



Global Affairs
Canada

Welcome Message from the President



I take this opportunity to welcome you all to the 14th ECSACON Biennial Scientific Conference held in Arusha Tanzania.

We all know that, the Biennial Scientific Conference brings together nurses, midwives and all like-minded partners in the region and beyond to share knowledge, experiences and best practices through presentation of research papers. It also gives us an opportunity to develop networks.

As I draw your attention to this year's theme "Nurses and Midwives responding to global Health Challenges of the 21st century", you will agree with me that this could not have come

at a better time than this when we are faced by such a pandemic of great magnitude which continues to have far reaching impact on individuals and families including our own nurses and midwives.

I stand here a proud President as I commend you all nurses and midwives for your resilience, commitment, selflessness and ability to adapt and manage the emerging and re-emerging unprecedented pandemics.

I would like to urge you all to pick key highlights of evidence based presentations done during this conference that will help shape policy and inform nursing and midwifery education and practice in the region.

Acknowledgement

East, Central and Southern College of Nursing (ECSACON) hosted the 14th Biennial Scientific Conference during very difficult times due to the covid-19 pandemic.

We wish to thank the government of the Republic of Tanzania through the Ministry of Health, Community Development, Gender Elderly and Children (MoHCDGEC) for accepting and allowing the College to host the conference in Arusha. In the same vein, we wish to thank Director General, ECSA –HC, and the entire ECSA - HC Secretariat for the moral and technical support.

The conference would not have been successful without the participation of members and partners for their contribution in scientific papers and financial and or material support.

We wish to single out the following our key partners whose contribution enabled the hosting of the conference. These include:

Jhpiego, Amref Health Africa, Ipas Africa Alliance, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) and Tanzania National Parks (TANAPA).

Our gratitude goes to our Key Note Speaker Dr. Leslie Mancuso, President and Chief Executive Officer Jhpiego who through her speech set the tone for the conference. To all our sub-theme speakers, we salute you.

ECSACON Tanzania Chapter played a pivotal role in coordinating the planning and organizing of the conference, working closely with the program Officer.

We acknowledge the chairperson of the Faculty of Research, Dr. Ruth Mkhonta together with the team of abstract reviewers who did a splendid job to look at all abstracts that were presented during the conference.. We acknowledge all the authors who found time to attend the conference physically and by way virtual attendance.

Last but not the least, we thank all the nurses and midwives who attended the conference physically and virtually but more so, those who braved the fear of physical meetings due to the current covid-19 pandemic.

DAY 1
Marquee Hall (ROOM 1)

WEDNESDAY - 08TH SEPTEMBER 2021

7:00- 8:30am:	Registration		
8:45 – 10:30	Session Chair:	Ms Keoagetse Kgwabi -President of ECSACON	
	Rapporteurs:	Sophie Ngugi – Kenya Everlyn Maziku - Tanzania	
TIME	TOPIC	PRESENTER	COUNTRY
08:45-08:55	Introductions, Roll call	Ms Keoagetse Kgwabi – President of ECSACON	Botswana
	Objectives & Methodology	Dr. Priscah Mukonka, PhD - CNR ECSACON Zambia	Zambia
08:55-09:25	Key Note Address	Dr. Leslie Mancuso, PhD – President & CEO -Jhpiego.	USA
09:25-09:30	Discussant	Mrs. Theresa Sikateyo, VP ECSACON	Zambia
09:30-10:05	Amref Health Africa	Dr. George Kimathi, Dir. ICD Amref Health Africa	Kenya
10:05-10:20	RCSI/ECSACON Collaborative Project	Catherine C. Mulvaney & Dr. Dolorence Wakida, PhD	Ireland/ Uganda
10:20-10:35	Knowledge and Skills Gap of Midwives to Conduct Obstetric Ultrasonography Screening in PHC Facilities in Kajiado and Kisii Counties, Kenya	Dr Micah Matiang’i, PhD Amref International University	Kenya
10:35-10:50	Discussion		
10:50-11:20AM	HEALTH BREAK		
11:20-12:30	Plenary 2: Session Chair:	Elizabeth Oywer – Kenya	
	Rapporteurs:	Saturine Manangwa – Tanzania Milka Ogayo – Kenya	
	ECSACON Nursing Workforce Report Panel Discussion	Keoagetse Kgwabi – President ECSACON Simon Hlungwani – President of DENOSA Fredrick Omiah – CNR Kenya Dr. Priscah Mukonka, PhD – CNR Zambia	
12:30 – 13:30	LUNCH BREAK		
13:30 – 16:40	Official opening – <i>(see opening ceremony programme)</i>		
16:40 – 17:00	REFRESHMENTS BREAK AND END OF THE DAY		
17:00 – 17:30	Side meeting 1 – Decker Med (By Invite)		

DAY 2
PLENARY SESSION IN MAIN CONFERENCE HALL ROOM 1 (MARQUEE)

THURSDAY - 09TH SEPTEMBER 2021

8:00 – 8:30	Registration		
	Plenary 3: Session Chair:	Mrs. Theresa Sikateyo -VP President ECSACON - ZAMBIA	
	Rapporteurs:	Grace Wanjala – Kenya Redemptha Matindi - Tanzania	
TIME	TOPIC	SPEAKER	COUNTRY
8:30 – 8:40	Summary of day 1	Evalyne Maziku - Tanzania	
8:40 – 8:55	Communicable and Non-Communicable Diseases	Dr. James Kiologwe	Director, NCD Tanzania
08:55 – 09:10	Effects of Flash Floods on Reproductive Health in Kajiado North Sub-County in Kenya.	G. N. Maitho, Nibedita S. Ray-Bennett	Kenya
09:10 – 09:25	Availability and Accessibility of Personal Protective Equipment among Nurses and Midwives in the General Hospitals in Lusaka, Zambia	Dr. Patricia Mukwato, PhD	Zambia
09:25-09:40	The Clinical Effectiveness Of Hot Water Bottle To Patients With Covid-19	Jane E. Bararukuliliza	Tanzania
09:40-10:25	Discussion		
10:25 – 11:00	HEALTH BREAK		

DAY 2
PARALLEL SESSION 1: ROOM 1 (MARQUEE)

THURSDAY - 09TH SEPTEMBER 2021

11:00 – 13:00	Session Chair:	Betty Kasyoka - Kenya	
	Rapporteurs:	Rhoda Onono - Kenya	
	SUB-THEME 2: BEYOND ZERO, MATERNAL AND NEONATAL DEATHS; THE ROLE OF NURSES & MIDWIVES		
TIME SLOT	TOPIC	SPEAKER	COUNTRY
11:00-11:15	Determinants For Utilization Of Family Planning Services Among Women Post Obstetric Fistula Repair In Kenyatta National Hospital, Kenya	Beatrice Pamela Oguttu	Kenya
11:15-11:30	How Kangaroo Mother Care Has Improved The Lives Of Premature Babies In Migori County Referral Hospital	Mary Oywer	Kenya
11:30-11:45	Milestones Of Harm Reduction Services For Reduction Of Maternal Mortality In Three Regions Of Tanzania	Joan Wilbert Karomba	Tanzania
11:45-12:00	Childbirth Experiences of women birthing in Zambia: An Interpretive, Focus Phenomenological Study	Dr. Concepta N. Kwaleyela, PhD	Zambia
12:00-12:15	Massage in Reducing Labour Pain	Christina J. Mwandalima	Zimbabwe
12:15-13:00	Discussion		
13:00 – 14:00	LUNCH BREAK		

DAY 2
PARALLEL SESSION 1: ROOM 2 (TEMBO)

THURSDAY- 09THSEPTEMBER 2021

11:00 – 13:00	Session Chair	Dr. Rose Patricia Oluoch, PhD – Kenya	
	Rapporteurs:	Atanasio Nyaga – Kenya	
	SUB-THEME 1: REVITALISING PRIMARY HEALTH CARE THROUGH ASTANA DECLARATION		
TIME SLOT	TOPIC	SPEAKER	COUNTRY
11:00-11:15	Knowledge on Glaucoma Among Adult Patients Attending Eye Clinic at Comprehensive Community Based Rehabilitation in Tanzania	Milcah Bulaya	Tanzania
11:15-11:30	Autism Spectrum Disorder: A Review Of Contemporary Literature On Common Communication Difficulties And Recommended Research Based Intervention Strategies	Adam Said Mang'ombe	Kenya
11:30-11:45	Knowledge, Attitude and Practices on Mental Health among Healthcare Workers and Community members in Meru County, Kenya	Colleta Kiilu, Jackson Musembi, Catherine Mwenda	Kenya
11:45-12:00	Community Participation in Rural Health Facility Services in Kakuyuni Health Centre, Machakos County	Lucy Wanza David	Kenya
12:00-12:15	Effects of Zentangle™ Methods on Cognitive and Psychological Functions of Individuals with Mild Cognitive Impairment	Masika	
12:15-13:00	Discussion		
13:00 – 14:00	LUNCH BREAK		

DAY 2

PARALLEL SESSION 1: Room 3 (TWIGA)

THURSDAY - 09TH SEPTEMBER 2021

11:00 – 13:00	Session Chair:	Dr. Priscar Mukonka, PhD – Zambia	
	Rapporteurs:	Dr. Juliana Misore, PhD - Kenya	
	SUB-THEME 3: NURSING AND MIDWIFERY WORK FORCE IN RESPONSE TO GLOBAL DISEASE THREATS AND DISASTERS		
TIME SLOT	TOPIC	SPEAKER	COUNTRY
11:00-11:15	Experiences, Roles And Lessons Learnt By Nurses And Midwives In The Context Of Covid-19 Pandemic. A Case Of Kisumu County Kenya	Wilbroda Nancy Makunda	Kenya
11:15-11:30	An Evaluation of The Effect Of Digital Learning On CPD Uptake Among The Health Workers In Kenya	Catherine Mwenda	Kenya
11:30 – 11:45	An Assessment Of Readiness for Remote Learning and Teaching; A Case Of The University Of Zambia School Of Nursing	Dr. Patricia Mukwato, PhD	Zambia
11:45 – 12:00	Proportion, Characteristics and Maternal Outcomes of Women Referred for Child Birth to a Tertiary Hospital in Northern Tanzania: A Descriptive, Retrospective Study Based on a Hospital Birth Registry	Carolyn A. Lissu	Tanzania
12:00 – 12:15	Model Legislative Framework on Community Health Workers Training Registration and Licensing and Financing	Rehema Chengo	Kenya
12:15 – 13:00	Discussion		
13:00 – 14:00	LUNCH BREAK		

DAY 2
PARALLEL SESSION 1: ROOM 4 (FARU)

THURSDAY - 09TH SEPTEMBER 2021

11:00 – 13:00	Session Chair:	Prof. Emelda Lwena - Tanzania	
	Rapporteurs:	Pendo Joseph - Tanzania	
	SUB-THEME 4: COMMUNICABLE AND NON COMMUNICABLE DISEASES		
TIME	TOPIC	SPEAKER	COUNTRY
11:00-11:15	Optimizing Nursing Care To Patients With Tuberculosis And Associated Multi Morbidities. A Demonstration Project Blended With Web-Based Continuous Professional Development	Pendo Martha Joseph	Tanzania
11:15-11:30	The Relationship Of Mesencephalic Astrocyte-Derived Neurotrophic Factor With Hyper Lipidemia In Patients With Or Without Type II Diabetes Mellitus	Kija Malale	Tanzania
11:30-11:45	Knowledge And Attitudes Of Adolescents Living With HIV Pertaining Disclosure Of HIV Status In Masvingo Eswatini	Zanele Simelane; Nkosazana R Mkhonta; Murye Alfre F	Eswatini
11:45-12:00	Factors Associated With HIV Infection In 6-8 Week Old Infants In Eswatini	Linda Mirira	Eswatini
12:00-12:15	Psycho-Dietary Adaptation Among Chronic Kidney Disease Clients On Hemodialysis At Kenyatta National Hospital	Viola Kipturgo	Kenya
12:15 – 13:00	Discussion		
13:00 – 14:00	LUNCH BREAK		

DAY 2
PARALLEL SESSION 2: ROOM 1 (MARQUEE)

THURSDAY - 09TH SEPTEMBER 2021

14:00 – 16:30	Session Chair:	Agnes Mtawa - Tanzania	
	Rapporteurs:	Clara Kerich - Kenya	
SUB-THEME 2: BEYOND ZERO, MATERNAL AND NEONATAL DEATHS; ROLE OF NURSES & MIDWIVES			
TIME SLOT	TOPIC	SPEAKER	COUNTRY
14:00-14:15	Beyond Zero Maternal And Neonatal Deaths: The Role Of Nurses And Midwives (All Delegates to Attend)	Dr. Pandora Hardtman - Chief Nursing Officer Jhpiego	USA
14:15-14:30	Factors Influencing Knowledge And Practice On Helping Babies Breathe Among skilled Birth Attendants In Rural Areas in Lake Zone, Tanzania	Cecilia Mzurikwao	Tanzania
14:30-14:45	The Impact of Training on Perceived Performance In Reproductive, Maternal and Newborn Health Delivery Among Health Care Workers In Tanzania: A Baseline-And-End line Survey	Mwasisya	Tanzania
14:45-15:00	Collaborating With Grass root Based Organizations to End Female Genital Mutilation; A Success Story Kuria West In Kenya	Catherine Meng'anyi	Kenya
15:00-15:15	Demands for Quality Health Care From Tanzania's Women and girls: What women Want	Jesmine Chadewa	Tanzania
15:15 -15:30	Effectiveness of Less Cost Improvised Bubble Continuous Positive Airway Pressure (CPAP) on Treatment of Newborn Babies with Respiratory Distress Syndrome (RDS)	Wilson Funga Meza	Tanzania
15:30 -15:45	Effectiveness of Leadership, Management and Governance Capacity On Improvement on Health Outcomes in Nyeri, Kakamega, Nairobi and Kilifi	Colleta Kiilu	Kenya
15:45 -16:30	Discussions		
16:30 – 17:00	REFRESHMENTS BREAK AND END OF THE DAY		

DAY 2
PARALLEL SESSION 2: ROOM 2 (TEMBO)

THURSDAY 9TH SEPTEMBER, 2021

14:00 -17:00	Session Chair:	Simon Hlungwani – RSA	
	Rapporteurs:	Brenda Kitali - Tanzania	
	SUB-THEME 4 - COMMUNICABLE & NON-COMMUNICABLE DISEASES		
TIME SLOT	TOPIC	SPEAKER	COUNTRY
14:00-14:15	Baseline Survey of Malaria Indicators Epidemiologic Zone of Kenya: Developing a Relationale for Targeted Capacity Building of Malaria Case Management- A Case Study of Homa Bay County, Kenya	Kimathi George	Kenya
14:15-14:30	Malnutrition Risk and Outcome Among Patients Undergoing Cardiac Surgery; Experience from Jakaya Kikwete Institute, Dar-es-Salaam, Tanzania	Salma Wibonela	Tanzania
14:30-14:45	Factors Associated with Substance Abuse by Students in Medical Training Colleges in South Nyanza Region, Kenya	Daniel Kipchumba Kurui	Kenya
14:45-15:00	Perception Of Nursing Students On The Use Of The Clinical Skills Laboratory For Competency Based Learning	Gertrude Anyango Opiyo	Kenya
15:00-15:15	Men Perspectives on Attending Antenatal Care Visits with Their Pregnant Partners in Misungwi District, Rural Tanzania: A Qualitative Study	Maendeleo Boniphace	Tanzania
15:15 – 15:30	Prevention and Treatment of Non Communicable Diseases (NCDs) in Iringa District Council, Tanzania	Katunzi Mutalemwa	Tanzania
15:30 – 15:45	Mortality Related to Post Stroke Complications Among ICU Patients admitted at Mloganzila in Dar es Salaam Tanzania	Redemptha Matindi	Tanzania
15:45 – 16:20	Discussion		
16:20 -17:00	REFRESHMENTS BREAK AND END OF THE DAY		

DAY 2

DAY 3

PLENARY SESSION 3: ROOM 1 (MARQUEE)

FRIDAY 10TH SEPTEMBER, 2021

	Sessional Chair:	Andre Gitembagara- Rwanda	
	Rapporteurs:	Samuel Mwango - Tanzania	
	SUB-THEME 2: BEYOND ZERO MATERNAL & NEONATAL DEATHS:- ROLE OF NURSES AND MIDWIVES		
08:00-08:15	Summary of the Day	Milka Ogayo	Kenya
08:15 – 08:30	Revitalizing Primary Health Care through Astana Declaration	Prof. Sheila Dinotshe Tlou, Co-Chair - Nursing Now Global Campaign	Botswana
08:30 – 08:45	Assessment of Follow Up Care of Post-Partum Women Following Complication of Labour and Delivery at the University Teaching Hospital- Women and Newborn	Dr. Priscar Sakala Mukonka, PhD	Zambia
08:45-09:00	The Burden of Anaemia in Pregnancy Among Women Attending Antenatal Clinic in Mkuranga District	Evelyn Betram Ngimbudzi	Tanzania
09:00-09:15	Factors Associated With Maternal Deaths Among Pregnant And Post Delivery Women At Muhimbili National Hospital	Highness Mlayi	Tanzania
09:15-09:30	Promising Results From A Technology Assisted And Community Empowered Programming To Eradicate FGM In The Era Of Covid-19 Pandemic	Catherine Chacha Meng'anyi	Kenya
09:30-09:45	Impact Of Beyond Zero Campaign Activities On Maternal/Neonatal And Child Health In Devolved Units. A Case Of Homa Bay County.	Dr. Rocila Awiti, PhD (Hons)	Kenya
09:45:10:00	Factors Influencing Knowledge And Practice On Helping Babies Breathe Among Skilled Birth Attendants In Rural Areas In Lake Zone In Tanzania	Cecilia Bonaventure Mzurikwao	Tanzania
10:00:10:15	Country Challenges and Lessons Learnt with the current Covid-19 Pandemic:	Annette Kennedy, ICN	Geneva

	the Role of the Nurse and Midwife	President	
10:15-10:30	Discussion		
10:30 – 11:00	Health Break		

DAY 3

PARALLEL SESSION 3: ROOM 1 (MARQUEE)

THURSDAY 10TH SEPTEMBER, 2021

11:00 -13:00	Session Chair:	Dr. Patricia Mukwato - Zambia	
	Rapporteurs:	Dimakatso Sebopa - RSA	
	SUB -THEME 2: BEYOND ZERO MATERNAL & NEONATAL DEATHS:- ROLE OF NURSES AND MIDWIVES		
TIME SLOT	TOPIC	SPEAKER	COUNTRY
11:00-11:15	Determinants of Immediate Post-Partum Intra Uterine Contraceptive Uptake Among Mothers Delivering in Meru	Consolata Kirigia	Kenya
11:15-11:30	Quantifying Pregnant women's Knowledge of Educational Components of Antenatal Care in Lesotho	Tabeta Seeiso and Mamutle M. Todd-Maja	Lesotho
11:30-11:45	Perceptions about tuberculosis and perceived tuberculosis-related stigma and associated factors among the mining community in Eswatini	Charles Maibvise	Eswatini
11:45-12:00	Factors contributing to sepsis among children under sixteen years admitted at pediatric burn unit in Muhimbili National Hospital	Mwanahamisi Ally Mvimba	Tanzania
12:00 – 12:25	Discussion		
12:25 -14:00	LUNCH BREAK		

DAY 3
PARALLEL SESSION 3: ROOM 1 (MARQUEE)

Friday 10th September 2018

11:00 – 12:20	Session Chair:	Rosemary Mutua - Kenya
---------------	-----------------------	------------------------

	Rapporteurs:	Nichodem Komba - Tanzania	
TIME	TOPIC	PRESENTER	COUNTRY
	SUB -THEME 2: BEYOND ZERO MATERNAL & NEONATAL DEATHS:- ROLE OF NURSES AND MIDWIVES		
11:00-11:15	Factors That Influence Parents-Adolescent Communication On Sexual Reproductive Issues At Kinondoni B In Dar-es-Salaam	Somoe K. Mohammed, Loveluck Mwashu	Tanzania
11:15 -11:30	Factors Influencing Uptake of Cervical Cancer Screening Among Women of Reproductive Age	Monica Julius	Tanzania
11:30-11:45	COVID-19 Related Stigma Among Health Care Workers: Everyone's Concern	Alex Kestone Lyambai	Zambia
11:45-12:00	Patient Satisfaction With The Quality Of Care Provided By Student Nurses At Ndola Teaching Hospital In Ndola, Zambia.	Martha Mbewe	Zambia
12:00 – 12:25	Discussion		
12:25 – 14:00	Lunch Break		

DAY 3
PARALLEL SESSION 3: ROOM 4 (FARU)

FRIDAY, 10TH SEPTEMBER 2021

11:00 – 12:20	Session Chair:	Dr. Rosemary Okova, PhD - Kenya	
	Rapporteurs:	Asteria Ndoma - Tanzania	
TIME	TOPIC	PRESENTER	COUNTRY
	SUB-THEME 4 - COMMUNICABLE & NON-COMMUNICABLE DISEASES		
11:00-11:15	Benefits Of More Comprehensive Nursing Care: The Example Of Hypertension Control For Orthopedic Patients In Tanzania	Celestina Fivawo	Tanzania
11:15 -11:30	Managing Covid-19 Cases In Homa Bay County In Kenya	Dr. Iscah Moth, PhD	Kenya
11:30-11:45	Evaluating The Effect Of Participatory Training In Improving Knowledge And Skills On Basic Life Support Among Commercial Motor Cyclists; A Quasi-Experimental Study In Addressing Road Traffic Injuries	Evaristus Peter Makota	Tanzania
11:45-12:00	Determinants of Adherence to Dietary Prescription Among Patients with End-Stage Renal Disease Undergoing Hemodialysis in Dar-es-Salaam	Rahab Benjamin	Tanzania
12:00 – 12:15	Prevalence of Active Pulmonary Tuberculosis on HIV Positive Clients Who Are On Highly Active Antiretroviral Therapy and Are Also Taking Isoniazid Therapy In Lesotho (Berea Experience)	Pulane Phamotse	Lesotho
12:15-12:30	Knowledge Management Innovations During The Covid-19 Pandemic: The Case Of Learning Circles In Anglophone Africa	Alex Omari, Sarah Kosgei, Irene Alenga, Diana Mukami	Kenya
12:30 – 12:45	Effect of Covid-19 on Maternity Services	Dr. Micah Matingi, PhD	Kenya
12:45 – 14:00	Lunch Break		
14:00 – 15:00	Session Chair:	Keoagetse Kgwabi – President ECSACON	
	Rapporteurs:	Fredrick Omiah – CNR Kenya	
TIME	CONFERENCE COMMUNIQUÉ SESSION		
	Discussion and Recommendation for conference communiqué	Fredrick Omiah	CNR Kenya
	Presentation of Draft Communiqué and Adoption	Fredrick Omiah	CNR Kenya
	Announcements	Theresa Sikateyo	Vice President
	Official closing	Prof. Yoshua Dambisya	DG (ECSAC-HC)

Biographies for Keynote Speaker

Dr. Leslie Mancuso



Dr. Leslie Mancuso is the President and CEO of Jhpiego, one of the world's only nurse-led international NGOs. Often referring to herself as a "nurse first," she is a passionate advocate for the nursing and midwifery professions, lending her expertise to the Advisory Council of the Johns Hopkins School of Nursing as well as Sigma Theta Tau International's visionary Global Advisory Panel on the Future of Nursing & Midwifery.

