. As regards assessments written examination ranked highest (4.06 ± 0.85). Round 3 confirmed findings of Round 3.

Conclusion: The GBV training programme will provide a good opportunity to address a hidden and major public health problem in Africa. It provides evidence to review of curriculum of schools of Public health and form policies on education.

“TATA UPHI?” (DAD WHERE ARE YOU?): PATERNAL ABSENCE AND TEENAGE PREGNANCY IN SOUTH AFRICA

Authors: N. Xaba, S. Mkwanaenzi

Introduction/Aims: Teenage pregnancy in South Africa continues to rise despite numerous campaigns and laws that promote child empowerment and self-awareness. In 2010, Reddy et al showed 24% of sexual active girls to have ever been pregnant. Numerous scholars have investigated the association between teenage pregnancy and various family structures. Most of these studies show that lone-parented girls have earlier sexual debut with associated pregnancy in certain cases. However, this research hub demonstrates a limited examination of the influence of paternal absence. This study aims to determine the quantitative relationship between paternal absence and teenage pregnancy in South Africa hypothesising that paternal absence increases the likelihood of adolescent pregnancy.

Method: We use logistic regression on a nationally representative sample of 25179 adolescent females from the general household surveys (2011-2013) to establish the risk of pregnancy that paternal absence poses.

Results: Results reveal that over 40% of adolescent girls experience paternal absence regardless of pregnancy status. Additionally, adjusted regression emphasises the risk of paternal absence as the likelihood of adolescent pregnancy was highest among girls with deceased fathers followed by those with absent yet alive fathers.

Conclusion: We recommend “substitute” father programmes and greater support for such adolescents and their guardians to prevent early unwanted pregnancy.

DECOLONIZING THE MIND, ATTITUDES AND PRACTICES (MAP) BETWEEN ALLOPATHIC AND INDIGENOUS HEALTH PRACTITIONERS IN POST-COLONIAL SOCIETY: AN EXPLORATORY APPROACH TO COLLABORATION IN MANAGEMENT OF HIV/AIDS PATIENTS.

Authors: Nematandani, M.S., Hendricks, S.J.H., Mulaudzi, F.M

Introduction/Aims: Indigenous health system continues to be perceived as a threat to western medicine, the commercialised health systems and multi-national pharmaceutical companies. Ironically, some of the post-colonial countries in Africa continue to associate indigenous health practices with “witchcraft”, actively discourage and repress it. Dual consultations by HIV/AIDS patients and lack of communication present serious challenge for both patients and practitioners. The study applied decolonisation approach among key stakeholders to explore a model for collaboration between indigenous and westernized health practitioners in the management of HIV/AIDS patients in the post colonised South Africa.

Method: A Participatory action research design model was used. The study applied a decolonization process in a group discussion to explore perceptions, experiences and attitudes of representative sample of stakeholders [indigenous and western practitioners, HIV/AIDS patients, and community leaders] in Limpopo Province, South Africa. Ethical clearance was obtained from the University of Pretoria (REC 399-2013).

Results: The two health systems were rendering services to the same HIV/AIDS communities. Patients’ culture and beliefs influence their health seeking behaviour. Lack of communication between the two systems created confusion and harm to the patients. Change of mind-set, attitudes and practices (MAP) is critical in fight against HIV/AIDS. Stakeholders acknowledged that: ‘neither health system is better than the other, they should complement each other’; patients do not belong to any of the two systems and should be allowed to exercise their beliefs ‘and rights’.

Conclusion: Collaboration was long overdue. It would require a change of mind-set, attitudes and practices (MAP) involving all key stakeholders.

PROCESS OF TRANSITIONING FROM FACE-TO-FACE TO DISTANCE TEACHING AND LEARNING IN THE POST-GRADUATE PUBLIC HEALTH FIELD: EXPERIENCE FROM COOPERATION OF 16 INSTITUTIONS

Authors: Woldekidan Amde, Nikki Schaay, Barbara Hutton, Ziyanda Mwanda, Uta Lehmann, Helen Schneider

Introduction/Aims: In October 2015, educators from 16 public health training institutions, across 11 countries, attended a workshop organized by the School of Public Health, University of the Western Cape (SOPH-UWC), South Africa. The initiative aimed to create platform for sharing and learning particularly about process of transitioning to distance teaching and learning. Drawing on the experience from the workshop, SOPH-UWC produced a Guide to serve as a practical reference and resource for educators. To describe the process of collective engagement among educators and institutions, and development of guide

Method: Data was collected through participant observation, review of documentation of workshop proceedings (multimedia), and questionnaires completed by participants (pre and post workshop) about issues related to institutional capacity gaps and assets, and assessment of need for and outcome of the collaboration. The data was analysed thematically.

Results: The workshop provided a creative and engaging space for educators working in the global south to strengthen post-graduate public health education. This was enabled through participatory processes that accommodate diverse and evolving needs of participants and collective engagement guided by overarching curriculum design principles/framework. Participants found the engagements relevant, and cited transfer of teaching resources, experience or expertise across institutions.