Dr. Mancuso began her career as a paediatric and neonatal intensive care nurse before joining the faculty at University of Pennsylvania's School of Nursing. Several work trips abroad led her to discover her life's passion: working to end the needless maternal and child deaths that result simply due to a lack of access to basic health care.

Today, after 19 years at the helm of Jhpiego, she is doing just that by driving the organization's work to expand access to lifesaving health care for all people, wherever they are, wherever they live. Much of this work is done by Jhpiego's global nursing and midwifery workforces, who make substantial contributions across a vast health portfolio as critical members of inter-professional teams. Now, during the worst health crisis in a century, they are also the cornerstone of Jhpiego's COVID-19 response—helping to mitigate the virus while working tirelessly to ensure essential health services continue to reach some of the world's most vulnerable communities.

Under Dr. Mancuso's leadership, Jhpiego has worked to ensure nurse and midwife leaders are in every part of the organization: currently, 1 in 5 Jhpiego employees is either a nurse or midwife, and they account for 19% of the organization's published academic authors. She also oversees Jhpiego's longstanding and extensive relationships with international agencies, foreign governments and ministries of health, nursing, midwifery and medical schools, professional associations and local non-governmental organizations. Since her arrival at Jhpiego in 2002, the organization has grown tremendously, from a budget of \$5 million to as high as \$400 million, and is now operating in 40 countries.

Dr. Mancuso received her undergraduate degree in nursing from Southern Connecticut University, a master's degree in nursing from the University of Pennsylvania, School of Nursing, a doctoral degree in Education/Organizational Leadership from the University of Pennsylvania, and an Executive Leadership Certificate from the John F. Kennedy School of Government at Harvard University. She holds a joint appointment at the Johns Hopkins University School of Nursing Department of Community-Public Health and is an Adjunct Professor at both the University of Technology in Sydney, Australia, and James Cook University in Cairns, Australia.

Sub-Theme Speakers:

Prof. Sheila Tlou



Prof. Sheila Tlou is Co-Chair of the Global HIV Prevention Coalition and Co-Chair of Nursing Now Global Campaign. She is former UNAIDS Regional Director for Eastern/Southern Africa, former Minister of Health of Botswana, and former Director of the WHO Collaborating Centre for Nursing Development in Primary Health Care. As UNAIDS Regional Director, Prof. Tlou provided leadership and Political Advocacy for sustainable AIDS response in 21 African countries. As Co-Chair of the Nursing Now Campaign, she leads a global movement, run in collaboration with the WHO and ICN, which aims to maximise nurses'

contributions to achievement of Universal Health Coverage. The Global HIV Prevention Coalition addresses the rise in new infections despite success in treatment in all countries. As Minister of Health, Prof. Tlou led a comprehensive AIDS prevention, treatment, care and support program which is still a model in Africa. She represented Eastern and Southern Africa in the Board of the Global Fund for AIDS, TB and Malaria. She has received over thirty awards, among them Botswana Presidential Order of Honor, Princess Srinagarindra Award from Thailand, Christianne Reimann Award from ICN, and Princess Muna Al Hussein Award. She is United Nations Eminent Person for Women, Girls, and HIV/AIDS. Prof. Tlou has a PhD in Nursing from University of Illinois at Chicago and has many publications on Human rights and HIV/AIDS.

Ms. Annette Kennedy



RN, RM, Dip Mgt, BNS, RNT, Dip HRM, MSC, FFMRC SI, D. Phil. honoris causa

Annette Kennedy was elected 28th President of the International Council of Nurses (ICN) in June 2017 after serving four years as Vice President. Annette was a Commissioner on the WHO Independent High –Level Commission on NCD's (2017- 2019).

Annette is a board member of the Nursing Now Campaign Board.

Annette is a Ministerial appointment to Slaintecare Advisory

Implementation Committee, 2018-2021 (Irish Health & Social Care 10-year Strategy).

Previously, she held the position of President of the European Federation of Nurses and was active in lobbying the European Parliament, Commission and Council.

A Registered Nurse and Midwife with a BA in Nursing Studies, an MSc in Public Sector Analysis, an Honorary Fellowship from the Royal College of Surgeons in Ireland (RCSI), and an Honorary Doctorate from Dublin City University. Annette was the Director of Professional Development for the Irish Nurses and Midwives Organization for 19 years and established the INMO's very successful Education, Research and Resource Centre.



Dr. Pandora Hardtman DNP, CNM, RN, FACNM

As the Chief Nursing & Midwifery Officer of Jhpiego, Dr. Pandora brings over two decades of midwifery experience working in diverse healthcare settings, including the USA, the Caribbean, South East Asia, the Arab states and Africa. She obtained a BSN and induction into Sigma Theta Tau Nursing Honour Society of Nursing from John Hopkins University, an MSc in Nursing from the University of California Los Angeles, and a Doctorate of Nursing Practice from University of Alabama at Birmingham focusing on the International Competencies for Midwifery for

family planning and post abortion care. After more than a decade of direct clinical service delivery she began to serve as a Midwifery Capacity Building Consultant for organizations including the UNFPA, DFID/UK Aid, GIZ, HRH 2030 and Engender /Health Fistula Care plus, specializing in midwifery/maternal child health services in low resourced and conflict/fragile settings.

She has worked closely with Ministries of Health and midwifery organizations to provide strategic direction, clinical and programmatic assistance for the design and implementation of global, regional and country level programs. Her expertise spans regulatory process/ curriculum development, training, leadership development and workforce capacitation. When in the US, she also serves as supplemental midwifery staff, bringing a 'global' perspective to her clinical care of ethnically and socially diverse clients.

A Fellow of the American College of Nurse Midwives, she is a national governmental affairs/legislative committee liaison for southern states and represented the ACNM in the development of the multidisciplinary Alliance for Maternal Innovation (AIM) Reduction of Peripartum Racial Disparities Bundle. She has been elected to the International Confederation of Midwives Board Representing North Americas/ Caribbean Region and believes in encouraging midwives to "push past the perineum" for change.

Dr. James Charles Kiologwe



Dr. James Charles Kiologwe is an Assistant Director for Non Communicable Diseases at the Ministry of Health Community Development Gender and Elderly (MOHCDGEC) Tanzania. The Non Communicable Section at the Ministry oversees preventive, curative, promotion and rehabilitative health measures for Non communicable diseases including Oral, Eye and Mental Health across the country.

Dr. Kiologwe has more than 15 years of skilled experience on public sector managements with a focus on Public Health, clinical and medical services, nutrition services, management of communicable and non-communicable diseases (NCD), health system strengthening, health governance and accountability, health financing, human resources for health, supply chain management and emergency disaster management. He began his management career at the Local Government where he served as the District Medical Officer of Kyela then Chamwino District and later Dodoma Municipal Council. He was then promoted as the Regional Medical Officer at Dodoma Regional Secretariat where he served for three years and there after joined the Ministry of Health as the Assistant Director for Non Communicable Diseases. Under his leadership at the Ministry of Health he has coordinated the formulation of NCD Strategic Plan, specific strategies for several diseases, and several NCD training guidelines. He has also conducted several policy and strategy implementation reviews. His current focus is on achieving the SDGs through the reduction of premature deaths from NCDs in the context of Tanzania NCD strategic plan and Health Sector Strategic Plan five (5), working across sectors with multi stakeholders, within and beyond the health sector using innovation, implementation research, health literacy and new technologies.

Dr. Kiologwe received his undergraduate degree in Medicine at Muhimbili University College of Health Sciences, a master's degree in Public Health at Muhimbili University of Health and Allied Health Sciences (MUHAS) and Master's degree in Business Administration -International Health Management at Swiss Tropical and Public Health Institute, University of Basel Switzerland and had short trainings in Health Economics at Harvard T CHAN School of Public Health Boston, USA.

Name	Mukonka P.S, Mukwato P.M, Kwaleyela C.N, Haruzivishe C, Maimbolwa M. C pmukonka@yahoo.com
Title	Assessment of follow - up care of Postpartum Women following complications of labour and delivery at the University Teaching Hospital – Women &Newborn, Lusaka, Zambia.
Background & Objective	Postpartum care is critical to the health and survival of a woman and her newborn especially those who experience complications of labour. Complications of labour are conditions which adversely affect the women and their foetal health during labour and delivery and they account for more than 20 percent of women. The main objective of the study was to assess the postpartum care services for women following complications of labour at the University Teaching Hospital – Women and Newborn, Lusaka, Zambia.
Methods	<p>“The study design was analytical cross-sectional survey and a total of 159 women were followed up in their homes after six weeks of discharge.</p> <p>Stata SE13 statistical package was used for analysis of data. Descriptive statistics were used to summarise background and socio-demographic characteristics, Associations of variables were tested using Chi-square or Fisher’s exact tests and Kruskal-Wallis test. Forward stepwise multivariable ordinal logistic regression models were conducted to assess the relationships variables. Adequacy of care was used to categorise care in to three levels; inadequate, intermediate and adequate.</p> <p>“</p>
Results	The study showed that only 20 (13.2%) of 152 women received adequate care, 12(7.9%) of 159 had home visits (p=0.049), of which 8.3% had adequate care; 121(79.6%) had postnatal care visit at six days (p=0.025), of which 16.5% had adequate care and 94(61.8%) had postnatal care visits at six weeks (<0.001), of which 21.3% had adequate care. A total of 7(4.4%) women never had any PNC visits. Postpartum women who had spontaneous vaginal delivery had the highest probability of receiving inadequate care, as well as not attending postnatal care at six weeks 0.99(p<0.001,[95% CI] = 0.95 – 1.00).

Name	Evelyine Betram Ngimbudzi, Sirel Nanzia Massawe, Bruno Focus Sunguya
Title	The burden of anemia in pregnancy among women attending antenatal clinic in Mkuranga district, Tanzania
Background & Objective	<p>“Background</p> <p>The burden of anemia in pregnancy is of global health importance. Tanzania is no exception. It varies from one region to another owing to the differences in causes, but overall causing a significant burden of maternal mortality. This study sought to assess the prevalence and factors associated with anemia among pregnant women attending antenatal clinic (ANC) at Mkuranga district in Pwani region of Tanzania</p> <p>Main Objective of the Study</p> <p>The main objective of this study was to determine prevalence of anaemia, associated factors and quality of care provided to pregnant women attending antenatal clinic at Mkuranga district hospital with regards to anaemia in pregnancy.</p> <p>Specific Objectives of the study</p> <p>Specific objective of the study were:-</p> <ol style="list-style-type: none"> 1. To determine the magnitude of anaemia among pregnant women attending Antenatal care in Mkuranga district hospital 2. To determine the factors associated with anemia among pregnancy women attending antenatal care at Mkuranga district hospital. 3. To explore the quality of care provided to pregnant women attending antenatal clinic at Mkuranga district hospital with regards to anaemia in pregnancy. <p>“</p>
Methods	<p>“This cross-sectional study design was conducted among 418 pregnant women aged 15-49 years attending the Mkuranga district hospital and Kilimahewa health centre. The outcome variable of interest was anemia in pregnancy defined as haemoglobin concentration of 13g/dl. Data was collected using face to face interviews with a standardized pretested questionnaire, and through blood samples collected for haemoglobin testing. Descriptive analysis was used to determine the prevalence of anemia while multiple logistic regression was used to determine factors associated with anemia in pregnancy.</p> <p>“</p>
Results	<p>“</p> <p>Anemia was prevalent among 83.5% of pregnant women attending the two major antenatal clinics in Mkuranga district were anemic. Of them, 29% presented with mild anemia, while 62% had moderate anemia, and 0.09% succumbed to severe anemia. Factors associated with anemia included being in the third trimester [AOR=2.87, p=0.026]; not consuming vegetables (AOR=2.62, p=0.008), meat (AOR=2.71, p=0.003), eggs (AOR=2.98, p=0.002), and fish (AOR=2.38, p=0.005). “</p>

Name	Tamima ajul athmani,lecturer Dr Mary Kipmerewo and lecturer Mr John Arudo
Title	Ascibing causes of maternal mortality in Homa Bay county-Kenya
Background & Objective	<p>“Homa bay county is ranked among the 15 counties in kenya reporting highest maternal mortality.Since most deaths are unknown,verbal autopsy provides a promising remedy for inadequate vital registration and cause of death certification.</p> <p>OBJECTIVES-</p> <p>1-To examine the health seeking behaviour of the diseased mothers</p> <p>2-Compare causes of death in the community and in the health facilities</p> <p>2-Determine factors associated with maternal death in the community and in the health facilities in Homa bay county kenya”</p>
Methods	All data collected by trained community health workers using WHO standardized verbal autopsy.
Results	<p>“73.6% of deaths ocured in health facility and 20.7 % occurred at home.</p> <p>Causes of death are heamorrhage,HIVand abortion.</p> <p>“</p>

Name	Concepta N. Kwaleyela; Sheila Greatrex-White; Denis Walsh
Title	Childbirth experiences of women birthing in Zambia: an interpretive focus phenomenological study
Background & Objective	In most developing countries, there has been a shifting of maternity care from homes to health institutions focus mainly on technology-based interventions and prevention of disease, accompanied by disapproval and discouragement of traditional home birth care. This led to a lack of emphasis towards understanding women's social backgrounds, gender issues and the historical and cultural context in which childbirth was previously viewed and provided. In the absence of such knowledge, the objective of the study was to better understand how women in Zambia experienced childbirth and give meaning to the phenomenon.
Methods	An interpretive phenomenological design was utilised. Because personal data brings a much richer potential for analysis in a phenomenological study, participants were 50 women from all the 10 provinces of Zambia who had experienced childbirth in the country. Purposive sampling was utilised to select the women in order to include diverse characteristics of women birthing in the country. Data were collected by the researcher. Content and structure of the interviews were non-directive, unstructured and open-ended. Each interview began with the question, 'Could you tell me how you experienced childbirth, the last time you gave birth?' Each participant was allowed to narrate her story in whichever way she felt. To ensure that participants stayed close to the phenomenon under study, prompts were utilised. Data analysis was guided by van Manen's six steps; 1. Turning to a phenomenon of interest 2. Investigating experience as we live it 3. Reflecting on the essential themes, which characterise the phenomenon 4. Describing the phenomenon 5. Maintaining a strong and oriented relation to the phenomenon 6. Balancing the research context by considering the parts and the whole. Ethics clearance was obtained from the University of Zambia Biomedical Research Ethics Committee.
Results	Socio-demographic characteristics of participants: Age and parity emerged to be the most influential characteristics of the childbirth experience. Seven major themes informed by several subthemes emerged from the data; 1. Conforming to societal expectations 2. Clash between traditional and contemporary childbirth practices 3. Being in a dilemma 4. Loss of dignity 5. Feeling insecure 6. Inadequate service provision 6. Being there for the woman.

Maendeleo Boniphace^{1*}, Dismas Matovelo¹, Rose Laisser¹, Hadija Swai², Victoria Yohani¹, Sylvia Tinka¹, Lusako Mwaikasu², Hannah Mercader³, Jennifer L. Brenner³ and Jennifer Mitchell³
*Corresponding author: bongangai@yahoo.com, ¹Catholic University of Health and Allied Sciences (CUHAS), ²Bugando Medical Centre, ³University of Calgary

Men perspectives on attending antenatal care visits with their pregnant partners in Misungwi district, rural Tanzania: A qualitative study
Abstract Background: Men's attendance with their pregnant partners at facility-based antenatal care (ANC) visits is important for maternal and child health and gender equality yet remains uncommon in parts of rural Tanzania. This study examined men's perspectives on attending ANC with their pregnant partners in Misungwi District, Tanzania. Methods: Twelve individual interviews and five focus group discussions were conducted using semi-structured questionnaires with fathers, expectant fathers, and in-depth interviews were done with health providers, volunteer community health workers, and village leaders. Interviews were recorded and transcribed in Swahili and later translated to English. The research team conducted thematic analysis to identify common themes among interviews. Results: We identified two broad themes on the barriers to male attendance at facility-based ANC visits: (1) Perceived exclusion during ANC visits among men (2) Traditional cultural and traditional norms influences men's low ANC attendance Conclusion: Our study found that men's attendance at ANC visits were challenged by structural barriers and traditional cultural and gender norms. Barriers require strategies that encourage male involvement by incorporating locally relevant strategies which address, and respect deeply rooted cultural and gender-role-related beliefs. Keywords: Male attendance, Pregnant partners, Antenatal care, Rural-Tanzania.

“Background

Maternal mortality remains a problem worldwide, especially in Africa. Globally, more than 800 women die every day from preventable causes and women from resource poor settings are most at risk[1]. In Sub-Saharan Africa, 1 in 38 women die due to preventable or treatable complications during pregnancy and delivery[2]. Care during pregnancy (antenatal) and delivery by skilled health providers at a health facility are associated with reduced maternal and child morbidity and mortality [3, 4].

Gender equality is recognized as an important social determinant of health. Involvement of men in maternal and child health is core to gender equality especially its impact on maternal and child health outcomes. Male responsibility in transforming social norms towards health and child development, including taking responsibility for reproductive health issues is critical[5]. This call to action has been emphasized since the International Conference on Population and Development[6] and the Fourth World Conference on Women[7] and remains a priority today towards gender equality targets for the 2030 Sustainable Development Goal Agenda. Increased male engagement in maternal child health can increase shared decision making around impactful health choices such as parenting, health care-seeking for delivery and illness, contraception and family planning. Increased male involvement during pregnancy reduces maternal stress via emotional, logistical, and financial support[8, 9]. Male participation at ANC visits is associated with increased use of delivery and postnatal health services and reduced postpartum depression[10].

In African culture, males are often the key family decision makers, including decisions related to whether, when and where a pregnant woman should begin ANC services. In Nigeria and Ethiopia, women who made the decision to attend ANC jointly with their husbands/partners were significantly more likely to attend the recommended four or more antenatal visits compared with women whose husbands/partners made family decisions alone[11-13]. Similarly, in Eritrea and Ethiopia, women involved in family decision making, were more likely to attend more and earlier ANC services at health facilities[14]; women without shared decision-making often did not then not attend ANC visits until their third trimester[15].

Cultural norms and social economics influence a pregnant woman's access to health services and

where delivery occurs. Traditional beliefs related to pregnancy and childbirth in communities may be longstanding such as ‘a long labor indicates a marital affair.’ Thus, women may not want others to observe the length of their labor and pass judgment and this may impact a decision to deliver at home[16]. One southern Tanzanian study reported home deliveries were due to women’s reluctance to make their own decision and compounded by a lack of money[16]. Often, the decision about delivery location was made by the pregnant woman’s mother, mother-in-law or husband[16].

Many African countries and communities have made efforts to increase male engagement in maternal and newborn health. In Malawi, one program involves peers who encourage each other[17, 18]and in Uganda, education programs share the positive experiences of women who delivered by Skilled Birth Attendants[19]. In Ghana, reproductive health campaigns emphasized the importance of responsible sexual behavior, small family size and mutual respect for women. The education program in Ghana has led to reduced total fertility and mortality rates and contraceptive prevalence rates have been increasing steadily over the years[20].

While some studies have explored the barriers around male involvement in African countries, we sought to build on this literature by looking specifically at perspectives of men on their participation in ANC visits. We focused on local rural communities in Misungwi district, Lake Zone, Tanzania, where maternal and child mortality is amongst the highest in the country and where participation of men in ANC is limited. This study builds on a qualitative 2016 survey in which women respondents identified that the lack of male engagement was a barrier to attending at the health facility-based ANC. Objective: This study examined men’s perspectives on attending ANC with their pregnant partners in Misungwi District, Tanzania.”

“Methods

This qualitative study intended to deepen understanding of male perspectives about their attendance at facility-based ANC visits with their partners. This study was nested as a sub-study within a larger longitudinal implementation and evaluation of the Mama na Mtoto project intervention in rural Tanzania, which aimed to improve the delivery of essential health services to pregnant women, mothers, newborns, and children under five in Misungwi and Kwimba Districts.

Study setting

Misungwi District is among seven districts of Mwanza region. It consists of 2,579 square kilometers with population of 351,607 according to the 2012 national census (NBS,2012). The district has a predominantly rural population (91%) and a majority of the population are Sukuma (91.9 %,) who speak their traditional language, in addition to Swahili (Tanzania National language). The District is divided into four divisions; two urban and two rural. The major economic activities are cattle-keeping and subsistence farming. Misungwi district has two hospitals, four health centers and 45 dispensaries. Two communities (‘divisions’) were selected for study due to their high maternal mortality [31].

Study design

This qualitative study was informed by the Ecological framework [21] and the framework influenced sampling, data collection and analysis. Ecological frameworks consider the individual, interpersonal, community and societal factors and recognize the complex interplay across all levels of a health problem and the influence on health behaviors. Using an ecological framework sensitized our examination of barriers to male attendance to ANC to the multiple factors impacting attendance.

Sampling procedure

Interview and focus group participants were recruited using purposive sampling. First, from the four divisions of Misungwi district, we purposively choose two rural divisions (Mbarika and Innonelwa) based on their unfavorable MNCH indicators [31]. In the divisions we selected one ward in Mbarika and three wards in Innonelwa. At the ward level sampling procedures were culturally sensitive and tried to foster safety and trust in the communities. As such the following steps were taken:

- First, five villages (one in Mbarika and four in Innonelwa) were chosen based on geographical convenience.

- Initial contact was made with the village executive officer (local leader) in the village to explain the purpose of the study.
- The local leader arranged orientation meetings with village officials and community health workers (CHW).
- Next a public meeting was held to inform community members about the study aim and selection criteria of participants. The meeting was intended to build trust, outline participant criteria, and ensure voluntary participation.
- Criteria for participation included being a male over the age of 18, who had a partner experiencing their first pregnancy, males with one or more children, no cognitive disability, and a permanent resident living in Misungwi district for over six months. Key informants selected included village leaders (potential influencers of health service uptake), volunteer CHWs, and health providers working at local primary care facilities.
- Meetings were held with participants who had volunteered to participate. Consent was discussed and documented, including confidentiality of the data and the right to withdraw at any time. Dates and locations of interviews were discussed with participants.

Data Collection

The research team developed an interview guide in advance, incorporating personal experience of team members, relevant literature, and questions aimed to target different levels of the ecological model. This tool was piloted in a different but similar rural environment with men of similar characteristics, and small modifications and probes were added to the guide. Questions included “how does your community perceive men who attend ANC appointments with their partners?” and “what were your experiences or what have you heard about attending an ANC visits?” Sukuma-speaking research assistants were recruited to assist in obtaining consent and data collection for Sukuma speaking participants. In total, five focus group discussions and 12 in-depth interviews were conducted with a total of 50 participants.

Focus Groups Discussions (FGD). The five focus groups were composed only of fathers and homogeneous by age to promote comfort and build on common emergent themes[22]. Each FGD consisted of 8-12 participants. There were 15 men whose partners were pregnant for the first-time and 29 fathers who had one or more children. Their ages ranged from 25 to 60 years old.

The focus groups lasted on average of 60-90 minutes and took place at quiet and convenient place, agreed upon by participants.

Individual Interviews. Individual interviews were conducted with one health care provider, three village leaders and two Community Health Care Workers (CHWs). The individual interviews lasted on average of 40-60 minutes each and took place at participants’ homes or at a secure room in the village office as per participant choice. Additionally, fathers from the FGD were selected for individual interviews to provide more in-depth feedback to meet saturation. Six men took part making a total of 12 Individual interviews conducted.

In both FGD and IDI, the facilitators conducted semi-structured interviews with participants, interviews were recorded, and research assistants wrote field notes and documented non-verbal cues that provided a secondary source of data. Interviews conducted in Swahili were transcribed and then translated into English while those in Sukuma were transcribed in Kiswahili and then translated into English.

Quality checks

Quality checks for the transcripts were performed by research team members who were not involved in data collection through listening to audio and reading corresponding transcript and noting any errors. Data were later reviewed by researchers who had conducted the interviews; they re-read all transcripts while listening to the audio recordings for the purpose of further validating the transcripts

for accuracy and language.

Data Analysis

Team members reviewed data regularly to identify emergent themes and add questions or probes to build on and deepen preliminary themes. Saturation occurred when repetition was noted, and no additional themes were found. The research team used thematic analysis[23] to identify themes among all interviews. Analysis began with familiarization of the data through reading and listening to audio. Next, as research analysts read all transcripts line by line, the data were labeled with a word or phrase (code) that described the data and the code was entered into the data management program, Nvivo V.12. Open coding was initially conducted, with later readings and coding informed by the ecological model[21] and relevant literature. For example, reading specifically for data on interpersonal factors such as family dynamics or community factors such as bylaws related to maternal care. Codes were collated and then sorted into broader themes. Memos were made to describe the rationale and process of sorting codes into the themes. Researchers discussed discrepancies about themes until consensus was achieved.

Member checking

Participants were contacted six months later and invited to attend a meeting in neutral venue in Misingwi to review the preliminary themes. Of the 50 participants, approximately 18-20 attended the meeting. Preliminary results were presented to the group and participants were asked to confirm key themes and provide any missing information which was not captured in the themes. Participants shared their agreement on the presented themes.

“Results

Two broad themes were identified in the data: (1) Perceived exclusion during ANC visits among men
(2) Traditional cultural and traditional norms influence men’s low ANC attendance

Perceived exclusion during ANC visits among men

Men reported inconsistent experiences when attending ANC visits together with partners. While Tanzanian government directives recommend that pregnant women who attend ANC services with a male partner will be given priority, this practice was inconsistent.

There are no priorities [silence]... when you are at the clinic, provider’s help who comes first and after you are done with the examination with the provider, you will be given the card for you to come back next visit. That means there is no priority. (Expectant father)

Some men reported they were or feared they might be excluded from interactions with health providers during the ANC appointment. Men described choosing not to escort their partners since most facilities lack the physical space to accommodate an additional attendee during assessment. Often, they described being left outside a facility during ANC while their wives/partners received service within the building. One father shared, “the challenge is when you go to the clinic with your wife, they enter her in the room, and then you stay outside like a watchman of the bicycle [laugh]” (father with more than one child). Men shared that they felt their time was wasted when they could not attend in the examination room:

“But there is one challenge that, when you escort your wife for ANC, when you reach the health facility you can find... no chairs or space...you just remain walking around the clinic and no one is considering you. Your wife is busy with a child and clinic services but for me, you are just wasting your time for walking around the health facility and exchanging ideas with your fellow men, this makes us not want to accompany our wives to the clinic” (expectant father).

Beyond the physical space, men who attended reported receiving limited or no information regarding

their partner, pregnancy progress or other pertinent medical information during the visit. Many men shared that they had expected to be actively included in the checkup:

... I want to be involved in the examination room and to be given findings [laugh] but not for me to remain outside...when I reached the clinic, they call my wife's name, then they leave me outside... men have to go with their wife in examination room in order to hear the results she is told, if it is nutrition and if it is a lack of blood I need to know and not wait only her to tell me. What if she forgets other important things...so in my opinion men need to be in examination room (father with more than one child)

Traditional cultural and traditional norms influence men's low ANC attendance

This theme revolved around common or local cultural beliefs and traditional gender roles in the community. Included were two subthemes: (a) Secrecy, and (b) Shame. It was reported that in the Sukuma community, men most often work outside the home with women fulfilling the household labour, and pregnancy, childbirth and childcare are often categorized as "women's work." Many men reported that as a result of their work-related roles, coupled with a poor economy, their time was better spent working, rather than attending ANC appointments:

What causes men not to escort their partners first is economy. Our economy is poor, and you cannot go together at [ANC] clinic if you do not have something for consumption at home...when we go together, what will we eat after coming back from the clinic? (Father with one child).

(a) Secrecy: Men described that it was common practice for a woman to keep her pregnancy a secret from her partner. Even when pregnancy is disclosed to a partner, women may keep pregnancy progress details a secret, reducing a male partner's ability to engage fully in maternity issues and care. One expectant father shared his experience:

... they do not tell us, their husbands, that is what am seeing. When she comes from the [ANC] clinic she will not even communicate to her husband. She might be told to tell her husband [cough] but she will not...we are seeing that in our households--they don't give us information (expectant father).

Fathers whose partner/wife were pregnant, and community health workers recounted this practice. According to one health provider, "you may find women are secretive, they don't put things open to their men, they don't give them information" (health provider).

(b) Shame: Men report feeling shame, stigma and resistance related to ANC attendance. Many men perceive that the act of attending ANC will be interpreted by others as being dominated, "charmed" or "whipped" by their wife/partner. One father explained:

We escort our wives to clinic, but everyone has his or her perception; others will perceive that you are right, others will judge you negatively by saying... "This man has been charmed by his wife". (Expectant father)

Participants described that in the (majority) Sukuma tribe, a male walking together with his female partner is uncommon. One village leader explained:

For us Sukuma people we are not used to walking long distance with our partner; you let her go first and then you come after she has reached a certain distance. We feel ashamed; traditionally that is what we are used to.

One father explained how 'educated' versus 'traditional' views might be differently associated with perceptions around male engagement in ANC:

There are two categories in this community; those who are...educated and those who are too traditional. For the educated category, the act of escorting your partner to ANC services is regarded as caring and loving and is seen as normal but for the other group of men escorting their partner to the clinic is regarded as someone who has been whipped by his wife" (father with one child)

Furthermore, shame and discomfort were reported by men owing to being surrounded by women while waiting at the facility. For example, men reported embarrassment and feeling as though they did not belong:

You find at the clinic you're only one or two men alone while seated with many pregnant women around you, you feel ashamed... you get fear of coming next time because you're alone in the bench sitting with many women (-Father with more than one child)

Others reported men may feel ashamed attending ANC with partners if they perceived themselves and their partners to not possess good clothing or not having the financial ability to provide the recommended delivery supplies. Men described fear of others' judgement and being mocked:

There are some men in this community who don't want to escort their partners to clinic because their partners do not have proper clothes. Men fail to buy nice clothes for their partners and when the time of going to clinic arrives you find that the woman has no proper attire thus making the husband ashamed of going with his wife (Father with more than one child).

“

“

Name	Masika, Golden M., Yu, Doris S.F, Li, Polly W.C, Lee, Diana T.F
Title	Effects of Zentangle™ Methods on Cognitive and Psychological Functions of individuals with Mild Cognitive Impairment
Background & Objective	Older adults with mild cognitive impairment (MCI) with no literacy mostly living in sub-Saharan Africa have increased risk of progressing to dementia (Cheng, 2016; Guerchet et al., 2017; Stern, 2012). Traditional approaches to prevent dementia among this population group such as physical exercises (Song et al., 2018) or cognitive training interventions (Mewborn et al., 2017) face cultural and contextual limitations of their applications in sub-Saharan Africa. Innovative approaches such as Zentangle™ methods (Roberts & Thomas, 2012) that integrate cognitive stimulation techniques and social mechanisms but require no educational prerequisite can offer opportunity to engage this population into creative approaches in the fight against dementia. This study examined the effects of visual art therapy (VAT) based on Zentangle™ methods on cognition, psychological and functional ability of African older adults with MCI and no/very low literacy level in rural Tanzania.
Methods	A single-blinded randomized controlled trial was conducted among community dwelling older adults with MCI (N =127). Participants were randomized to 12 biweekly sessions of VAT based on Zentangle™ methods over 6 weeks (n =62) as intervention group, or 6 weekly sessions of health education (HE) on non-brain health topics (n = 65) as control group. The outcomes including cognitive functions measured by Montreal Cognitive Assessment-5-minutes protocol (MoCA-5-min), and IDEA cognitive screening (IDEA); depression by Short Form Geriatric Depression Scale (GDS-SF) and Mental Health Inventory (MHI-5); and instrumental functions by Lawton Instrumental Activities of Daily Living (Lawton-IADL) scale were measured at baseline, immediately after intervention, and at 3- and 6-months follow-ups.
Results	Immediately post intervention, the VAT group demonstrated greater improvement than the control group in global cognition (MoCA-5-min: $\beta =2.432$, (95%CI =1.013, 3.852), $p =0.001$), (IDEA: $\beta =0.998$, (95%CI =0.016, 3.967), $p =0.046$) and depression (GDS-SF: $\beta =-1.993$, (95%CI =-3.703, -0.913), $p <0.001$). On 3- and 6-months follow-ups, the effects remained significant for MoCA-5-min, whereas at 6 months, the significant greater effect of VAT on IADL was also noted. Both groups improved on mental wellbeing (MHI-5), but the group differences were insignificant.

Name	Asteria L. M. Ndomba1* , Rose M. Laisser1, Benson R. Kidenya2Joseph R. Mwanga, Stephen E. Mshana ,Jeremiah Seni, Vitus Silago, Thecla W. Kohi5
Title	Complications of Indwelling Urinary Catheterization and its associated factors among patients at Bugando a Tertiary Hospital in Northwestern Tanzania
Background & Objective	Complications of indwelling urinary catheterization (IUC) affect patient's well-being. Preventive measures are paramount. This study aimed to determine the complications of IUC and its associated factors among patients with IUC.
Methods	A cross-sectional hospital-based study was conducted at urology clinic and in various wards of Bugando, a tertiary hospital in Northwestern Tanzania involving in-patients 238(54.1%) with short-term IUC and out-patients 202 (45.9%) with long-term IUC from December 2016 to September 2017. Pre-tested questionnaire was used for data collection and conventional microbiological techniques were used for quantitative urine culture, biochemical identification of isolates and antibiotics susceptibility testing. STATA software version 13.0 was used for data analysis.
Results	The median age (IQR) among out-patients and in-patients was 69 [IQR: 61 – 77] and 46 [IQR: 30 – 62] years respectively. Males were significantly more among out-patients than in-patients (96.0% v 55.5%, p<0.001). Generally, benign prostatic hypertrophy (BPH) (60.4%, n=122) and urinary incontinence (32.8%, n=78) are the most common indications among participants. Overall, the prevalence of catheter associated-urinary tract infection (CA-UTI) is 56.8% (250/440) and significantly common among out-patients than in-patients (82.2% v 35.3%, p<0.001). Gram negative bacteria were predominantly isolated, mostly Escherichia coli (30.5%, n=79) and Klebsiella species (29.7% n=76). Older age (OR: 1.3, [95%CI: 1.1-1.5], p<0.001), level of education (OR: 1.8, [95%CI: 1.1-3.1], p=0.029) and catheter duration of ≥6 weeks (OR: 2.43, [95%CI: 1.1-5.5], p=0.031) significantly predicted complications among out-patients. Whereby, female gender (OR: 2.1, [95%CI: 1.2-3.7], p=0.014), catheter not freely hanging (OR: 0.4, [95%CI: 0.2-0.7], p=0.002) and residing outside Mwanza region (OR: 0.4, [95%CI: 0.2-0.6], p<0.001) significantly predicted complications among in-patients.

Name	C. S. Fivawo, BSc, RN, M. Wuyts, PhD, D. A. Mkoka, PhD and F. S. Chiwanga, MMed, MD
Title	Benefits of more comprehensive nursing care: the example of hypertension control for orthopaedic patients in Tanzania
Background & Objective	<p>“In Tanzania, nursing care in orthopaedic hospital wards mainly takes a specialism approach rather than working holistically. Hypertension presents an added complexity to the dimensions of care. In Tanzania, hypertension has become more prominent and the number of people with hypertension who are undiagnosed, untreated and uncontrolled is high. The purpose of this study is render visible the extent and patterns of comorbidity with hypertension among orthopaedic in-patients in order to identify where changes in the practices of nursing care at ward level are likely to be most effective.</p> <p>“</p>
Methods	Using a quantitative cross-sectional sample, stratified by gender, data were collected for 183 orthopaedic in-patients (93 male and 90 female) at Muhimbili Orthopaedic and Neurological Institute. STATA 14 statistical programme was used for descriptive data analysis.
Results	The findings show that prevalence of comorbidity with hypertension was 24.7 % for male versus 44.4% for female patients. Among these, 61% of male patients and 37% of female patients were undiagnosed. Half of the patients diagnosed with hypertension were uncontrolled hypertensives. Prevalence of comorbidity with hypertension was 43.8% for newly admitted patients versus 46.6% of readmitted patients. Among these, 40.6% of new admittances and 22% of readmittances were undiagnosed. Only half of the patients diagnosed with hypertension were taking their medication.

Name	Charles Maibvise; Mduduzi C. Shongwe; Vama Jele; Priscilla S. Dlamini; Wisdom Chiviya
Title	Factors associated with TB services utilisation among mining communities in Eswatini: A cross-sectional nationwide survey
Background & Objective	Although there have been technical and technological advances in strategies for TB diagnosis, care, and treatment, the extent of the utilisation of these services and the associated factors remain unclear, particularly among key populations like the mining community. This study describes the proportion of the mining community who utilise (i.e. ever tested and ever accessed) TB services and the associated factors in Eswatini.
Methods	We analysed data for Eswatini from a cross-sectional survey investigating TB, HIV, and Silicosis-related knowledge, attitudes, and practices among current miners, ex-miners and their family members in ten selected Southern African countries. One participant was selected using the Kish grid method from each purposively selected household across Eswatini. Multivariate logistic regression models were fitted to examine factors associated with utilisation of TB services.
Results	Of the 163 participants surveyed, 69.3% were males, 68.1% were aged 36-59 years, and 60.1% were staying within 5km from the nearest health facility. Up to 34.4% had ever accessed TB services and 60.7% had ever been tested for TB. In multivariate analyses, those aged 36-59 years (adjusted odds ratio (AOR)=2.29, 95% confidence interval (CI): 1.05, 6.00), those who stayed within 5-10 km radius from a health facility (AOR=2.64, CI: 1.06, 6.58), who were aware that sputum testing was available in the nearest health facility (AOR=2.35, 95% CI: 1.03, 5.36), and those who perceived TB as a very serious disease (AOR=6.09; CI: 1.60, 23.14) had higher odds of accessing TB services. Similarly, those aged 36-59 years (AOR: 3.10; CI: 1.28, 7.50), ex-miners (AOR=5.14, 95% CI: 1.58, 16.68), and those who felt well informed about TB (AOR=3.75, 95% CI: 1.63, 8.65) had higher odds of being tested for TB whereas those who cited the television as their most trusted source of information had lower odds to do so, AOR=0.19 (95% CI: 0.05, 0.75).

Name	Kija Malale, Jili Fu, Xie Luo, Min Chen, Qicong Liu, Wei Cheng & Dongfang Liu
Title	The relationship of mesencephalic astrocyte-derived neurotrophic factor with hyperlipidemia in patients with or without type 2 diabetes mellitus
Background & Objective	Cardiovascular complications due to hyperlipidemia remain the silent killer of type 2 diabetes (T2D) patients. Most diabetic patients with HLD do not have any symptoms until the late stage. Early detection and appropriate treatment for the underlying pathophysiology of HLD is the focus of prevention of cardiovascular complications in T2DM patients. Recently, an increasing number of studies have shown that the novel secreted protein mesencephalic astrocyte-derived neurotrophic factor (MANF) can regulate and alleviate endoplasmic reticulum (ER) stress in different diseases, especially diabetes mellitus. This study was conducted to determine the relationship between MANF and lipid metabolism with or without type 2 diabetes mellitus (T2DM).
Methods	Human serum samples were collected from 58 normal controls (NC), 40 subjects with hyperlipidemia (HLD) without T2DM, and 42 subjects with HLD and T2DM. Their MANF levels were detected using an enzyme-linked immunosorbent assay (ELISA). Subgroup analysis was performed in the group with HLD and T2DM based on fasting blood glucose (FBG) > 8.22 vs. FBG ≤ 8.22. Furthermore, the relationship between MANF levels and lipid indices was analyzed.
Results	Serum MANF levels were found to be significantly higher in the HLD group, both with and without T2DM (5.62 (3.59–7.11) and 4.21 (2.87–6.11)), both P < 0.001, than in the NC (2.81(1.81–4.01)). MANF levels were higher in those with FBG >8.22 than that in those with FBG ≤ 8.22. In addition, in the HLD without T2DM group, MANF levels were negatively correlated with total cholesterol (TC), low-density lipoprotein cholesterol (LDL-C), and age, while LDL-C and age were independently related to MANF levels. The area under the curve (AUC) in the ROC analysis of MANF for the diagnosis of HLD without T2DM and HLD with T2DM was 0.709 and 0.841, respectively (P < 0.001).

Name	Colleta kiilu, Jackson Musembi, Catherine Mwenda
Title	Knowledge, Attitude and Practices on Mental Health among Healthcare Workers and Community members in Meru County, Kenya
Background & Objective	Mental health (MH) remains a neglected priority in many low and middle-income countries. Currently, there is inadequate data and information on the prevalence of mental health in Kenya. This is compounded by huge inequity in the distribution of skilled human resources for mental health services. Inadequate knowledge about mental health and negative attitudes towards people with mental health disorders is widespread among the general public
Methods	This was a descriptive cross-sectional survey that adopted mixed methods for data collection. The Fisher et al., (1998) formula gave a total of 384 participants with an additional 39 (10%) participants to cater for non-responses and related interview losses. 85 healthcare workers (HCWs) were recruited through simple random sampling. Data was collected through interviews with HCWs, community health volunteers (CHVs) and community members using structured questionnaires. All cadres of healthcare workers in the selected health facilities who voluntarily consented to participate were recruited into the survey
Results	A total of 535 Respondents were included in the survey. The mean age of the respondents was 44.27 years. More than half 302 (56.4%) were females, and 423 (79.1%) were married. 39.1% of respondents reported that they had had a family member with mental illness and 68% of the HCWs reported to have diagnosed a patient with mental illness. 93.3% of these HCWs reported that they had referred the patients to a mental health facility. 29.4% of the HCWs reported having counselling services in the facilities for patients with mental health needs. Majority (90.8% HCWs and 62.3% community members) of the respondents reported that it is convenient for patients with MH needs and illness from the community to access the health care facilities. 81.7% HCWs and 53.8% community members reported that MH services were available at the facilities. 89.9% HCWs and 44.4% of the community members reported that MH services were affordable to community members. HCWs reported that the drugs were given for free at the health facilities while community members reported that there sometimes exist stock-outs in which case they purchase drugs from pharmacies. Majority (96.4% HCWs and 62.5% HHs) reported that patients with mental health needs and illness are treated with respect in the facilities. Aside from health facilities, community members also seek mental health services from: religious leaders; traditional healers including the Njuri Ncheke who were approached for cleansing if one believed that the mental health issues were a curse for committing certain offenses. It was also evident that some families did not seek any kind of help for their relatives with mental health illness and needs, with some even detaining them.