Conclusion: Cooperation among public health training institutions in the global south can help strengthen capacity of public health training institutions. Availability of institutional champions and funding are critical to ensure success.

RAPID ASSESSMENT OF GLOBAL HEALTH COMPETENCIES AMONG PUBLIC HEALTH PHYSICIANS

Authors: Obi Ikechukwu E, Agunwa Chuka C, Umeobieri Ancilla K.

Introduction/Aims: Strengthening public health systems remains a concern for delivery of health services in Africa. Addressing the unmet need for public health expertise, in quantity and quality remains vital to sustained and holistic response to public health concerns in Africa. This represents a rapid self-assessment of global health competencies among public health physicians in Enugu State, Nigeria.

Method: An online survey from Google drive, sent out to the mailing list of the state chapter of the association of Public Health Physicians, with weekly reminders for 1 month. The survey is based global health competencies identified by the Consortium of Universities for Global Health [CUGH]. Responses were linked to an excel sheet and analyzed using SPSS version 20.

Results: A 34% response rate, respondents were between 28 to 58 years old. Fellows 34.4%, Part 1 Members 28.1%, Primary level members 28.1% and 9.4% of respondents with Masters Degrees. 71.9% were less than seven years in public health and 90.6% work within the teaching hospitals. 43.8% had done short term technical assignments for governments or agencies. Above 60% reported a good grasp of each competency, with their public health training as the source of their mastery, beyond 'on the job experience' and continuing medical education.

Conclusion: A good number of the competencies are skills and attitudes, which public health training alone cannot confer. Greater understanding of the sources of these competencies will help to refine public health training in Africa.

OUTCOME OF MOBILE PHONE TEXT MESSAGE REMINDERS ON KNOWLEDGE AND COMPLETION OF ROUTINE IMMUNISATION IN RURAL LOCAL GOVERNMENT AREAS, OYO STATE, NIGERIA

Authors: Isaac O. Dipeolu and Oladimeji Oladepo

Introduction/Aims: Interventions aimed at promoting completion of Routine Immunisation (RI) in Nigeria have not yielded satisfactory results. Text Message Reminders (TMRs) through mobile phones have been used to promote adoption of innovations, its effectiveness in enhancing completion of RI in rural areas has not been well investigated. Effects of TMRs on knowledge and completion of RI by Mothers of Infants (MI) were investigated.

Method: Quasi-experimental design was used and Ibarapa North (IN) and Kajola were randomly selected from the list of 12 rural LGAs with highest immunisation drop-out rates. Ibarapa North and Kajola were randomly allocated to Intervention Group (IG) and Control Group (CG), respectively by balloting. All consenting 179 MI in IG and 187 MI in CG who registered their children at the health facilities for RI in June, 2014 were enrolled. Validated questionnaire with 25-point knowledge scale was used to collect information from the participants. Data obtained were analysed using t-test and Chi-square test with level of significance at $\alpha_{0.05}$.

Results: Overall age of respondents was 26.2 years (IG 26.3 \pm 5.6, CG 28.3 \pm 5.5). There were no significant differences in baseline outcome measures between intervention and control in respect to knowledge of RI (IG 10.5 \pm 3.4 and CG 9.3 \pm 2.6). However, at post-intervention, IG demonstrated significant higher knowledge of RI (IG 12.9 \pm 2.8 and CG 11.1 \pm 4.0). About 60.9% respondents in IG reported completion all routine immunisation in comparison to respondents in CG (58.9%).

Conclusion: The findings indicate that Text Message Reminders intervention was effective in influencing the completion of routine immunisation schedules in the rural areas.

RESEARCH THROUGH CEREMONY: GAINING ACCESS TO INDIGENOUS HEALTH SPACE

Authors: Simon M Nmutandani, Stephen J Hendricks, Mavis F Mulaudzi

Introduction/Aims: Most western research approaches seldom recognise and acknowledge the worldview of the indigenous communities, their health practices and beliefs on ancestors as knowledge owners and holders with authority over the living. For centuries, indigenous communities always recognised ancestors as the linkage between the dead and the living. They are the custodians and patent holders of all the indigenous knowledge learned and passed through generations. The indigenous health system and its paradigm operate through the lenses of supernatural beings also known as ancestors and /or ancestral spirits. Most scientific research methods received ethical approval from academic institutions with little consideration and respect for the existing community values, beliefs and practices. This paper describes the experiences of the researchers in gaining access to indigenous health practitioners' world through ceremonial processes.

Method: A consultative qualitative approach method was applied to establish trust. It was followed by ceremony to gain access to the indigenous knowledge holders' environment and thereby seeking permission from ancestors to conduct research among the indigenous health practitioners.

Results: Indigenous health practitioners consider ancestors as the custodian and patent holders of all the indigenous knowledge learned and acquired during training as health practitioner.

Conclusion: Access to their knowledge is through ritual ceremony offered to the ancestors.