Name	Salima Wibonela, Pedro Palangyo, Husna Faraji
Title	Malnutrition risk and outcome among patients undergoing cardiac surgery; experience from Jakaya Kikwete Cardiac Institute, Dar Es Salaam, Tanzania
Background & Objective	<p>“Malnutrition for patients undergoing major surgeries has high risk of prolong and complicated hospitalization post-operatively.</p> <p>We aimed to assess nutrition status and outcome, among patients admitted for cardiac surgery”</p>
Methods	<p>a descriptive cohort study was done. Malnutrition universal assessment tool (MUST) was applied to 40 adult patients admitted in JKCI ward 3 for cardiac surgery. The patients were then followed up for a maximum of six months (February to September 2020) to assess the prevalence of malnutrition and correlate outcomes. Categorical and continuous variables were analyzed using Chi square and student t test respectively. Data analysis was done using STATA 11</p>
Results	<p>“A total of 40 patients were recruited majority 61.5% were females, the mean age was 42.6 years old, the youngest participant had 19 years and the oldest participant had 70 years old. The elder group (above 45 years) constituted 58.9%. 97.4% attained formal education. More than half of participants 64.1% had valvular heart surgeries. The mean ICU stay was 3.8 days, the lowest ICU stay was 2 days and the highest was 10 days.</p> <p>With regard to malnutrition risk; 69% of participants were not at risk of malnutrition, 17.9% had in moderate risk of malnutrition and 12.8% were in high risk of malnutrition.</p> <p>Among the high-risk group 80% accounted for those with prolonged ICU stay, 100% was those with age below 45 years, with regard to occupation those whom were in peasant group accounted for 60% among the malnutrition high risk group. Those who underwent valvular surgeries accounted for 80% of surgery groups among high risk malnutrition group. Also, those who presented with edema had accounted for 80% among the high malnutrition risk group</p> <p>“</p>

Name	Redemptha Matindi, Emelia Mwakanyanga, Happy Damas, Christina Mwandalima
Title	Mortality related to post stroke complications among ICU patients admitted at Mloganzila in Dar es salaam Tanzania.
Background & Objective	<p>“Back ground: Stroke is the second leading cause of deaths among hospitalized patients globally and Sub Saharan African countries including Tanzania respectively. Patient with stroke are more prone risks of care related complication compared to other patients. These could be physical injuries, neurological, infections, immobility, psychological and others. These complications increase chance of poor patient outcome associated to hospital care. A significant number of stroke deaths occurred in ICU; nothing has been done to examine the main contributors to make people more alert. (Hendrik Harms, Elke Halle and Andreas Meisel, 2010) stated that “The incidence of infection among stroke patients is significantly higher than the general prevalence of hospital-acquired infection, from 6 to 9% in all hospitalized patients.” This study is aimed to share what is on the ground and emphasize staff and society to be proactive in contact to stoke patients.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify the common stroke relating risks presented among all deaths 2. Identify the post stoke complication presented by stroke patient admitted in ICU <p>“</p>
Methods	<p>“Method. The study aimed to rule out post stroke complications for the purpose of taking actions on preventive measures among all stroke patients before they circumble possible complications. This is a retrospective study where records of stroke patient admitted in ICU MNH -Mloganzila from January 2019 to June 2021 were reviewed to study the complication related to death that had occurred due to stroke. A standardized form was used to collect demographic information and diagnosis and comorbid as well as complication raised during hospital stay. A descriptive analysis was performed to analyze the data, where by frequency distribution, tables used to indicate the complication and demographic information respectively and bivariate was be used to show relationship between variables. “</p>
Results	<p>“Results. A total of 223 stoke patients were admitted in ICU among which 53% were female and 47 were male. Among the patients 44% had hemorrhagic s stroke and 35% had ischemic stroke while 21% were not categorized. A total of 58 (26%) were aging 50 and below while the rest were above 50 years old, we found that 70 of patients aged 50 and below died. A total of 168(75%) of the patient died among them 80 patients (48%) were male and 88 patients (52%). The leading complication was aspiration pneumonia followed by brain herniation (brain death), CNS depression, respiratory failure, urosepsis. “</p>

Name	1. Colleta Kiilu, Jackson Musembi, Sarah Kosgei,
Title	Effectiveness of Leadership, Management and Governance Capacity on Improvement of Health Outcomes in Nyeri, Kakamega, Nairobi and Kilifi counties
Background & Objective	Infectious diseases have become a growing global health challenge accounting for a large percentage of morbidity and mortality, presenting a huge economic burden especially in low and middle-income settings. This study sought to assess the effectiveness of Leadership, Management and Governance (LMG) training in improving health outcomes for NCDs and IDs, with a view to determining the change LMG competencies among the beneficiaries of the training program. To address this, the project trained 2613 health workers on prevention, management and treatment of pneumonia and diarrheal diseases, as well as expanding access to effective integrated treatment for diarrhea and pneumonia at community and front-line health facility levels
Methods	This study employed a retrospective survey design, involving the administration of questionnaires to training beneficiaries. This entailed asking the participants to think back i.e. in retrospect to the behavior and practices before the training program, compare with the current and share their opinion if there is a difference. The assessment only targeted the beneficiaries of the training invited to participate in the study in Nairobi, Kilifi, Nyeri and Kakamega Counties for the 61 beneficiaries as maintained in the training database. The trainees were expected to rate themselves on a scale of 1 to 5 where 1 = very low and 5 = very high. This aimed at assessing the leadership and management capacities of the trainees based on the curriculum covered during the training. By gauging practices and any changes that may have occurred among the participants that could be attributed to the LMG training by capturing the targeted competencies
Results	The project trained 191 health workers on LMG, achieving 96% of the target. The effectiveness of LMG training is demonstrated by the proportion of training beneficiaries who reported improvement on the target competencies Assessment findings on various competencies before and after the training include: operational planning (46%, 90%), analysis and priority setting (51%, 93%), financial administration (52.5%, 91.8%), staff selection and development (57.4%, 93.4%), leadership decision making (83.7%, 93.5%), organizational psychology (65.7%, 90.2%) conflict management and negotiation (60.7%, 91.8%), continuous learning and development (63.9%, 98.4%). Outstanding positive attributes to the LMG training program include: improved community linkage, improved performance in commodity management, improved service delivery as a result of better management/resolving skills, improved reporting and monitoring of programs as a result of enhanced leadership skills, mentorship capabilities to train fellow staff members

Name	Colleta Kiilu, Dennis Kinyua, George Gikunda, Bryson Sifuma, Diana Mukami, Sarah Kosgey
Title	Baseline survey of Malaria indicators in epidemiologic zone of Kenya: Developing a rationale for targeted capacity building of Malaria case management- A case study of Homabay County, Kenya
Background & Objective	<p>“Globally, an estimated 229 million malaria cases in 2019 in 87 malaria endemic countries were reported, resulting in 409,000 deaths, with nearly 70% of those deaths occurring in children under five mostly in sub-Saharan Africa. Almost 3% of disability adjusted life years are due to malaria mortality globally and 10% in Africa. Malaria infection during pregnancy can have adverse effects on both mother and foetus, including anaemia, foetal loss and premature delivery. In areas of stable transmission, it is estimated that Malaria during pregnancy causes up to 10,000 maternal deaths each year, mainly as a result of severe anaemia and as well as 3-8 % of infant mortality. Malaria remains to be the leading cause of the under- fives infant morbidity and mortality accounting for 16% of outpatient consultations and 75% of the Kenyan population are at risk of the disease. In Homabay County, Malaria prevalence rate stands at 27 %.</p> <p>To determine the capacity of the health workforce for effective prevention, screening, timely diagnosis and case management of Malaria in Homabay County, Kenya</p> <p>“</p>
Methods	<p>Cross-sectional survey design – Mixed methods using qualitative and quantitative approaches was carried out in targeted area of Homabay County. The study targeted community members especially care givers in malaria management, community health workers (CHVs) attached to link health facilities and health care workers (HCWs) who are frontline health workers in selected health facilities. The project sought ethical approval to carry out the study which was followed up by recruitment and training research assistants. Thereafter, pretesting of data tools was carried out followed by actual data collection. Supervision and quality controls were deployed in the process of data collection. Statistical package for Social Sciences V.26 applied for analysis of quantitative data while qualitative data which was collected through recording was analyzed through description of main issues identified</p>
Results	<p>Informed by the National Guidelines for Diagnosis and Treatment of Malaria in Kenya, 99.3% of HCWs responded that RDT or microscopy is needed to determine if a patient is suffering from malaria, pointing to higher capacity among health workers on malaria diagnosis. A total of 82.1% of respondents were aware that Artemether Lumefantrine (AL) is recommended first-line treatment in the second and third trimesters of pregnancy for uncomplicated malaria. For Community-based Case Management of malaria (CCMm), CHVs interviewed during the baseline survey indicated 77.2 % of children above five years and adults who report a fever are managed in the community. 45% reported they check the temperature, followed by performing an RDT (34.3%) and inquiring about other symptoms 20.8%. In relation to what the steps CHVs take when RDT is positive, the survey established that only 35.1 % of CHVs would give ACTs if a patient was RDT positive while 25.1% would refer a patient to health facility if a patient exhibited symptoms of severe malaria. 29.9% of CHVs affirmed having no malaria specific RDT training</p>

Name	Christina Mwandalima, Redemptha Matindi, Happy Damas.
Title	Modifiable risk factors associated with non-communicable diseases among visitors at MNH- Mloganzila, Dar es salaam: A gift to a community we save report (Year of Nurses 2020).
Background & Objective	<p>“BACKGROUND.</p> <p>Non communicable diseases accounts for 71% of all death globally causes premature death which is equivalent 41 million and among this death 15 million (85%) people are aged between 30 to 69 years. In low- and middle-income country it accounts for 77%. The risk of non-communicable disease is increased with modifiable factors such as tobacco, unhealthy diet use, harmful use of alcohol and physical inactivity. Tanzania is one among the low resource, the burden of NCDs does not leave our country free of cost inflicted its impact. Focusing on reducing the risk factors associated with these diseases is the cost-effective solution.</p> <p>OBJECTIVE.</p> <p>Determine the extent of modifiable risk factors associated with non-communicable diseases among visitors at MNH- Mloganzila.</p> <p>“</p>
Methods	<p>“Methods.</p> <p>A convenient sample of subjects who were visiting and escorting patients were included in the study. Demographic data, lifestyle behavior diet and exercise (physical activities) were collected. Also, participants’ vital sign and anthropometric measurements were taken. A descriptive analysis was performed to analyze the data, where by frequency distribution, tables used to indicate and demographic information respectively and bivariate analysis was used to show relationship between variables. The Statistical Package for Social Sciences (SPSS) version 20 was used for this data analysis.</p> <p>“</p>
Results	<p>“Results.</p> <p>We were able to attend 529 clients among which 341(64.46%) were female while 188 (35.54%) were male. A total 363 clients out of 529 were willing to take part in data collection questionnaires given to respondents. Age distribution was 51.5% below 40yrs and below, 45.5 %were between 41 and 70years finally 71years and above were 3%. The mean weight of the population was 75.4 kg and the height 159.2 however the characteristic of body mass index was 4.4% below 18.5 normal BMI was only 27.3%, 34.2 % was overweight and 34.2 % were obese. Out of 230 clients who were hypertensive only 36.04 % were aware of being hypertensive and 63.96% did not know if they are hypertensive. Also 71.13% out of 194 patients were not aware of having raised blood sugar. On the diet aspect, we found that 62.80% (228) were taking vegetable in their meals among which 58.77 % were not meeting recommended amount of 400gm a day. Fruits intake 58.95% are including fruits in their diet however only 20.07% are meeting the required amount of 400g a day. We also found that 58.68% of our participants are taking fast food. Looking at the physical activity, we noted that 53.44% (194) are exercising and among them 54% are doing less than 3days a week moderate type 57.73% less than 30 minutes by 59.28%.</p> <p>“</p>

Name	Adam Said Mang'ombe ^{1,2} . and George Mathenge Wairungu (Ph.D.) ¹
Title	Autism Spectrum Disorder: A Review of contemporary literature on Common Communication Difficulties and Recommended Research Based Intervention Strategies
Background & Objective	<p>“Background: Autism Spectrum Disorders encompass the formally known as Asperger’s syndrome, Autistic disorder, and Pervasive Developmental Disorders-Not Otherwise Specified. ASD indicates a wide range of symptoms and severity, implies that needs and strengths among individuals vary from severe to giftedness across board. The disorder is an early onset one, pervasive and lifelong. The current prevalence rate in the world is 1 in 160. Not much is known about prevalence of ASD in Africa and other developing countries. However, data available from a few studies indicate same trend of prevalence, as in developed countries. Example, prevalence of ASD in studies done in Tunisia and Egypt (respectively) was 11.5% and 33.6% among children with developmental disabilities.</p> <p>Objective: The aim of this paper was to conduct a general review of contemporary literature about communication difficulties affecting learners with Autism Spectrum Disorder and the recommended research based intervention strategies on the same. “</p>
Methods	Articles and research findings published in international peer reviewed journals were objectively scanned through. The target beneficiaries of this study are parents of learners with ASD, educators, speech therapists related service providers and other relevant stake holders.
Results	Learners with Autism Spectrum Disorder exhibit a series of communication challenges. Although not every child with ASD has a language problem, their ability to communicate varies across the spectrum. It is dictated by severity, cognitive ability and social development of the individual. Majority of individuals have challenges in both receptive and expressive language. Further, almost all learners with ASD have difficulties understanding body language. Failure to understand context, abstract and figurative language is also a common barrier to communication in individuals with ASD. Majority individuals with ASD also struggle with meaning and rhythm of words. Many concentrate on the key word and not the entire statement during conversations. Other communication challenges include echolalia, lack of reciprocity and turn taking difficulties. To address the above challenges, researchers have come up with evidence based intervention strategies. Interventions fall into two categories; the ones speech therapist use and those they train family and caregivers to use. Some interventions are hi-tech while others are low tech, cheap to make and easy to use. They include AAC, manual signing, pantomime intervention, eye gaze intervention, picture exchange communication and facilitated communication.

Name	Mwanahamisi Ally Mvimba Mwanahamisi Ally Mvimba
Title	Factors contributing sepsis to children undersixteen years admitted at pediatric burn unit in Muhimbili national hospital
Background & Objective	<p>“Background Introduction; Over the years, survival in pediatric burns with sepsis has improved worldwide. However, burn wound infection and sepsis in Tanzania is still the most significant factors causing mortality in pediatric burn patients. The aim of this study was to determine factors contributing to sepsis among burn patients under sixteen years admitted at pediatric burn unit in Muhimbili national hospital</p> <p>STUDY OBJECTIVES The broad objective of this study was to determine factors contributing to sepsis in burn children under sixteen years admitted at pediatric burn unit in Muhimbili National Hospital.</p> <p>SPECIFIC OBJECTIVES The specific objectives of this study were to:</p> <ol style="list-style-type: none"> i. Determine the social demographic data of burn children with sepsis at pediatric burn unit in Muhimbili national hospital. ii. Determine factors contributing to sepsis development among burn children at pediatric burn unit in Muhimbilinal hospital. iii. Identify causes of sepsis from parents/guardian at pediatric burn unit in Muhimbili national hospital.”
Methods	Methodology; this study was a descriptive cross-sectional quantitative methodology. Simple random sampling technique was used to identify participants. The researcher administered questionnaire which addressed mainly demographic information, causes of sepsis and factors contributing to sepsis was administered to mothers/guardian of the burned children aged 16 years old and below. Data was analyzed using SPSS computer software program. The targeted population was consisting of all parents/guardian with children.
Results	Results; Majority of the participants in this study 107(89%) were female while male were 14(11.38%). Most of the participants 91(73.98%) were between 20-30 years, 29(23.58%) were between 31 to 40 years and the minority 3(2.44%) aged between 41-50 years. On the other hand majority of the children aged 1 month to 4 years 95 (77.24%) and the minority 1(0.1%) were 5 to 10 years. Factors contributed to burn wound sepsis were categorized in three groups: that included extent of burn injury, medication given at home and delay of the children to start management. For the extent of burn injury it was found that majority of children who expected to developed sepsis 61(49.59%) had partial thickness burn followed by those who have mixed of deep and superficial burn 47(38.21%) and the minority group 15(12.20%) were those who had full thickness of burn. Most children were treated at home before hospitalization (105(85.37%) with local medicine including honey, rabbit fur, water and sugar 13(10.57%) were provided with antibiotics and small group 4(3.25%) were treated with herbal medicines. The results indicate that majority of children who delayed for one week 110(89.43%) developed sepsis compared to those who delayed for two weeks 8(6.50%), three weeks 3 (2.44%), and those who delayed for one month 1 (0.81%).

Name	Monica Julius
Title	Factors influencing uptake of cervical cancer screening among women of reproductive age
Background & Objective	Despite a national target of 80% cervical cancer screening for all women from 30 to 50 years old by 2020, Mara Region managed to screen only 4% of all eligible women. In spite of several efforts to scale up cervical cancer screening the uptake is still low. Basing on these reasons, client based reasons for low uptakes on cervical cancer screening are to be addressed.
Methods	This study employed across-sectional design where by 296 women of reproductive age 18-49 years from three district councils in Mara region were randomly selected. Data on factors related with uptake of cervical cancer screening were generated through interviewer-administered questionnaire. Health Belief Model and self-determination theory were used to guide the study. Descriptive analysis was employed to establish the status of uptake of cervical cancer screening. Likewise, bivariate and multivariate logistic regressions were used to establish predictors of cervical cancer screening uptake
Results	This study found that, 68.2 % of all respondents that makes majority of them were not screened for cervical cancer. It was also found that half of them which are 56.8 were aware of cervical cancer screening. Majority of respondent had adequate knowledge of risk factors of cervical cancer (59%). Furthermore, 64.5% of all respondents perceived themselves as prone to cervical cancer yet majority. The study further observed that, Sixty seven percent (66.9%) understood the benefits of screening while (56.4%) perceived cervical cancer as a threat. Half of respondents (50%) reported barriers to screening. Regarding the variables of (Self determination theory) most of respondents were having high perceptions in which (60.1%) perceived competence, autonomy (61.1%) and relatedness (57.1%). After adjusting for con-founders, awareness [Not aware (Adjusted Odds ratio=0.518 at 95%CI=0.306-0.877, p=0.014)], marital status [married (=0.505 at 95%CI=0.281-0.907, p=0.022)] and occupation [employed (Adjusted Odds ratio =0.162 at 95%CI=0.039-0.676, p=0.013)] were significantly associated with cervical cancer screening uptake.

Name	1. Catherine Mwenda 2. Augustine Mwangi 3. Diana Mukami
Title	An Evaluation of the Effect of Digital Learning on CPD Uptake among the Health Workers in Kenya
Background & Objective	The advent of mobile learning (mLearning), has presented a platform for learning institutions to improve teaching and learning by integrating mLearning in their instructional design delivery methodologies (Gatotoh, Gakuu and Keiyoro, 2018). Mobile learning (mLearning) initiatives can be used to effectively close the gap in healthcare training and the need to leverage on the mobile subscriber rise in low resource countries is inevitable. By June 2018, the mobile service subscriptions in Kenya stood at 45.5 million marking an increase of 13.2 percent from 40.2 million recorded in June 2017 (Gok 2018). In response to the growing need and the paradigm shift to digital and wireless technologies, Amref Health Africa, in partnership with the Kenyan Ministry of Health, the Nursing Council of Kenya (NCK), Rutgers, and nurse training institutions implemented a mobile learning initiative dubbed “Jibu” to support the Continuing Professional Development of nurses and midwives in both training institutions and health facilities. The goal was to improve the skills and knowledge of nurses and midwives in Kenya by providing a sustainable and scalable mLearning application through designing a state-of-the art mLearning solution, and initiating a framework for operationalizing Continuing Professional Development (CPD) for mLearning for nurses in Kenya
Methods	The study utilized a decripto-explanatory survey research design. The main unit of analysis were the end users of the Jibu mLearning platform. The study sampled 331 participants who were organized in clusters (Training institutions, health facilities, combined health facility and training institution and County MoH). Stratified random sampling was done per cluster while key informants were purposefully selected. To ensure triangulation, a number of tools and approaches were used to collect data. The tools were piloted and reliability and validity checked. The quantitative data was coded and analyzed using SPSS version 21 while qualitative responses were thermalized and presented in corresponding thematic areas
Results	The results of the survey showed that 60.9% of the in-service respondents rated the Jibu platform as enabling them access to knowledge while 56.8% of pre-service end users considered Jibu as allowing them to have quick access to information. The evaluation further showed that learning institutions expressed willingness to continue partnering with Amref Health Africa to undertake the Amref accredited courses. They however, would wish to have the capacity of their staff developed to make mLearning initiatives sustainable. Five major success factors emanated from the evaluation: (i) Duality of mode of access (mobile and computer) (ii) Relevance of content (iii) Ease of use (iv) Open access and (v) Interactivity and use of multimedia elements.

Name	Patricia Katowa-Mukwato, Sebean Mayimbo, Kabwe Chitundu, Samson Shumba, Nedah Chikonde, Mutinke Zulu, Deborah Nayame Mushamba and Lonia Mwape,
Title	Availability and Accessibility of Personal Protective Equipment among Nurses and Midwives in the General Hospitals in Lusaka, Zambia
Background & Objective	<p>“</p> <p>The World Health Organization declared COVID-19 a pandemic in January 2020. Since then Covid-19 has spread to many countries including Zambia. In order to avoid the transmission of contagious diseases, effective Personal Protective Equipment (PPEs) is essential. Zambia being a developing country has had challenges in the provision of PPEs among nurses and midwives.</p> <p>The objective of the study was to assess the availability and accessibility of personal protection equipment for nurses and midwives caring for women in the general hospitals, Lusaka, Zambia.</p> <p>“</p>
Methods	<p>“</p> <p>A cross-sectional analytical study design was conducted at five General Hospitals in Lusaka (Chilenje, Matero, Kanyama Chawama and Chipata) on 162 nurses and midwives between February and April 2021. Purposive sampling was used to select the study sites and simple random sampling to select the participants. Data was collected using a semi structured self-administered questionnaire and analyzed in STATA version 13. Chi-square test was used to test associations between the independent variables and the outcome.</p> <p>“</p>
Results	<p>“Out of the 162 who participated in the study, 48.8% were nurses while 51.2% were midwives.</p> <p>The study revealed six types of PPEs, 38.6% as surgical masks, 36.9%, gloves, 26.7% aprons 0.24% eye goggles, 1.47% long sleeved gowns and 0.98% respiratory masks . The study however revealed that only 10% (16/160) reported having enough PPEs at work, 11.9% (19/160) enough but worry about the next supply, 75.6% (121/160) not having enough and 2.5% (4/160) did not know. Availability, accessibility and standard PPEs were not associated with specific hospitals ($p>0.05$).</p> <p>“</p>

Name	Catherine Mwenda 2. Colleta Kiilu 3. Raphael Muia
Title	An Outcome Survey on COVID-19 Training Course for Healthcare Professionals in Kenya
Background & Objective	<p>“African countries are already bearing the unparalleled effects of COVID 19 in their economy, health and social spheres. Without a proper response plan, African countries will see a collapse in the health infrastructure and many lives lost. Even with the efforts put in place by the government, there is still inadequate capacity (Knowledge and skills) for health workers to handle the virus. Other challenges include; overcrowded and poorly equipped hospitals, overworked health staff, inadequate laboratory capacity to handle the testing capacity for COVID 19, inadequate personal protective equipment (PPEs), lack of adequate and effective isolation facilities and limited intensive care units (ICUs). They lack routine updates and the MoH depends on development partners in health sector to support dissemination, and mitigate the gap in developing the capacity and address psychosocial issues among frontline workers in the fight against COVID-19. Amref Health Africa in Kenya has been in the forefront leading the fight against corona virus and supporting the coordination at National and County Government Level. through the Institute of Capacity Development (ICD), one of key response activities is training of frontline health workers across the country using MoH accredited curriculum and content via Amref’s digital learning platforms which allow easy access to the training programme.</p> <p>“</p>
Methods	<p>Health care workers (HCWs) were trained on the general overview of COVID-19, COVID-19 case investigation and management and Rapid Response Teams (RRT) and Risk communication for COVID-19. Data was collected from 88 health care workers (HCWs) across the 47 counties through a monkey survey and targeted HCWs who had undertaken and completed the 40hours course. The outcome survey entailed a cross-sectional design using a self-administered and internally tested questionnaire to gather information from targeted HCWs in representative facilities.</p>
Results	<p>Findings from the survey revealed that, 96.6% of the respondents affirmed an understanding of the origin of COVID-19 pandemic compared to 2.3% who could not. 94.3% of the respondents indicated that they are able to detect COVID-19 suspected cases at the health facility while 3.4% of the respondents were unsure of their ability to detect COVID-19 suspected cases at the health facility. 65.1% of the HCWs interviewed indicated that they were able to safely collect, store and transport Covid-19 specimen for laboratory testing compared to 14.0% who could not with a further 20.9% unsure of their ability to safely collect, store and transport Covid-19 specimen for laboratory testing. With regard to safe handling of deceased bodies, 78.4% of the respondents indicated that they know how to handle bodies of the deceased due to COVID-19. 83% of the interviewees indicated having had active COVID-19 Rapid Response Teams (RRT) and Communication teams at participating health facilities</p>

Name	Alex Omari, Sarah Kosgei, Irene Alenga, Diana Mukami
Title	Knowledge Management Innovations during the Covid 19 Pandemic: the case of Learning Circles in Anglophone Africa
Background & Objective	<p>“Early 2020, the Knowledge SUCCESS team finalized documenting key insights from the East Africa landscape analysis and in mid-2020, hosted regional co-creation workshops with family planning and reproductive health (FP/RH) professionals from Anglophone and Francophone Africa, Asia, and North America. Design-thinking methods , learning exchanges, share fairs, knowledge cafes and peer assists were utilized to identify strengths, challenges, and opportunities in Knowledge Management (KM) for FP/RH programs. One of the key KM challenge outlined was lack of comprehensive contextualization, documentation and packaging of FP/RH program best practice for practitioners.</p> <p>Objectives</p> <p>In response, Knowledge SUCCESS, developed an innovative KM approach coined “Learning Circles”. These are series of informal, group dialogues and collaborative techniques designed to build and share knowledge around common implementation issues affecting FP and RH practitioners, policy makers, program managers and technical advisors to be able to:</p> <ul style="list-style-type: none"> • build connections among the FP/RH professionals in Anglophone Africa and model KM techniques. • routinely meet and explore key FP/RH topics of concern in the region • share with peers what works and what doesn’t work in FP programming <p>“</p>
Methods	<p>“A total of 150 cohort applications were received and 34 FP/RH practitioners were selected for the pilot. All applications were reviewed by a panel of Knowledge SUCCESS (Amref, Johns Hopkins CCP, FHI 360) facilitation team . The 34 participants were from 11 Anglophone countries with 18% of them being nurses and midwives.</p> <p>The learning methodology involved both live sessions (1.5 hours) and the interim sessions that were 1 month apart over the 3-month period to allow time for participants to network and understand the concepts. Four live/ virtual and one full cohort networking session were conducted.</p> <p>“</p>

Results	<p>“Participants were craving for interactive conversations where they could have transparent and timely dialogue with their peers, to exchange and use the learnings that are relevant for their context and Learning Circles provided this as well as the concepts of Rose-Bud-Thorn challenge statements and 15% solutions.</p> <p>There were a total of 4 sessions and 1 networking session for the 34 participants. The outputs from the sessions were; Session 1- Discover and orient Session 2- Define and Share Session 3- Develop and Give/Get help- Session 4- Deliver /Action Planning-</p> <p>Quotes from the nurses and midwives in the cohort</p> <p>Nurse 001, Kenya – “ As a nurse, the collaborative exercises cut across all cadres and fostered inclusivity.I will apply the skills to improve quality”</p> <p>Nurse 002 (Midwife) , Malawi - ‘ Learning Circles has been quite insightful. I particularly joined the supply chain group because I wanted to understand what is involved. The biggest challenge we have experienced as a country is inconsistent supply of contraceptives hence why I was very keen to understand the whole process . My key take away are the High Impact Practices that were shared in our group. I am compelled to develop a policy brief around RH commodity supply chain in Malawi based on the lessons learnt from the HIPs’</p> <p>Nurse 003, Uganda- “It was a really eye opening experience for me getting to look at self-care from a broader perspective, particularly the part where we did the opportunities,positives and bottle necks (Rose, Bud, Thorn)</p> <p>Nurse 004, Zambia- ‘Very educative. In nursing knowing opportunities, challenges and potentials in addressing issues we are likely to prevent, manage cases comprehensively ‘ “</p>
---------	---

Name	Lonia Mwape, Kestone Lyambai, Esther Chirwa, Chrispine Brian Mwila, Mavis Mwiinga Mtonga, Peggy Mugala Mumba, Beatrice Mwansa Chisashi
Title	COVID-19 RELATED STIGMA AMONG HEALTH CARE WORKERS: EVERYONE'S CONCERN
Background & Objective	Corona Virus Disease 2019 (COVID-19) ravaged the world, spreading rapidly since the outbreak was first reported in December 2019 in China. Zambia, like any other affected country in the world has instituted drastic measures to slow down its spread, and avoid putting more pressure on the health systems. Some of the measures put in place include social distancing policies, closing schools and non-essential businesses, and encouraging hand hygiene, among others. Due to the infectiousness of the disease, patients and its contacts and frontline health workers are stigmatized as being the source of infection. Stigma in health facilities affects diagnosis and treatment of the disease.
Methods	Therefore, in order to explore the levels of the COVID-19 related stigma and its consequences among frontline health workers in Zambia, a cross-sectional study involving mixed methods design was conducted in Lusaka, Chilanga and Kafue districts. Doctors, Nurses, Midwives and Clinical Officers participated in the study. Purposive sampling was used to select tertiary, and first level hospitals, and isolation centres, while simple random technique was used to select health centres that participated in the study. Sample size was 384, calculated based on target population. The Medical and/or Nursing Officer-in-charge provided access to the participants who expressed interest in the study at the facilities and Interviews were conducted at the convenience of the participant. Data for the quantitative part of the study was collected using in-depth interviews.
Results	The results revealed that 70.2 percent of health care workers experienced COVID-19 related stigma with 20.1 percent reporting severe level of COVID-19-related stigma. Further, COVID-19-related stigma was significantly related to department one is working from ($P = 0.001$). The community was the major source of stigma followed by family and self. The major reasons cited were lack of knowledge on preventive measures and fear of contracting the disease by the community. Health workers reported that they were able to cope with stigma because of belief in God, positive thinking and anticipation in change of attitude by the community through intensified sensitization and education on covid disease.

Name	Catherine C Men'ganyi 1, Paul Kuodi2, Mahnaz' M. Harrison2
Title	PROMISING RESULTS FROM A TECHNOLOGY ASSISTED AND COMMUNITY EMPOWERED PROGRAMMING TO ERADICATE FGM IN THE ERA OF COVID-19 PANDEMIC
Background & Objective	<p>Female genital mutilation (FGM), the intentional altering or injuring of the female genitals for non-medical reasons, has been performed on more than 200 million women and girls worldwide (UNICEF, 2016). FGM is a violation of girls' & women's rights internationally. Kenya is ranked 3rd among countries with most cases of medicalization of FGM. National prevalence is 21%. The practice causes significant health risks including infections, bleeding, damage to adjacent organs, sterility, birth complications & even death. Reasons of practicing FGM: Requirement before marriage & prevention of premarital sex; Social acceptance; Personal hygiene; Religious identity. In western Kenya, 30 to 69 percent of girls and women have undergone FGM (UNICEF, 2020). In 2019, Kenya's president pledged to end FGM by 2022. Despite Kenya's national policy and intervention leadership in East Africa to curb FGM, barriers to its elimination, such as cultural practices among parents, have not been successfully addressed for remote ("last mile") communities.</p>
Methods	<p>Lastmile4D deployed the VPack program to eradicate FGM practice in Kuria, Western Kenya, during the COVID-19 Pandemic. The VPack is an early warning system that identifies girls at-risk of FGM and intervenes in time and prevent FGM. The VPack program combined three main components: 1) education to motivate targeted communities to eradicate FGM, 2) periodic, real-time monitoring by trained field workers of a cohort of schoolgirls at risk of FGM, and 3) crisis intervention including a hotline, law enforcement point of contact and alternate housing for girls who were facing imminent cutting. Five Field Officers were trained on implementation of 10 pre-designed tailored FGM education modules. One thousand primary school going girls (6-15 years old) at risk of undergoing FGM were enrolled into the VPack program. Two days each week, Field Officers met with the enrolled girls for 2 hours, conducted FGM tailored education and assessed risk of undergoing FGM for a period of 1 year</p>
Results	<p>We enrolled 1,000 uncut girls, 400 boys and 96 cut girls attending 10 schools and completed 9 out of 10 planned FGM tailored education modules. None of the girls enrolled in the VPack program underwent FGM by the time of program's conclusion. We recorded improvement in the self-esteem and ability to speak up against FGM among girls enrolled in the VPack program. We electronically captured and tracked school attendance, FGM risk profiles and self-esteem improvement of the 1,000 girls enrolled in the VPack program. In addition, by the program's conclusion, 94% of parents who attended educational sessions signed up as volunteers to fight FGM practice in their community</p>

Name	Kestone Lyambai, Lonia Mwape, Esther Chirwa, Mavis Mtonga and Patricia Katowa-Mukwato
Title	COVID-19 PANDEMIC THROUGH THE LENSES OF NURSES AND MIDWIVES IN ZAMBIA: EXPLORING DEPRESSION, ANXIETY, STRESS AND COPING STRATEGIES
Background & Objective	Following the declaration of COVID-19 as an international health emergency, Zambia like many other countries implemented measures to limit human interaction and curb the spread of the Disease. In the midst of these measures, nurses and midwives continue to provide care to suspected and confirmed cases of COVID-19, which puts them at risk of contracting the disease and compromising their psychological wellbeing. The aim of this study was to assess the levels of depression, anxiety, and stress experienced by nurses and midwives during the COVID-19 pandemic, and determine the coping strategies utilised by nurses and midwives working in health facilities in two districts of Zambia.
Methods	This mixed methods study involving 187 nurses and midwives was conducted between July and December 2020 in selected health facilities in Lusaka and Chilanga Districts. The Depression Anxiety and Stress Scale (DASS) 21 was used to collect the data which was analysed using univariate analysis
Results	Majority of the respondents were female (84%) and mean age at 30.1 (SD 9.05) years, 58.3 percent were married, and 50.84 percent had children. The mean work experience was 6.63 (SD 4.75) years, and 54 percent had worked for less than five years. Overall, 22.5 percent of nurses and midwives reported depression, 52.4 percent had anxiety and almost half (42.2%) had varying levels of stress. Anxiety and stress correlated significantly with working in COVID Isolation departments ($P = 0.000$). Strategies such as strict adherence to infection prevention measures, seeking help from family and friends and recognition by hospital management were a significant supportive measure ($P < 0.001$).

Name	Clifford Tende, Olipa Phiri, Ireen C. Kasonde, Caroline Zulu and Martha M. Mwelwa
Title	PATIENT SATISFACTION WITH THE QUALITY OF CARE PROVIDED BY STUDENT NURSES AT NDOLA TEACHING HOSPITAL IN NDOLA, ZAMBIA.
Background & Objective	<p>“Measuring patient satisfaction with nursing care has the potential to improve nursing service quality by making the formulation of care standards easier while keeping track of both results and patients’ perceptions of quality.</p> <p>In the hospital setup patients receive care provided by the multidisciplinary health care team among which the nurses and student nurses belongs. Much as we appreciate the care student nurses provide to patients, patient satisfaction with this care has not been evaluated in many health institutions. There are few studies on care given by nursing students, particularly on patient satisfaction with nursing care provided by student nurses especially in Zambia and the Sub Sahara region</p> <p>Patients’ satisfaction with the care provided by student nurse indicates that students are able to meet the patients’ needs, which could also be an indicator of the quality of nursing education students are receiving and quality of care offered by future nurses.</p> <p>This study had three questions to address which are:</p> <ol style="list-style-type: none"> 1.What are the levels of patient’s satisfaction with the care provided by student nurses at Ndola teaching? 2.What are the factors that influence patient satisfaction with the care provided by student nurses 3.Are nursing students supervised and guided during their clinical experience? <p>The main objective was to determine patient’s satisfaction with the quality of care provided by student nurses at Ndola Teaching Hospital in Zambia.</p> <p>“</p>
Methods	<p>A descriptive quantitative cross sectional study was conducted between July 2017 and June 2018 to determine patient’s satisfaction with the quality of care provided by student nurses at Ndola Teaching Hospital in Zambia. The sample was made up of 100 randomly selected patients from four admission wards. Ethical clearance was sought from University of Zambia Research Ethics Committee for the main study. Participation of subjects was on a voluntary basis and written informed consent was obtained from all respondents prior to participation in the study. All the relevant hospital authorities including the ward in-charges were informed of the research and requested for permission for the research to proceed. The data was collected using a validated semi-structured questionnaire and analyzed with the Statistical Package for Social Sciences version 25. A p-value of ≤ 0.05 was considered statistically.</p>
Results	<p>The results showed that patients (79%) were dissatisfied with the nursing care provided by student nurses. The cause of dissatisfaction was low quality of care received (48%), lack of student supervision (60%), poor student patient interactions (68%) and level of training (75%). Patient satisfaction had a significant association with availability of supervisors ($p=0.010$), level of training ($p=0.002$), number of students per ward ($p=0.011$) and student interactions ($p=0.001$).</p>

Name	Tumbwene Mwansisya, Columba Mbekenga, Kahabi Isangula, Loveluck Mwashu, Stewart Mbelwa, Mary Lyimo, Lucy Kisaka, Victor Mathias, Eunice Pallangyo, Grace Edwards, Michaela Mantel, Sisawo Konteh, Thomas Rutachunzibwa, Secilia Mrema, Hussein Kidanto, Marleen Temmerman
Title	The impact of training on perceived performance in reproductive, maternal, and newborn health service delivery among healthcare workers in Tanzania: A baseline- and endline-survey.
Background & Objective	Delivery of quality reproductive health services has been documented to depend on the availability of healthcare workers who are adequately supported with appropriate training. However, unmet training needs among healthcare workers in reproductive, maternal, and newborn health (RMNH) in low-income countries remain disproportionately high. This study investigated the effectiveness of trainings with onsite clinical mentorship towards perceived importance and performance in RMNH among healthcare workers in Mwanza Region of Tanzania.
Methods	The study used a quasi-experimental design using single group pre-and post-intervention evaluation strategy. The training needs of healthcare workers from the selected health facilities were assessed, skills gaps identified and ranked according to priority. Training courses that addressed skills gaps were developed and delivered with adaptations of the national guidelines followed by onsite clinical mentorship for one year. The baseline and endline survey were conducted at 3 years interval to assess change in HCWs on their perceived importance and performance on different aspects of RMNH care. Independent samples t-tests were used to compare differences in perceived performance in selected training areas between baseline and endline. Significance was set at $p < 0.05$.
Results	TNA was administered to 152 and 216 healthcare workers at baseline and endline respectively. In total, 141 (65%) of the 216 end line survey participants had received at least one IMPACT project training course and at least three mentorship visits. Participants were matched on their age and duration in RMNH services, but differed in age and duration of employment. Comparison between baseline and endline by using the training needs analysis questionnaire scores showed statistically significant positive changes ($p \leq 0.05$) in most training needs analysis items, except for some items including those related to research capacity and provision of health education for cancer. Factors influencing knowledge and practice on Helping babies breathe among skilled birth attendants in rural areas in lake zone in Tanzania.

Name	Cesilia kapalata,dr Alex ernest
Title	Factors influencing knowledge and practice on Helping babies breathe among skilled birth attendants in rural areas in lake zone in Tanzania.
Background & Objective	<p>“Estimated that 1 million babies die each year due to birth asphyxia.Birth asphyxia is the inability of a newborn baby to breath immediately after birth.Globally,ap- proximated that 10 million babies cannot do it by themselves and need assistance. Helping babies breathe is a key component to reduce neonatal mortality due to birth asphyxia.</p> <p>Objectives:</p> <p>General objective;</p> <p>To determine the factors influencing knowledge and practice on helping babies breathe among skilled birth attendants.</p> <p>Specific objectives:</p> <ol style="list-style-type: none"> 1.To assess the level of knowledge on helping babies breathe among skilled birth attendants. 2.To assess the level of practice on helping babies breathe among skilled birth attendants. 3.To identify the factors influencing knowledge and practice on helping babies breathe. <p>“</p>
Methods	A quantitative approach by using a cross-sectional design was used.330 respondents included in the study.Simple randomly sampling by lottery used to select 2 regions and health facilities,participants were selected through convenient,data were collected by using standard semi-structured questionnaire,chi-square and Binary logistic regression were used.
Results	Out of 330 participants,42.4%(n=140) had adequate knowledge,32.4%(n=107) had adequate practice,While 57.6%(n=190) had inadequate knowledge and 67.6%(n=223) had inadequate practice.Working in hospital(AOR 3.227,p<0.001) and (AOR 43.807,P<0.001)more likely to had adequate knowledge and practice than in health centers.EN were(AOR 3.118,P<0.05) more likely to have adequate knowledge than AMO/MD;1year<> experience were(AOR15.418,P<0.001) more likely to have adequate practice than those with<1year of experience in labor ward;those who attended 1training(AOR 1.778,P<0.05) and more than 1 year(AOR3.102,P<0.05) adequate knowledge than those who had never attend ; Enough equipment's(AOR 4.355,P<0.001) had adequate practice than with no enough equipment's.

Name	Cecilia Mzurikwao
Title	Factors influencing knowledge and practice on helping baby breath among skilled birth attendants in rural areas at lake zone in Tanzania
Background & Objective	<p>“Background: Estimated that 1million babies die each year due to birth asphyxia, birth asphyxia is the inability of new born baby to breath immediately after birth.Globally,ap- proximated that 10million babies can not do it by themselves and need assistance . Helping baby is a key component to reduce neonatal mortality due to birth asphyx- ia General Objectives:: To determine the factors influencing knowledge and practice on helping baby breathe among skilled birth attendants. Specific objectives: 1.To assess the level of knowledge on helping baby breathe among skilled birth attendants. 2.To assess the level of practice on helping baby breathe among skilled birth atten- dants. 3. To identify the factors influencing knowledge and practice on helping baby breathe. “</p>
Methods	Aquantitative approach by using cross -sectional design was used.330 respondents included in the study, simple randomly sampling by lottery used to select 2 regions and health facilities, participants were selected through convinient; data were collected using standard semi-structured questionair, chi- squire and binary logistics regression were used.
Results	<p>“Out of 330 participants, 42.4%.(n=140) had adequate knowledge , 32.4%(n=107) had adequate practice, while 57.6% (n=190) had inadequate knowledge and 67.6%(223) had inadequate practice. Working in hospital (AOR 3.227, p <0.001)and (AOR 43.807, p<0.001) more likely to have adequate knowl- edge and practice than in health centers; EN were (AOR 3.118, p<0.05) more likely to have adequate knowledge than AMO/MD; 1year & > experience were(AOR 15.418,p<0.001) more likely to have adequate practice than those with<1year of ex- perience in labour ward;those who attended 1training of HBB,(AOR 1.778,P<0.05) and more than 1year(AOR 3.102,P<0.05) adequate knowledge than those who had never attend;Enough equipments(AOR 4.355,P<0.001) had adequate practice than those with no enough equipments.”</p>

Name	Catherine C Menganyi ^{1,2,4} , Natalie Robi ³ , Rachel Dienya ¹ , Alfred Obengo ⁴ , Maurice Owiny ² , Susan Robi ⁵ , Duncan Shikuku ⁶
Title	COLLABORATING WITH GRASSROOT COMMUNITY-BASED ORGANIZATIONS TO END FEMALE GENITAL MUTILATION: A SUCCESS STORY, KURIA WEST, KENYA
Background & Objective	<p>Introduction: Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injuries to the female genital organs for non-medical reasons. It is internationally recognized as a violation of the human rights of girls and women. Findings from the Kenya Demographic and Health Survey (2014) reported a 21% prevalence of FGM among women of reproductive age (15-49 years) with half of this (11%) occurring among adolescent girls aged 15-19 years with disparities across communities and regions. In a study done in 2020 in the Kuria community of Migori county, the prevalence of FGM was at 86% even though there have been advocacy interventions championing for abandonment of the vice. To end this there have been national strategies and declarations including the 2019 Presidential decree of Ending FGM by 2022 during the International Conference on Population and Development (ICPD 25) in Nairobi. The Ministry of Health (Kenya), Anti FGM board, and professional nursing associations – National Nurses Association of Kenya and Kenya Progressive Nurses Association have cascaded the advocacy calls to stop FGM from the national to the community level. Evidence shows that during epidemics like the ongoing COVID-19 pandemic, cases of gender-based violence where FGM is included are usually high among women and girls in many developing countries. In addition, Kenya records increases in the number of FGM cases during the school holidays. Previous campaigns to address the increase of incidents of FGM have focused on the social effects of FGM but little on the medical effects. This study sought to sensitize the community on the medical effects of FGM in Kuria East and Kuria West Sub Counties in Migori County</p>
Methods	<p>Methods: The study area is made of 12 administrative wards and a community that practices FGM as a right of passage. With the help of community-based organizations we carried out advocacy on stopping FGM in the Kuria community from June 2020 through December 2020. During this period, schools had closed as part of the COVID-19 containment measures by the Ministry of Education and Health. This was considered a prime period for the practice of the vice among the Kuria clans. We used the area administration officers to mobilize men and women who had girls at risk of undergoing FGM. The participants were assembled at social places like churches, schools, or common grounds. We used youth groups drawn from the churches to identify girls (adolescents) at risk of undergoing FGM. We held separate forums for the adolescents away from their parents or guardians. The grassroots organizations — Msichana Empowerment Kuria, Goseso Women Group and Compassion International— sensitized the community through community forums on the negative effects of FGM while health service providers like nurses focused on sensitization on the medical effects of FGM and the unsafe illegal medicalization of the vice. We used photos depicting bleeding, keloids, and disfigured external genitalia to highlight the effects of the FGM. Girls who were at risk of undergoing FGM were put into rescue centers while women who had medical conditions resulting from FGM were linked to healthcare.</p>

Results	Results: We reached 2645 women and men and 1820 adolescent girls at risk of undergoing. We visited six administrative wards out of 12 (50%). Ant FGM board reports 84% adolescents at risk of FGM, a total of 268 adolescent girls were rescued and kept in different safe spaces (schools and temporary rescue centers), four women referred for fistula repair, and 82 survivors (inclusive of 32 adolescent girls) of FGM received psychosocial support.
Name	Pendo Martha Joseph Shayo
Title	Optimizing nursing care to patients with tuberculosis and associated multi morbidities. A demonstration project blended with web-based continuous professional development.
Background & Objective	<p>“Nurses are the largest group of health care workforce caring clients in Tanzania. Though, there is an increased demand for quality care, still the nursing process application particularly in tuberculosis (TB) and associated co-morbidities is sub-optimal.</p> <p>The objectives of the study were to:</p> <ol style="list-style-type: none"> 1. Determine the commonly nursing diagnosis of patients with TBDM 2. Assess knowledge gap of graduate nurses in relation to the application of nursing process <p>“</p>
Methods	Nurse Officers from Dar es Salaam, Iringa and Kilimanjaro region were enrolled in a pilot programme for education of international standards of TB care and associated comorbidities using a web-based platform. Thereafter, translated the theoretical knowledge into practice through learning by doing in TB patients with associated co morbidities at Kibong’oto Infectious Diseases Hospital (KIDH). Every nurse had an opportunity of developing a nursing care plan of TB patients with one or more comorbidities who were admitted at KIDH. The plans were shared with clinicians for complementing the medical plan
Results	From July –August 2019, 26 nurse officers registered in a web based platform while 25(96%) successfully completed the course and were eligible for the next step of field attachment at KIDH. All nurses in a group of two to three managed to prepare the nursing care plan were commonly found nursing diagnosis from the care plan were on nutritional imbalance (underweight), psychological problem (anxiety, depression), pain and therefore, top three care plans includes goals for pain management, nutritional, and psychological support. On the other hand there were few errors in the prepared plans such as errors in the formulated nursing diagnosis, unrealistic goals of care and lack of clarity of the care plan. Participants were trained and mentored successfully to improve application of nursing process and overall quality of care.

Name	Getrude Anyango Opiyo and Timon Kwach
Title	Perception of Nursing students on the use of clinical skills laboratory for competency based learning
Background & Objective	<p>“Background: The clinical skills laboratory has been used to standardize learning without endangering the life of the patient and themselves. It provides a safe environment where learners practice clinical skills and gain mastery before using them in real clinical settings. The first clinical skills laboratory was established in Maastricht Limburg University in 1976. Since then many educational institutions have integrated clinical skills laboratories in their training programmes. This innovation is important for competency based training in responding to the global Health challenges of the 21st century.</p> <p>Objective: The study aimed at evaluating the perception of Nursing students on the use of clinical skills laboratories in Kenya Medical Training Colleges in Western Kenya “</p>
Methods	Study design was descriptive cross sectional with qualitative and quantitative approaches. Study population were second year Nursing students (n=245). Six KMTC colleges in western Kenya who met the criteria participated. Data was collected using self-administered questionnaires, observation checklist and focus group discussions. Data analysis was done by use of statistical package for social sciences (SPSS).
Results	<p>The students valued the use of clinical skills laboratory as 97.4% were aware of what it is and 89.3% knew when to effectively utilize it. The time allocated was inadequate as expressed by 52.8% of the students. The student (84.3%) appreciated the competency of the instructors and 55.5% were satisfied with teachings during clinical skills sessions. Some students (44.5%) who were dissatisfied gave reasons like inadequate time schedule (48.7%), inadequate training appliances (24.8%) and inadequate instructors (13.7 %). 77.3% of the students said the pre actual clinical practice by use of mannequins and simulated patients was appropriate for their training. After the training they transit to the actual clinical area with confidence. The three main challenges affecting the clinical skills lab practice included these dissatisfiers and students’ attitude towards simulated scenarios as expressed by over 50% of the respondents. The findings on the focus group discussions gave almost similar issues like what the students individually expressed. Inadequate space was an outstanding issue for all the six learning centres. From observational checklist only three stations scored above 60% and were rated as having the minimum basic requirements for clinical skills laboratory.</p>

Name	Rehema Chengo, Dr Samuel Kimani, George Oele, Maureen Nankanja and Mouhamed Bashir
Title	A Multi-Country Situation Assessment of Community Health Workers' Preparedness to Support Health System Response to Prevention and Management of COVID-19 and Associated Gender Based Violence
Background & Objective	Background: Coronavirus disease (COVID-19) pandemic has had serious impact and systemic disruptions on individuals, families, and societies. The pandemic has necessitated the reengineering of health and social services due to the number of infections, deaths, and sufferings as well as the resultant containment measures. Furthermore, the pandemic has engendered vulnerability of girls and women to gender based violence (GBV), child marriage (CM), and female genital mutilation (FGM). The COVID-19 associated caseloads overstretched health systems already faced with challenges of health workers, underfunding, lack of supplies, overcrowding, and inefficiency mainly in sub-Saharan Africa. To effectively deal with the pandemic and the associated impacts, health and social systems across countries engaged the services and support of community health workers (CHWs). There has been need to understand the capacities, gaps and challenges encountered by CHWs in supporting health system respond to COVID 19 pandemic and its GBV associated effects. The objective of the study was to conduct a multi-country situational assessment of the preparedness of community health workers' in supporting health system response in prevention and management of COVID-19 pandemic and the associated gender based violence effects
Methods	A cross sectional mixed methods study utilizing qualitative and quantitative data collection strategies involving Kenya, Senegal, and Ugandan national and subnational levels was conducted. Key informant interviews were conducted with policy actors (16) and health care workers (24) to obtain data on functioning of CHWs. In depth interviews were conducted with CHWs (14) to obtain information on their experiences during COVID 19 pandemic. Furthermore, survey interviews (312) were held with community members to determine the functioning and interactions with CHWs during the pandemic as well as COVID 19 associated GBV, CM and FGM in the selected communities. Qualitative data were transcribed, coded, and analyzed thematically while quantitative data were descriptively analyzed. Ethical approvals and administrative permission were sought from relevant institutions.
Results	Demographic characteristics showed 71.4% of the households survived on less than USD 100 per month. The involvement of CHWs was escalated during the pandemic by 63.7% with increased frequency of home visitation in support of the COVID 19 containment measures. The findings identified challenges encountered by CHWs and recommends priority needs and support required by CHWs to effectively help health system-led prevention and management of COVID 19 pandemic . COVID 19 pandemic escalated GBV as well as caused disruptions of health system necessitating increased involvement of CHWs in the prevention and management measures. Although, there are specific differences in social, economic, and policy environments in Kenya, Senegal, and Uganda, the impacts of COVID 19 pandemic including the GBV associated effects were felt across the countries. There is convergence of roles, responsibilities and relevance of CHWs across the countries. The effectiveness and efficiency of this cadre of workers in response to the pandemic and the associated GBV effects shall require addressing the challenges and support needs identified.

TITLE: PSYCHO-DIETARY ADAPTATION AMONG CHRONIC KIDNEY DISEASE CLIENTS ON HEMODIALYSIS AT KENYATTA NATIONAL HOSPITAL

AUTHORS (S)

NAME : viola kipturgo

CORRESPONDING AUTHORS EMAIL :violakipturgo@yahoo.com

BACKGROUND: Hemodialysis care requires events of adjustment in dietary options that must be adhered to. The diagnosis of chronic kidney disease and initiation of hemodialysis care influences the psychological status of clients. The level of adaptation will influence the success in hemodialysis care. Poor adaptation results in non-adherence and poor outcome in hemodialysis care or chronic kidney disease care or management. Therefore there is a need to investigate how clients with chronic kidney disease (CKD) adapt psychologically, nutritionally and to determine their anthropometric measurements.

OBJECTIVES: To assess psychological and dietary adaptation, and to determine anthropometric measurements among clients with chronic kidney disease on haemodialysis at Kenyatta national hospital renal unit.

METHODS: Descriptive prospective study was used for this study. Purposive sampling was adopted for this study. Quantitative analysis was carried out by administering questionnaires with Hospital anxiety depression scale (HADS-A) standard tool and case report forms to eighty three patients in renal unit. The results were analyzed by SPSS and for qualitative analysis, in-depth interview was conducted to patients and the results were analyzed by NVIVO software. Continuous data was analysed using t-test, categorical data was analysed using chi-square

RESULTS: Using cut offs of the summative scores for Hospital anxiety Depression subscale (HADS-D) items, it was determined that the prevalence of respondents with anxiety were 89 % (74) (95% CI 80-95). The prevalence of depression was 84% (74) (95% CI 75-91%). There was significant association between depression and Religion mainly Christians ($p = 0.046$) but not with other respondents demographics. The mean protein levels were 56.6 (SD 16.7) and was directly related to age and sex of the respondents. There was a significant association between protein level and age ($p = 0.015$). There was a significant association between BMI and duration since dialysis was initiated ($p = 0.039$). There was a significant reduction in BMI during second assessment conducted after three weeks with mean BMI at 21.9 (SD 4.1), range 12.9 to 32.4 ($t = 4.64$, $DF = 78$, $p < 0.001$). There was a significant correlation between protein and hemoglobin levels. There was a positive correlation between haemoglobin and protein (Pearson's correlation coefficient, $\rho = 0.312$). The haemoglobin levels increased by 0.3 units for each unit increase in protein level ($p = 0.005$).

CONCLUSION: The study has showed that chronic kidney disease respondents undergoing hemodialysis experience significant derangements in anthropometric indices, and have relatively high burdens of psychological and dietary conditions pointing to poor psycho-dietary adaptation.

RECOMMENDATION: It is important to develop systematic approaches to screening patients for mental illness and then planning treatment strategies by standardized tool such as HADS-A in order to establish individuals stress reactions in terms of severity and treatment initiated. The anthropometric indices of patients undergoing hemodialysis need to be monitored regularly with feedback of this information to patients alongside implementation of corrective actions in cases where changes are noted.

CORRESPONDING AUTHORS DETAILS

FIRST NAME : VIOLA **LAST/SURNAME:**KIPTURGO

INSTITUTION:KENYATTA NATIONAL HOSPITAL

JOB TITLE :ASSISTANT CHIEF NURSE

POSTAL ADDRESS: 20723 code 00202 **CITY:** NAIROBI **COUN-**
TRY:KENYA

OFFICE PHONE : 0726300 **MOBILE NO :**0722370501

EMAIL ADDRESS:violakipturgo@yahoo.com

Preferred mode of presentation : **ORAL**

Title: Knowledge and Skills Gap of Midwives to Conduct Obstetric Ultrasonography Screening in Primary Health Care Facilities in Kajiado and Kisii Counties, Kenya

PI: Dr Micah Matiangi

Email address: Micah.Matiangi@Amref.ac.ke

Co-investigators: Priscilla Ngunju, Dr. Josephat Nyagero, Jarim Omogi

Organisation: Amref International University

Sub Theme: Beyond Zero Maternal and neonatal deaths: The role of nurses and midwives

Abstract

Background: Ultrasound remains a tool of much importance in maternity care with midwives regarded as key health professionals when it comes to care of pregnant mothers. There is however limited study on the knowledge and skills gaps of midwives in conducting obstetric ultrasonography screening.

Objective: The purpose of this study was to assess the specific obstetric ultrasonography knowledge and skills gaps among midwives based in primary health care facilities.

Methods: A cross-sectional study employing both qualitative and quantitative method was conducted between July and August 2019 with 274 midwives. A structured questionnaire was used to collect data while Focus group discussion and Key Informants Interview were used to collect qualitative data. Descriptive statistics were used to summarize the data test associations between variables while the qualitative data were used to compliment the questionnaire data in eliciting more information on the gaps.

Findings: Almost all (94.5%) the midwives had never been trained on any basic obstetric ultrasound while six of those that had been trained in early stages by the project lacked equipment to practice the acquired skills. More than three quarters of the respondents opined that they wished to provide personalized care services to mothers/clients seeking Antenatal Care Services (ANC) in their community at a fee while only 13.9% had knowledge that obstetric screening should be done before 24 weeks' gestation. Four out of ten of the respondents scored themselves a one (1) on the level of confidence they have using an ultrasound machines or technology.

Conclusion: There still remains a huge gap as far as training of midwives on basic ultrasound screening is concerned. The lack of basic obstetric ultrasound screening skills is a barrier to rolling out Point of Care Ultrasound (POCUS) screening services. However, midwives are motivated and willing to learn basic ultrasonography skills to further the objectives of Universal Health Coverage (UHC). Concerted efforts should be made to train midwives on basic obstetric ultrasonography skills in addition to availing mobile/hand held ultrasound technology in Primary Health facilities for them to apply the transferred skills. A sustainable business model to enable mothers continuously afford the services is critical as well.

TITLE: DETERMINANTS FOR UTILIZATION OF FAMILY PLANNING SERVICES AMONG WOMEN POST OBSTETRIC FISTULA REPAIR IN KENYATTA NATIONAL HOSPITAL, KENYA

Author(s): 1

Name: Beatrice Pamela Oguttu

Corresponding author's Email: bettyogutu@gmail.com

Institution(s) and affiliations:

The Jomo Kenyatta University of Agriculture And Technology

Background & Objectives:

Obstetric Fistula often results from childbirth complications, mainly, prolonged obstructed labour as well as lack of access to maternity services. It is estimated that approximately more than 2 million young women live with untreated obstetric fistula worldwide a number that could be more since most of this data are captured at the health facility levels which are not reached by many women who suffer in isolation. In Kenya alone, an estimated 2,000-3,000 cases of OF occur every year with an incidence of 1 per 1000 women. Obstetric Fistula has devastating consequences on a woman and her child since women who develop fistula have greater risk of stillbirths compared to those who have normal delivery. The purpose of this study therefore was to identify the determinants of utilization of family planning services among women post obstetric fistula repair in KNH. Specifically the study sought to: determine the proportion of women, post OF repair utilizing family planning services at the KNH, determine the patient related factors influencing utilization of family planning among women post OF repair at KNH and establish the health system related factors that influence the utilization of Family Planning services among women post obstetric fistula repair at the Kenyatta National Hospital.

Methods:

The study adopted a cross-sectional study design and targeted all women with OF who had been repaired surgically attending Clinic 66 in KNH. The information about the respondents was obtained through their file records as well as OF register. Reproductive health nurses with experience of working in OF clinic for more than 3 years were interviewed as key informants. Sampling was done for a period of two months yielding a sample size of 60 respondents from whom data was collected using structured questionnaires. The collected data was analysed with the aid of SPSS software version 26.0 using descriptive statistics which were used to summarize the characteristics of the participants by presenting categorical variables as percentages and continuous data as means or medians.

Results:

The study found a significant relationship between previous use of FP methods and utilization of FP services after repair of obstetric fistula. The outcome of the last delivery had significant influence on the time of commencement of family planning ($\chi^2=5.429$, $p=0.020$) and that there was significant influence of time plan to get pregnant in the future and commencement of family planning ($\chi^2=8.722$, $p=0.033$). Finally, there was a significant relationship between affordability and accessibility of the FP methods with utilization post repair of OF ($\chi^2=4.000$, $p=0.046$).

Conclusion/Recommendation:

The study concluded that previous experience with family planning was an important factor that facilitated the increased likelihood use of the methods after OF repair. The barriers were mainly the fear of side effects. It was thus recommended that, there is need of health care workers to give all relevant information to the clients on family planning before repair and upon discharge to allow healing process.

Corresponding Author's details:

First Name: Beatrice

Last/Surname: Oguttu

Institution: Kenyatta National Hospital

Job Title: Assistant Chief Nursing Officer

Postal Address: 132-00202

City: Nairobi

Country: Kenya

Office Phone: 0722241805

Mobile Phone:0738241805

Email Address: bettyogutu@gmail.com

Preferred Mode of presentation (Oral or Poster): Oral

If you have any questions about the Conference Programme and Presentations, please contact the following people:

Ms. Lemmy Mabuga:

lemmym@ecsahc.org

Dr. Ruth Mkhonta:

rmkhonta@uniswa.sz

ABSTRACT:

TITLE: Impact of beyond zero campaign activities on maternal/neonatal and child health in devolved units. A case of Homabay county.

Names of Author: Hon. Rocila Awiti MCHD, PHD (Hons)

BACKGROUND: Maternal and clinical health issues faced by counties in Kenya vary depending on various socio-economic factors including poverty, education, geography and culture. High maternal/neonatal and child deaths were found to be due to lack of access to quality and skilled health services. In 2013, the first lady of the republic of Kenya, H.E. Margaret Kenyatta founded beyond zero to serve as a platform to provide leadership in reducing maternal/neonatal and child deaths as well eliminating new HIV infections, through delivering maternal and child health services and promoting primary health care in hard to reach or marginalized areas using mobile clinics. The mobile clinics were to act as level two health facilities. Governors spouses were identified as strategic champions to leverage their influence and propel the issue from national to sub-national level.

OBJECTIVE: To determine the extent to which the beyond zero activities have influenced maternal/neonatal and child health in Homabay county.

STUDY METHOD: This was a cross sectional study carried out in Mbita (Lambwe) health facility which is one of the hard to reach areas of Homabay county. Study population included clients visiting the health facility and three health workers' permission was sought to collect data from the county director preventive health services. Eighty (80) clients and three service providers were interviewed using a pre-designed questionnaire.

RESULTS: Research carried in Homabay in 2019n showed increased advocacy on health issues through health promotions (i.e. health talks, community dialogue and peer groups) with beyond zero mobile clinic services. This resulted in improved intake of health services as follows.

New HIV infections dropped from 25 to 21%, immunizations improved from 61% to 80%, second antenatal visits improved from 46% to 61%, women on family planning improved from 296 to 742, cervical cancer screening improved from 117 to 319, clients on HTS improved from 221-697 and 46 new HIV clients on PMTCT referred and linked to care.

CONCLUSIONS/RECOMMENDATIONS: It is evident that the beyond zero mobile clinics have impacted positively to the people of Homabay. Since the county has eight sub-Counties, it is therefore recommended that three additional mobile clinics should be acquired to enhance the impact.

CORRESPONDING AUTHOR:

Dr. ROCILA AWITI AWITI

HOMABAY COUNTY, KENYA

0722789420

PRESENTAION: ORAL

TITLE: Effects and acceptability of group antenatal care model in Kakamega County, 2019

Author's name: Kate Ramsey and Shafia Rashid, MSH **Institutions:** KPNA, CHMT, MSH

Corresponding Authors email: ndanyofey@gmail.com

Abstract

Despite significant reductions in maternal mortality globally, the numbers of maternal and new born deaths remain unacceptably high with 300000 deaths annually. Kenya records a maternal mortality rate (MMR) of 362 per 100,000 live births and a neonatal mortality rate (NMR) of 22.2 per 1,000 live births according to HMIS 2014 data. Access to antenatal care and skilled birth services remains a problem that affects the continuum of care to improve maternal and newborn survival. 96% of women have received at least one ANC visit, 58% completed the recommended 4 or more visits.

Kakamega County, Kenya's second most populous county records higher levels of maternal deaths and lower than average coverage of essential maternal and newborn health services: only 51.3 % of women receive at least four antenatal visits, while (47%) deliver with a skilled birth attendant compared to the national average of 61%. Improving coverage and quality for RMNCAH services is a priority for the Government of Kenya and is reflected in a range of policies and frameworks. The Government has introduced initiatives such as Free Maternity Services, Elimination of User Fee for Primary Care and the Beyond Zero campaign to improve the utilization of RMNCAH services. In addition, the Kakamega County has added Linda Mama initiative that provide women with service at no cost in order to increase retention.

Women, particularly adolescents, do not systematically use health care during pregnancy due to a range of factors, including the traditional one-on-one ANC model that often does not meet women's psych-support needs. Group models for ANC provide an alternative, holistic approach to traditional ANC. The expected effect, as demonstrated in previous or ongoing studies, is better use of and retention in ANC, greater use of facilities for childbirth, and, ultimately, improved maternal and newborn health outcomes. The Lea Mimba Pregnancy Club model was co-created with women and health providers using human-centered design. National standards and guidelines served as the base from which the service was shaped. The model was then implemented in six facilities in April 2018 through March 2019.

We used a mixed-methods approach to answer the research questions. Results for our outcome of interest were mixed. 76.3% of women who participated in Lea Mimba (95% CI: 67.6 - 84.5) completed four or more ANC visits (group or individual), and 69.6% (95% CI: 60.7% - 78.2%) completed three group visits in addition to their first individual visit. These results were similar for young women and adolescents <25, with 74.9% (95% CI: 65.8% - 83.2%) attending four or more combined ANC visits, and 67.5% (95% CI: 58.2% - 76.2%) completing three group visits and one initial booking visit. This seems to be an improvement from the baseline value of 50% from the national HMIS, and from Western Kenya at 51.3% DHS, 2014. The study shows promising results on some of our indicators assessing the acceptability and effects of the group ANC model, but limited results in others. The intervention period was also short. We recommend the intervention be continued in the project sites, with careful monitoring and support, in terms of scheduling, workflow and routines; staffing and rotations; infrastructure; and other management considerations, to ensure the provision of high-quality, responsive, and acceptable antenatal care.

Corresponding Authors details

First name: Maureen

Surname: Ndanyo

Institution: Bukura Health Centre

Name	Dr Patricia Katowa-Mukwato, Dr Concepta N Kwaleyela, Ms Chileshe Mwaba-Siwale, Mr Yolanda Banda Dr Shalote Chipamaunga-Bamu
Title	AN ASSESSMENT OF READINESS FOR REMOTE LEARNING AND TEACHING: CASE OF THE UNIVERSITY OF ZAMBIA SCHOOL OF NURSING SCIENCES
Background & Objective	“The World Health Organization declared COVID-19 a pandemic on 11 March, 2020. Following the declaration, many countries rapidly implemented measures to limit human interaction and curb the spread of the Disease. Among the measures implemented, were closing of schools, colleges and universities as these were seen as potential breeding grounds for COVID-19. With the closures of learning institutions, university authorities quickly resolved to immediately implement and roll-out online teaching as a measure to allow continued teaching and learning. The purpose of the study was to assess the readiness of selected institutions in sub-Saharan Africa to migrate to remote teaching and learning as necessitated by unprecedented closure of learning institutions due to the COVID-19 pandemic. “
Methods	A mixed methods design using a case-study and ADKAR approach (Awareness of the need for change; Desire to participate in and support the change; Knowledge necessary for change; Ability to implement change and Reinforcement to sustain the change) was utilized. Data was collected using an online survey questionnaire administered to Educators, Administrators, Nursing and Medical Students from Six countries across sub-Saharan Africa. The countries included: Botswana - University of Botswana; Namibia - University of Namibia; South Africa - University of the Free State; Uganda - Makerere University; Zambia - University of Zambia and Cavendish University; and Zimbabwe - University of Zimbabwe and the National University of Science and Technology. However only data from Nursing students and Educators from the University of Zambia is reported for this abstract
Results	A total of 194 out of 285 students participated in the survey. Majority (65.3%) of students thought that their learning had partially changed while 33.7% thought it had completely changed due to the COVID-19 pandemic. Similarly 52.4 % of Educators thought teaching had partially changed while 47.6% thought it had completely changed .All Educators reported that they were confident in the use of software to implement e-learning, while only 43.2% of students were confident that they could use the software needed for remote learning. About 44.8% of students had no reliable electricity, 44.5% had no private space to work/study from and 50% had no good internet connectivity. However, majority of students (68.3%) had a computer and 89.1 had a smart phone to use for remote learning. Only 32% had learning materials needed for remote learning. The major hindrances to remote teaching from the teachers’ perspective was not having reliable electricity connectivity as reported by 52.3%, not having private space to work from while at home, (40%) and not having a good internet connectivity as reported by 47.6%.

HOW KANGAROO MOTHER CARE HAS IMPROVED THE LIVES OF PREMATURE BABIES IN MIGORI COUNTY REFERRAL HOSPITAL.

Name of Authors:

1] Mary Oywer

2] Andrew Amolo

Institution and affiliations:

Migori County Referral Hospital

Background and Objectives: Migori is one of the 47 counties in Kenya providing Neonatal Intensive Care services since 2011. Its bordered by; Kisii, Homa-Bay and Narok counties. It's also neighboring Tanzania. Its population coverage is 1,143,365, with women of reproductive age [15-49 yrs] being 260,247 and total live births are 50,313 as per the KHIS 2019. Our NBU unit is currently having a bed capacity of 30, ie Resuscitaires 4, Baby cots 11, Incubators 8, and Kangaroo Mother Care beds being 7. Migori County is grouped under ASAL due to poor maternal indicators.

Method: PTBi Kenya supported 12 facilities in Migori County to improve management of Preterms including Kangaroo mother care from 2016. This was a three-year study geared towards improving the bad RMNH indicators. The approach included trainings, intensified on job training one on one, GA documentation and development of quality improvement projects. These initiatives strengthened healthcare providers' capacity on how to identify and manage preterms.

The mothers too were told the benefits of KMC which included reduced length of stay in the hospital, reduced financial cost as no incubators used. The study also emphasized that prematures only need three things in order to grow, which is Warmth, Love and Nutrition which the mother or any other destined caregiver can offer. Mothers were advised and encouraged to practice continuous KMC for at least 17 hours a day. They were also told that this KMC practice can be practiced at home without interference with minimal house chores. It can also be done by either the father, elder siblings or even the grandmother effectively after proper orientation.

Results: After the interventions, our newborn admissions increased tremendously with mortality being on a downward trend. For example, in 2015 before intervention, our admission was 173. In

2016 it increased to 225 and in 2019, our admission rose to 378 while mortality reduced from 4.3% (76) in 2015 to 1.6% (63) in 2019. The length of stay also reduced from average 93days to 53 days while preterm baby's growth and development improved. This intervention was then scaled up to all other facilities including private and faith based hospitals within the county.

Conclusion/Recommendation: Nurses and other health care professionals need to be sensitized on KMC and its benefits. The general public also need to know that preterms too can make it if given adequate care they require as we have got good success stories from survivors.

Our moto "give preterm babies opportunity to live and thrive", Let's all embrace Kangaroo Mother Care.

Corresponding author

First name: Mary

Last/Surname: Oywer

Institution: Migori County Referral Hospital

Address: 202

City: Suna, Migori

Country: Kenya

Mobile Phone: 0723 548 429

Email address: mary.oywer@gmail.com

TITLE: TITLE: Demands for Quality Health Care from Tanzania’s Women & Girl: What Women Want

Author(s) Name:

¹Jasmine Chadewa, RNM, ADM,BScN, MBA-CM
National Technical Advisor- Midwifery-USAID Boresha Afya-
Jhpiego

C : +255 769 030 305 | +0654798688

S : Jasmine.Chadewa

E;Jasmine.Chadewa@jhpiego.org,

chadewajasmine@gmail.com

¹Alice Christensen;

Alice. Christensen@jhpiego.org

²Rose Mlay;

rmlay@whiteribbonalliance.org

¹Dr. Chrisostom Lipingu

Chrisostom.Lipingu@jhpiego.org

³Dr. Leonard Subi

Leonard.Subi@afya.go.tz

³Saturine Manangwa

smanangwa@gmail.com

¹Gaudiosa Tibajuka

Gaudiosa Tibajuka@jhpiego.org

¹Mary Drake

Mary.Drake@jhpiego.org

⁴Mary Shadrack

mshadrack@gmail.com

Institution(s) and affiliations:

¹Jhpiego, Dar es Salaam,
Tanzania

² White Ribbon Alliance for Safe
Motherhood Tanzania (WRATZ)

³Ministry of Health, Community
Development, Gender, Elderly
and Children (MOHCDGEC)

⁴ President’s Office- Regional
Administration and Local
Governance (PO-RALG)

Background

Approximately 300,000 women and girls die during pregnancy and childbirth every year. In Tanzania, maternal deaths represent 18% of all deaths of women aged 15-49. Changing this picture begins with women and girls. When women and girls are involved in identifying the barriers and solutions to healthcare, progress accelerates. As quality has a huge impact on whether a woman or girl will seek care, the heart of the What Women Want campaign is about understanding quality from women’s and girls’ perspectives.

Objectives

To ensure each woman and new born receives high-quality maternal and new born evidence-based care during pregnancy, labour, birth and the postpartum period including early detection and management of complications

Methods

Beginning on 11 April 2018, International Maternal Health and Rights Day, and continuing for one year, 359 partners asked nearly 1.2 million women and adolescent girls in 114 countries: What are their top request for your maternal and reproductive healthcare, where by White Ribbon Alliance Tanzania, Jhpiego and other stakeholders call a meeting to discuss on the way to get those data. USAID Boresha Afya led by Jhpiego in collaboration with other stakeholders collected the data from women and girls in different ten regions (Arusha, Dar es Salaam, Dodoma, Kilimanjaro, Lindi, Mara, Mtwara, Mwanza, Shinyanga, Tabora). Over 110,000 of these demands were gathered in Tanzania alone through the tireless efforts of staff working on Maternal Health organizations, they were able to reach communities and girls in schools.

Results

The following demands were requested by women and girls responding by age classification where by 15-19yrs was (10%),20-24 (23%),25-34 (38%),35-44(17%),45+(11%) while unknown yrs was (1%), demand for medicines and supplies were (8.99%), respectful and dignified care,(8.61%) ,improved health, well-being, maternal & reproductive, or general health services was (7.56%) while increased fully functional and closer health facilities was (7.32%).Counselling and awareness on maternal, reproductive and general health and services were (7.17%) , labor and delivery information, personnel, services and supplies was (7.03%) while demand for increased, competent and better-supported health providers were (5.41%) followed by increased, competent and better-supported midwives which was (4.61%),moreover water, sanitation, and hygiene were (4.41%) (clean toilets in facilities & Availability of clean water).Lastly but not least demand for beds and bedding was (4.18%).

Conclusion

Our hope and expectation is for women and girls to visit health centers, adhere to recommended advice, get quality care and collectively pursue better health outcomes, and this must become everyone's agenda

Recommendations

Government and other stakeholders need to advocate for a continuum of quality care through enabling environment for service provision with availability of skilled midwives, commodities and supplies

Corresponding Authors Detail:

First Name: Rose **Last/Surname:** Mlay

Institution: WRA-TZ

Job Title: National Coordinator, White Ribbon Alliance for Safe Motherhood Tanzania (WRATZ)

Postal Address: Kinondoni **City:** Dar es Salaam

Country: Tanzania

Mobile Phone: 255 754 316 369

Email Address: rmlay@whiteribbonalliance.org

Mode of Presentation: **Oral presentation**

Results:

Majority (61.5%) of the respondents were male, married (58.3%) and aged (33.3%) between 40 to 49 years. Respondents with hypertension were the majority (63%). Majority (89.6%) of the respondents reported to have experienced IDEs more than once in the past 3 months. Most (51%) respondents reported that they had never been guided on ways of coping with stress related to IDEs. Muscle cramps (55%), headaches (54%) and hypertension (47%) were the most common experienced intradialytic complications among the respondents. The mean level of stress was rated at 5.13 ± 2.1 and the commonly used coping strategies were confrontive (45%), fatalistic (46%) and supportant (48%). There was a statistical significance ($p \leq 0.05$) found in the relationship between the level of stress experienced and the use of coping strategies.

Conclusion/Recommendation:

Hypertension is the main cause of CKD among the patients. Central venous catheters are the main venous access used by the patients for HD. Muscle cramps, headaches and hypertension are the most common intradialytic complications experienced. Patients are employing ineffective coping strategies towards stress which could be contributing to their low quality of life. Patients are not adequately informed of the intradialytic complications and are not trained on stress coping mechanisms. There is need for trainings on stress management and coping. Emphasis on use of problem focused coping strategies is required through tailored counselling services.

Corresponding Author's details

Name: Lydia N. Muthoka

Institution: North Coast Medical Training College

Job Title: Lecturer – Nursing specialization.

Postal Address: 1045-80109

City: Mtwapa -Kilifi.

Country: Kenya

Mobile Phone: +254 715 035 219

Email Address: ndanulydia@gmail.com

1. Preferred mode of presentation: Oral. I will attend physically.

TITLE: Health Care Worker TB Screening.

AUTHOR:

Mantahli Molapo
masia39mantahli@gmail.com

INSTITUTION:

Ministry Of Health Leribe.

BACKGROUND:

Leribe is one of the ten districts of Lesotho which has a burden of TB. Being one district of Lesotho it has an area of 2,828 km² and a population in 2016 of approximately 337,500. Hlotse is the capital or camptown of the district. The district has one additional town, namely Maputsoe. Likewise the Human Resource for health are found in big numbers in the district due to its population and nurse patient ratio.

OBJECTIVE:

To scale-up TB screening for Health Care Workers in the district as a showcase that TB among Human resource for health is really thread through the establishment of Health-Wise initiatives.

METHODS:

Risk Assessment convened in-order to identify areas which are at high risk of TB within the four high volume facilities in the district whereby the results showed that Health care workers are at risk of being infected by patients as they are the first to provide health service to them.

Below is the results of risk assessment done and the results of the TB screening for HCW done in those high volume facilities within the district.

RESULTS:

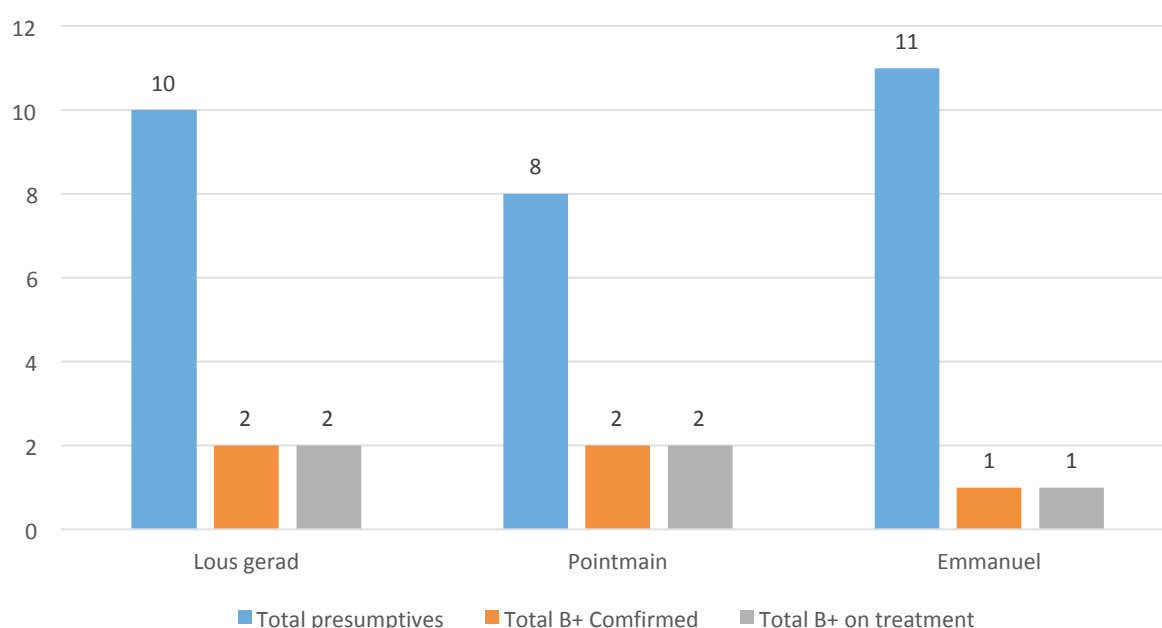
RISK ASSEMENT FIVE HIGH VOLUME FACILITIES LERIBE:	Motebang	Pointmain	Emmanuel	Mamohau	Lousgerad
National HCW TB Screening Policy Available	Not Done	Not Done	Not Done	Not Done	Not Done
IPC or Wellness Focal Person Appointed	Available	Available	Not Done	Not Done	Not Done
IPC or Wellness Committee Formed	Available	Available	Not Done	Not Done	Not Done
Written IPC or TB Screening Plan Available	Not Done	Available	Not Done	Not Done	Not Done
TBIC Practices Monitored Daily	Not Done	Available	Not Done	Not Done	Not Done
TBIC training for all HCWs done	Not Done	Not Done	Not Done	Not Done	Not Done
Facility has a HCW TB Screening Programme	Not Done	Not Done	Not Done	Not Done	Not Done
Sputum samples collected well in the ventilated areas	Not Done	Available	Available	Not Done	Not Done
HCWs are screened for TB annually	Not Done	Not Done	Not Done	Not Done	Not Done
HIV-positive HCWs are reassigned if they request	Not Done	Not Done	Not Done	Available	Available

Not Done	Not Done
Available	Available

The red code represents the not done activity while the green code represent the availability of the service in that area.

TB among Health Workers is real but the risk assessment shows clearly that TB infection control is not done in most areas especially the HCW TB screening programme and Training about TBIC activities within the Hospital or any Care point therefore all of health workers are prone to have TB in their entire working life since this disease is airborne.

TOTAL SCREENED	LOUS-GERARD	POINTMAIN	EMMANUEL
Total Presumptive TB cases	10	8	11
Bacteriologically Confirmed	2	2	1
B+ put on treatment	2	2	1
TOTAL	12	12	13



CONCLUSION:

This says, of all people screened **17.5%** had TB bearing in mind that one TB infected individual is capable of cross infecting ten more people who are closer to him, Human Resource for Health is vital commodity for Health therefore these scarce people need to be taken care of every time and every day for proper management and good patient's health.

RECOMMENDATIONS: The world should prioritize TB screening for Health workers and countries must have **POLICY** that cover all health workers in health sector especially in this days of MDR-TB/XDR-TB.

NAME: Mantahli Molapo

JOB TITILE: TB coordinator

ADDRESS: P.O Box 771 Maputsoe Leribe.

PHONE NO: 22400305 MOBILE PHONE:+2659509463 COUNTRY: Lesotho

EMAIL: masia39mantahli@gmail.com

PREFERRED MODE OF PRESENTATION: POSTER.

FACTORS ASSOCIATED WITH HIV INFECTION IN 6-8 WEEK OLD INFANTS IN ESWATINI.

Linda Mirira¹, Wiedaad Slemming², Oslinah B. Tagutanazvo²

¹Southern Africa Nazarene University (SANU), Manzini, Eswatini; Department of Community Paediatrics, University of Witwatersrand, Johannesburg, South Africa

²Department of Community Paediatrics, University of Witwatersrand, Johannesburg, South Africa

²Faculty of Health Sciences, University of Eswatini (UNESWA), Mbabane, Eswatini

Corresponding author's email: lmirira@gmail.com

ABSTRACT

Background: Mother-to-child transmission of the Human Immunodeficiency Virus (HIV) is a major cause for increased child morbidity and mortality in sub-Saharan Africa. Prevention of Mother to Child Transmission (PMTCT) programmes have been linked with significant reductions in vertical HIV transmissions resulting in low morbidity and mortality proportions in infants. However, a number of barriers continue to pose significant programme challenges that hinder the eradication of mother-to-child transmission of HIV. Literature on factors which are associated with HIV PCR positivity in infants aged 6-8 weeks in Eswatini is limited. It is against this background that we undertook the study to determine the factors associated with Polymerase Chain Reaction (PCR) positivity in HIV exposed infants at 6-8 weeks in Eswatini.

Study Aim: To determine factors associated with PCR positivity in HIV exposed infants aged 6-8 weeks who were attending child welfare clinics in Eswatini.

Objectives

1. To describe the characteristics of HIV positive mothers and their HIV exposed infants aged 6-8 weeks at different primary health care facilities in Eswatini.
2. To determine the incidence of PCR positivity among infants exposed to HIV seen at 6-8 weeks of age at primary health facilities in Eswatini.
3. To investigate the factors associated with HIV PCR positivity among HIV-exposed infants at 6-8 weeks of age.

ABSTRACT

TITLE: Factors influencing knowledge and practice on helping babies breathe among skilled birth attendants in rural areas in lake zone in Tanzania	
Author (s) Name: Cecilia Bonaventura Mzurikwao Corresponding author's Email: ceciliabmzurikwao@yahoo.com	Institution and affiliations: University of Dodoma
Background: It is estimated that 1 million babies die each year due to birth asphyxia. Birth asphyxia is the inability of newborn baby to breathe immediately after birth. Globally, approximated that 10 million babies cannot do it by themselves and need assistance. Helping babies breathe is a key component to reduce neonatal mortality due to birth asphyxia	
Objectives: General objective: To determine the factors influencing knowledge and practice in helping babies breathe among health skilled attendants. Specific objectives: <ol style="list-style-type: none">1. To assess the level of knowledge on helping babies breathe among skilled birth attendants2. To assess the level of practice in helping babies breathe among skilled birth attendants3. To identify the factors influencing knowledge and practice level on helping babies breathe	
Methods: Quantitative approach by using a cross-sectional design was used. 330 respondents included in the study. Simple randomly sampling by lottery used to select 2 regions and health facilities, participants were selected through convenient; data were collected using standard semi-structured questionnaire, Chi-square and Binary logistic regression were used.	
Results Out of 330 participant, 42.4 % (n=140) had adequate knowledge, 32.4% (n=107) had adequate practice, while 57.6% (n=190) had inadequate knowledge and 67.6% (n=223) had inadequate practice. Working in hospital (AOR 3.227, p<0.001) and (AOR 43.807, P<0.001) more likely to have adequate knowledge than AMO/MD; 1&> experience were (AOR=15.418, P<0.001) more likely to have adequate practice than those < 1 year of experience in labor ward; those who attended 1 (AOR=1.778, P<0.05) and more than 1 (AOR = 3.102,P<0.05) adequate knowledge than those who had never attend; enough equipment's (AOR=4.355, P<0.001) had adequate practice than with no enough equipment's.	
Conclusion/ Recommendation: The knowledge and practice on HBB were inadequate. Even though there is an ongoing program of HBB. There is a need to find effective measures on how to sustain knowledge and practice on HBB and to reduce those factors which affect knowledge and practice on HBB.	

Responding authors details:

First name: Cecilia Last/Surname: Mzurikwao Institution: Muhimbili National Hospital

Job Title : Nursing officer

Postal Address: P. O. BOX 65000 City: Dar es Salaam Country: Tanzania

office phone:

Mobile phone: +255755561150

Email address: ceciliabmzurikwao@yahoo.com

Preferred mode of presentation: ORAL

Methodology: The study utilised secondary data analysis collected on mother-infant pairs during the period of 2011 and 2012 to assess the efficiency of the PMTCT programme in Eswatini by the Health Management Information System department under the Ministry of Health. Study sample consisted of 1699 HIV infected mothers and their 6-8 week old infants. The study outcome was HIV PCR positivity at 6-8 weeks of age. Factors associated with PCR positivity among infants who were exposed to HIV were determined using univariate and multivariable logistic regression methods.

Results: Of the 1699 exposed infants, only 1415 were evaluated since 284 had missing data on the PCR outcome. The results revealed that 31 infants were HIV PCR positive at 6-8 weeks, reflecting a mother-to-child transmission rate of 2.2%. Maternal age, number of antenatal care visits, maternal antiretroviral regimen, place of delivery and birth weight were significantly associated with HIV PCR positivity at 6-8 weeks in the univariate model. However, number of antenatal care visits remained significantly associated with HIV PCR positivity in the multivariable regression model, after controlling for other factors. In particular, infants of mothers who had attended more than four visits were less likely to be PCR positive at 6-8 weeks as compared to infants whose mothers had less than four visits (OR = 0.83; 95% CI: 0.02, 0.44; p-value = 0.004).

Conclusion: Increased number of antenatal care visits attended by pregnant women is beneficial because it increases access to PMTCT services thereby decreasing the prospects of mother-to-child HIV transmission. Existing public health programmes that target the eradication of mother-to-child HIV transmission should improve access and strengthen antenatal care services so as to eliminate PCR positivity in infants exposed to HIV at 6-8 weeks.

Recommendations: It is recommended that the Government of Eswatini having adopted the newly recommended WHO ANC guidelines of 8 ANC visits, put different community based strategies to enable increasing access to ANC and PMTCT services thereby reducing mother-to-child transmission of HIV. There is also need to increase the number of point of care testing machines in the facilities so as to reduce waiting period since one sample takes an hour to conclude and finalise results for one child. Birth testing which has since been piloted in bigger facilities should also be rolled out countrywide to enable early diagnosis and early interventions for HIV infected infants so as to reduce morbidity and mortality.

CORRESPONDING AUTHOR'S DETAILS

First Name: LINDA

Surname: MIRIRA

Institution: SOUTHERN AFRICA NAZARENE UNIVERSITY (SANU)

Job Title: LECTURER

Postal Address: P.O Box 9234

City: Mbabane

Country: Eswatini

Office phone: 2505 5749

Mobile Phone: +268 7621 2845

Email Address: lmirira@gmail.com

Preferred mode of presentation: ORAL

Abstract

Title: FACTORS ASSOCIATED WITH MATERNAL DEATHS AMONG PREGNANT AND POST- DELIVERY WOMEN AT MUHIMBILI NATIONAL HOSPITAL, DAR ES SALAAM, TANZANIA.

Authors: Highness Mlay (RN), Tumbwene Mwansisya (RN, Ph.D), Columba Mbekenga (RN, Ph.D)*

Affiliation: School of Nursing and Midwifery, Aga Khan University, Dar es Salaam, Tanzania

* Corresponding author; email: columba.mbekenga@aku.edu

Background: Generally, the number of maternal deaths remain high among pregnant and post-delivery women across the global. In Tanzania, studies show that, between the years 2015 to 2016 maternal deaths accounted for 556 per 100,000 live births. Although there has been improvements of services and access to maternal health care, maternal death remains high especially in developing countries like Tanzania. Therefore, this study was set to explore factors associated with maternal deaths among pregnant and post-delivery women.

Methods: This was a retrospective case-control study among pregnant and post-delivery women attended at Muhimbili National Hospital (MNH). Data were obtained using a checklist to review cases of maternal deaths at MNH maternity block from January 2015 to December 2019. Data were analyzed using statistical package for social science (SPSS) version 25 software package, both descriptive and inferential statistics were analyzed.

Results: One hundred forty-six (146) patient files were reviewed, 73 cases and 73 controls. Among these, pre-eclampsia and eclampsia were found to have lower risk for maternal deaths with (Odds ratio (OR) – 0.4, Confidence interval (CI): 1.261-5.822) and OR -0.8, CI: 0.39-1.459), respectively. Hemorrhage had higher risk for maternal death (OR- 1.6, CI: 0.266-1.360) similarly, there was higher risk for maternal death due to sepsis (OR- 2.5, CI: 0.161-1.287).

Conclusion: This study found that the risk factors for maternal deaths were hemorrhage and sepsis. This calls for early identification and intervention on these factors in order to reduce morbidity and mortality among pregnant and post-delivery women. Future studies could focus at lower level facilities that refer patients to MNH to understand the awareness of these risk factors, management strategies, availability of skilled birth attendants and issues related to referrals because most of these women were referred to MNH in a very critical condition and were likely to end up with death.

Keywords: Maternal deaths, pregnancy, post- delivery, hemorrhage, eclampsia, pre-eclampsia, sepsis.

TITLE: Effects of Flash Floods on Reproductive Health in Kajiado North Sub County in Kenya.	
Author(s):G. N. Maitho, Nibedita S. Ray-Bennett	Institution(s) and affiliations:
Name: Grace N. Maitho	-Nursing Council of Kenya
Corresponding author's Email: nsrb1@le.ac.uk	-Kenyatta National Hospital
	-University of Leicester (UK)
	-Avoidable Deaths Network(ADN)

Background & Objectives: The study was conducted at the University of Leicester's School of Business as part of the MSc Risk, Crisis and Disaster Management dissertation project. The study site was Kenya, an Eastern African country with a population of approximately fifty (50) million people. There are forty-seven counties and Kajiado is one of them. Over the years the country has been experiencing flash floods and many people have lost their lives, affected by disease out breaks, displaced from their homes or lost their property like livestock and crops to flash floods. According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) 80,000 people in Kenya had been affected by the floods following the rains in 2018 and the death toll from the rain and the resulting floods were 186 people as of June 7, 2018. The report also cited that the most affected by the floods were women and young children of which 55% were young girls. Other problems associated with flooding were disrupted learning due to temporarily closed schools (739 schools affecting about 100,000 school going children); the risk of cholera due to lack of safe drinking water as well as poor sanitation.

The focus of this study was on expectant women and how they are affected by floods. The UNOCHA report failed to mention how many of the women affected by flooding are expectant as well as how that affected their ability to deliver. Kajiado North Sub County was chosen because it is amongst the areas that are affected by flash floods.

Objectives

1. To investigate how floods affected the ability of health care professionals and expectant women to arrive at clinics in Kajiado North Sub County.
2. To establish the mode of transportation that expectant women used to get to hospitals and clinics during the rainy season in the Sub County.
3. To determine if there were available ambulances to take expectant women to hospital when they went into labor during the rainy season in the Sub County.
4. To establish if expectant women were able to access health facilities during their entire duration of pregnancy and when it is time to deliver in the Sub County.

Methods:

The target population for this study was all the health care professionals and all the expectant women in Kajiado North sub County. The researcher used simple random sampling to select the respondents of the research study. The sample size for the health care professionals was 95 respondents while that of the expectant women was 100 respondents. Data was collected using two different questionnaires using both structures and unstructured questions, each targeting the different categories of health care providers and expectant women. Data was collected from both households and health centers after obtaining permission from the county offices and area chiefs. Five assistants were hired to assist in data collection and to also assist with translation due to language barriers.

Results:

Data was collected from 41 health care providers and 46 expectant women.

24% of the health care providers reported that they failed to report to work due to flash floods.

28% of expectant women reported they had failed to attend antenatal clinics due to flash floods.

46% of health care providers and 67% of expectant women reported that there were no ambulances available to take them to hospital if they went into labor during the rainy season.

59% of expectant women reported that they did not have access to tamarack roads to their respective antenatal clinics. 37% of health care providers and 33% of expectant women reported walking is the main method to getting to clinics.

Conclusion/Recommendation:

There is need for better roads for easier access to health care facilities.

It is recommended that reproductive health services be made available closer to the expectant mothers affected by flash floods.

Corresponding Author's details:

First Name: Nibedita

Last/Surname: Ray-Bennett

Institution: University of Leicester

Job Title: Associate Professor in Risk Management

Postal Address: LE1 7RH City: Leicester Country: UK

Office Phone:+44(0)1162525754 Skype: Nibedita Ray-Bennett

Email Address:nsrb1@le.ac.uk

Preferred mode of presentation (Oral or Poster): Oral---PowerPoint

ABSTRACT

TITLE: FACTORS THAT INFLUENCE PARENT-ADOLESCENT COMMUNICATION ON SEXUAL REPRODUCTIVE HEALTH ISSUES AT KINONDONI B IN DAR ES SALAAM

Author(s): *Somoe K. Mohammed, Loveluck Mwashha*

Name: *Somoe K. Mohammed*

Corresponding author's Email:

Somoe.mohammed@aku.edu

Institution(s) and affiliations:

Aga Khan University School of Nursing and Midwifery

BACKGROUND

Adolescent and reproductive health is a major area of concern in the world. Globally, it has been reported that adolescents are much less informed about Sexual Reproductive Health (SRH). In sub-Saharan, communication is usually characterized by warnings rather than direct and open discussions. In Tanzania, communication occurs on a same-sex basis. This contributes to unintended pregnancy, unsafe abortion, early pregnancy, infertility, and increased risk of contracting HIV and Sexually Transmitted Infections (STIs), exploitation, and abuse. Several studies exist about factors that influence parents – adolescents' communication on sexual reproductive health issues but few studies were found in Tanzania. The researcher could not find one that identifies the facilitators and barriers of Parent-adolescent communication, leaving a gap that this study will address

OBJECTIVE

To explore factors that influence Parent-Adolescent communication on sexual reproductive health issues at Kinondoni B area in Tanzania.

METHODS

A qualitative descriptive Cross-sectional study was conducted among adolescents in secondary schools and parents who had adolescent children from church and mosque in Kinondoni B, Dar es Salaam. Purposeful sampling was used in selecting participants. A total of 8 interviews of parents and 3 Focus Group Discussions (FGD) with adolescents were done. Data was collected using Interview guides that contain open ended questions for both parents and adolescents. Inductive and deductive thematic analysis developed by Virginia Braun and Victoria Clarke was used in data analysis.

RESULTS

Five major themes emerged from this study. The themes are presented as (i.) Parenting expectations and approach on adolescent changes; (ii.) Sexual and Reproductive Health Information disclosed, (iii.) Facilitators to parent-adolescent communication; (iv.) Barriers on parent-adolescent communication; and, (v.) Parent and adolescent Recommendations. The research findings indicate that although parent-adolescent communication on SRH issues is present in many families, it does not take place on a regular basis, it is not deeply informative and neither does it follow a known and established framework. Furthermore, initiation of parent-adolescent communication on SRH issues is triggered by adolescents who evidently show signs of puberty. Most parents would start talking to their adolescent children when a child starts menstruation, intermingles with the opposite sex, and when the child seems to act in an authority-like manner such as talking back, going out without asking for permission and coming back home late

CONCLUSION

The findings suggest that culture, gender difference, age, shame, parenting method, approach on discussion and type of parent-adolescent relationship are likely to have an influence on communication. Reliance of others, fear of early sex initiation, moral inhibition, and religion and gender difference were the barriers of parent-adolescent communication. Interestingly as well is that, the views expressed from both parents and adolescent seemed to share many things in common. Difference of opinion and views only arose from the description about actual practice of parents in dealing with those sexual and reproductive changes shown by adolescent children. These factors need to be studied further involving larger groups from different areas in order to strategize for appropriate interventions.

RECOMMENDATION

- i. Future studies could use a quantitative as well as qualitative approach covering a larger study area and sample size.
- ii. Healthcare professionals should emphasize the importance of effective communication among adolescents and their parents on matters related to risks associated with sexual behaviors and wrong reproductive health choices.
- iii. Parents and adolescents need to be involved when planning programs that aim for improving ASRH.
- iv. Training and education about sexuality and reproductive health need to be provided to parents on how to communicate with their children.

ABSTRACT

TITLE: FACTORS THAT INFLUENCE PARENT-ADOLESCENT COMMUNICATION ON SEXUAL REPRODUCTIVE HEALTH ISSUES AT KINONDONI B IN DAR ES SALAAM

Author(s): *Somoe K. Mohammed, Loveluck Mwash*

Name: *Somoe K. Mohammed*

Corresponding author's Email:

Somoe.mohammed@aku.edu

Institution(s) and affiliations:

Aga Khan University School of Nursing and Midwifery

BACKGROUND

Adolescent and reproductive health is a major area of concern in the world. Globally, it has been reported that adolescents are much less informed about Sexual Reproductive Health (SRH). In sub-Saharan, communication is usually characterized by warnings rather than direct and open discussions. In Tanzania, communication occurs on a same-sex basis. This contributes to unintended pregnancy, unsafe abortion, early pregnancy, infertility, and increased risk of contracting HIV and Sexually Transmitted Infections (STIs), exploitation, and abuse. Several studies exist about factors that influence parents – adolescents' communication on sexual reproductive health issues but few studies were found in Tanzania. The researcher could not find one that identifies the facilitators and barriers of Parent -adolescent communication, leaving a gap that this study will address

OBJECTIVE

To explore factors that influence Parent-Adolescent communication on sexual reproductive health issues at Kinondoni B area in Tanzania.

METHODS

A qualitative descriptive Cross-sectional study was conducted among adolescents in secondary schools and parents who had adolescent children from church and mosque in Kinondoni B, Dar es Salaam. Purposeful sampling was used in selecting participants. A total of 8 interviews of parents and 3 Focus Group Discussions (FGD) with adolescents were done. Data was collected using Interview guides that contain open ended questions for both parents and adolescents. Inductive and deductive thematic analysis developed by Virginia Braun and Victoria Clarke was used in data analysis.

RESULTS

Five major themes emerged from this study. The themes are presented as (i.) Parenting expectations and approach on adolescent changes; (ii.) Sexual and Reproductive Health Information disclosed, (iii.) Facilitators to parent-adolescent communication; (iv.) Barriers on parent-adolescent communication; and, (v.) Parent and adolescent Recommendations. The research findings indicate that although parent-adolescent communication on SRH issues is present in many families, it does not take place on a regular basis, it is not deeply informative and neither does it follow a known and established framework. Furthermore, initiation of parent-adolescent communication on SRH issues is triggered by adolescents who evidently show signs of puberty. Most parents would start talking to their adolescent children when a child starts menstruation, intermingles with the opposite sex, and when the child seems to act in an authority-like manner such as talking back, going out without asking for permission and coming back home late

CONCLUSION

The findings suggest that culture, gender difference, age, shame, parenting method, approach on discussion and type of parent-adolescent relationship are likely to have an influence on communication. Reliance of others, fear of early sex initiation, moral inhibition, and religion and gender difference were the barriers of parent-adolescent communication. Interestingly as well is that, the views expressed from both parents and adolescent seemed to share many things in common. Difference of opinion and views only arose from the description about actual practice of parents in dealing with those sexual and reproductive changes shown by adolescent children. These factors need to be studied further involving larger groups from different areas in order to strategize for appropriate interventions.

RECOMMENDATION

- i. Future studies could use a quantitative as well as qualitative approach covering a larger study area and sample size.
- ii. Healthcare professionals should emphasize the importance of effective communication among adolescents and their parents on matters related to risks associated with sexual behaviors and wrong reproductive health choices.
- iii. Parents and adolescents need to be involved when planning programs that aim for improving ASRH.
- iv. Training and education about sexuality and reproductive health need to be provided to parents on how to communicate with their children.

Corresponding Author's details:

First Name: Somoe

Last/Surname: Khalfan Mohammed

Institution: Aga Khan University School of Nursing and Midwifery

Job Title: Nurse Officer

Postal Address: **City:** Dar es salaam **Country:** Tanzania

Office Phone:

Email Address: Somoe.mohammed@aku.edu

Mobile Phone: +255684750875

COUNTRY CHALLENGES, LESSONS LEARNT WITH COVID-19 PANDEMIC. THE ROLE OF THE NURSE AND MIDWIFE.

Title: Experiences, role and lessons learnt by Nurses and Midwives in the context of covid-19 pandemic. A case of Kisumu County-Kenya.

Author:

Wilbroda Nancy Makunda*

Other Authors

Milka Ogayo

Institution(s) and affiliations:

1. Jaramogi Oginga Odinga Teaching &Referral Hospital. P.O Box 849-40100, Tel no. +254 722 453 219

Email address: wilbrodanancy@yahoo.com

2.Masinde Muliro University of Science and Technology P.O Box 190, Kakamega-Kenya

Email address ogayomilka@gmail.com

Background/introduction

The Covid-19 Pandemic has changed the face of the Nursing and Midwifery globally, the duo and the regulatory body are forced to think outside the box for service delivery and make innovative change. Nurses and midwives have to look beyond the four walls of a hospital and re-imagine how care can be delivered.

Objectives:

To describe the experiences, role and lessons learnt by the Nurse and the midwife, with the covid-19 pandemic in Kisumu County.

Material and Methods:

The study utilized a cross sectional prospective design. Quantitative technique was used and purposive selection of six high volume facilities within Kisumu County was done. Systematic sampling of study subjects up to the required number of 384 was achieved where a structured questionnaire was applied to interview the participants.

Results: Data from April 2021 to July 2021 showed that a bigger number of respondents 179(46.6%) were of age 18-30 years followed by 136(35.4%) 31-40, the least in age group was 41-45 years 1(0.3%). Out of 384 Nurses and Midwives who participated in the study had a response rate of 99.5%. Majority of them 251(65.4%) were females, and 133(34.6%) were males. More than half of the respondents 218(56.8%), had reported that they have had extra duty assigned to them. 154 (40.1%) of 384 participants learnt that it is important to give holistic health care to whoever is in need and much safer is to use technology in providing most services.. Of 384 335(87.2) of respondents were Christians, 27(7.0%) were Muslims, Hindu were 4(1.0%) then 10(2.6%), had no Church. Role of the nurse, midwife and learns learnt included 197(51.3%) providing quality care, Counseling were 35(9.1%) and patients active advocates were 21(5.4%). Out of 384 respondents 41(10.6%) assisted mothers during labour, Respondents who said they learnt new lessons were 28(7.29%).

Those interviewed on how job is with the pandemic, out of 384 29(7.6%) reported that working during the pandemic is like video, like cinema(learning situation). Majority of them 144(37.5%) said it is very stressful to work with Corona. 140(36.5%) said work is very demanding while 13(3.4%) said work is normal. General comments included those who said they adjusted their life styles to be able to work with the pandemic.

A question interviewing whether respondents were working throughout since Pandemic started majority 270(70.3%) said yes and those who said no were 107(22.9%) No response were 7(1.8%). Those who said yes cited that it was essential care service provision 15(3,9%) Those who said no cited reasons as facility closed down for some departments, industrial action, fear of contracting the cov-2 SARS Virus, Age restriction, multitasking while others said they contacted Covid-19 disease and quarantine for 3 weeks.

For those who training on IPC, 283(73.7%) of 384 said yes whereas 100(26.0%) said no and 1(0.3%) had no response. How have you been motivated to work with covid-19, 113(29.4%) said they learned new skills of taking care of self and other people in need. Another percentage 123(32.3%) learnt a lot on “self care to prevent complications on my health”. Lessons learnt by nurses, midwives was 97(25.2%) where they reported that visiting the community to health educate motivated them much. Out of 384, 332(86.5%) said yes mothers delivered in the health facility while 41(10.7%) said no mothers did not deliver in the health facility and 11(2.9%) had no response.

Conclusion/Recommendation:

Nurses and Midwives have since the corona pandemic contributed immensely in providing diverse health care to clients. By using new learnt skills, they save many lives especially for mothers and newborns. The study therefore recommend that Nurses and Midwives should be given more opportunities to maximize their potentials to scale up the utilization of health services, further learn more about the current trend of communicable and non-communicable diseases. Majority of respondents 208(54.16) out of 3844 reported that mothers knew how to protect their newborns from contracting covid-19 infection, 43(11.19) reported that mothers did not know how to protect their newborns from covid-19 infection. Response to question how many mothers attended postnatal clinic, majority of respondents 121(31.5%) said 1001-2000 mothers attended PNC in the past one year

107(27.9%) reported that 500-1000 mothers attended PNC.

Respondents 187(48.7%) of 384 said that they protected mothers and their newborns from covid-19 by wearing face masks, 101(26.3%) by performing hand hygiene and 66(17.2%) by keeping distance.

COUNTRY CHALLENGES, LESSONS LEARNT WITH COVID-19 PANDEMIC. THE ROLE OF THE NURSE AND MIDWIFE.	
Title: Experiences, role and lessons learnt by Nurses and Midwives in the context of covid-19 pandemic. A case of Kisumu County-Kenya.	
Author: <u>Wilbroda Nancy Makunda*</u> <i>Other Authors</i> Milka Ogayo	Institution(s) and affiliations: 1. Jaramogi Oginga Odinga Teaching &Referral Hospital. P.O Box 849-40100, Tel no. +254 722 453 219 Email address: wilbrodanancy@yahoo.com 2.Masinde Muliro University of Science and Technology P.O Box 190, Kakamega-Kenya Email address ogayomilka@gmail.com
Background/introduction The Covid-19 Pandemic has changed the face of the Nursing and Midwifery globally, the duo and the regulatory body are forced to think outside the box for service delivery and make innovative change. Nurses and midwives have to look beyond the four walls of a hospital and re-imagine how care can be delivered. Objectives: To describe the experiences, role and lessons learnt by the Nurse and the midwife, with the covid-19 pandemic in Kisumu County.	
Material and Methods: The study utilized a cross sectional prospective design. Quantitative technique was used and purposive selection of six high volume facilities within Kisumu County was done. Systematic sampling of study subjects up to the required number of 384 was achieved where a structured questionnaire was applied to interview the participants.	

Results: Data from April 2021 to July 2021 showed that a bigger number of respondents 179(46.6%) were of age 18-30 years followed by 136(35.4%) 31-40, the least in age group was 41-45 years 1(0.3%). Out of 384 Nurses and Midwives who participated in the study had a response rate of 99.5%. Majority of them 251(65.4%) were females, and 133(34.6%) were males. More than half of the respondents 218(56.8%), had reported that they have had extra duty assigned to them. 154 (40.1%) of 384 participants learnt that it is important to give holistic health care to whoever is in need and much safer is to use technology in providing most services.. Of 384 335(87.2) of respondents were Christians, 27(7.0%) were Muslims, Hindu were 4(1.0%) then 10(2.6%), had no Church. Role of the nurse, midwife and learns learnt included 197(51.3%) providing quality care, Counseling were 35(9.1%) and patients active advocates were 21(5.4%). Out of 384 respondents 41(10.6%) assisted mothers during labour, Respondents who said they learnt new lessons were 28(7.29%).

Those interviewed on how job is with the pandemic, out of 384 29(7.6%) reported that working during the pandemic is like video, like cinema(learning situation). Majority of them 144(37.5%) said it is very stressful to work with Corona. 140(36.5%) said work is very demanding while 13(3.4%) said work is normal. General comments included those who said they adjusted their life styles to be able to work with the pandemic.

A question interviewing whether respondents were working throughout since Pandemic started majority 270(70.3%) said yes and those who said no were 107(22.9%) No response were 7(1.8%). Those who said yes cited that it was essential care service provision 15(3,9%) Those who said no cited reasons as facility closed down for some departments, industrial action, fear of contracting the cov-2 SARS Virus, Age restriction, multitasking while others said they contacted Covid-19 disease and quarantine for 3 weeks.

For those who training on IPC, 283(73.7%) of 384 said yes whereas 100(26.0%) said no and 1(0.3%) had no response. How have you been motivated to work with covid-19, 113(29.4%) said they learned new skills of taking care of self and other people in need. Another percentage 123(32.3%) learnt a lot on “self care to prevent complications on my health”. Lessons learnt by nurses, midwives was 97(25.2%) where they reported that visiting the community to health educate motivated them much. Out of 384, 332(86.5%) said yes mothers delivered in the health facility while 41(10.7%) said no mothers did not deliver in the health facility and 11(2.9%) had no response.

Conclusion/Recommendation:

Nurses and Midwives have since the corona pandemic contributed immensely in providing diverse health care to clients. By using new learnt skills, they save many lives especially for mothers and newborns. The study therefore recommend that Nurses and Midwives should be given more opportunities to maximize their potentials to scale up the utilization of health services, further learn more about the current trend of communicable and non-communicable diseases. Majority of respondents 208(54.16) out of 3844 reported that mothers knew how to protect their newborns from contracting covid-19 infection, 43(11.19) reported that mothers did not know how to protect their newborns from covid-19 infection. Response to question how many mothers attended postnatal clinic, majority of respondents 121(31.5%) said 1001-2000 mothers attended PNC in the past one year

107(27.9%) reported that 500-1000 mothers attended PNC.

Respondents 187(48.7%) of 384 said that they protected mothers and their newborns from covid-19 by wearing face masks, 101(26.3%) by performing hand hygiene and 66(17.2%) by keeping distance.

Corresponding Author:

First Name: Wilbroda

Last/Surname: Makunda

Institution: Jaramogi Oginga Odinga Teaching & Referral Hospital-Kisumu

Job Title—Assistant Director Nursing Services

Postal Address: 40100-849

City: Kisumu

Country: Kenya

Mobile Phone: +254 722453219 wilbrodanancy@yahoo.com

Preferred mode of presentation—Oral.

ABSTRACT

TITLE: COMMUNITY PARTICIPATION IN RURAL HEALTH CARE FACILITY SERVICES IN KAKUYUNI HEALTH CENTRE, MACHAKOS COUNTY	
AUTHORS NAME: LUCY WANZA DAVID EMAIL: lucykariuki7@gmail.com	INSTITUTION: Kangundo Level 4 Hospital, Machakos county, Kenya AFFILIATIONS: MSN in Community Health TV HOST and Panelist, Radio Reporter on Health Matters, Champion for Health promotion, Part Time Lecturer, ECSACON Champion for Machakos County, Kenya.
BACK GROUND <p>Community participation is the action of collective involvement of local people in identifying and assessing their needs, implementing and evaluating health programs and sharing the benefits (Rifkin, 2014). Community participation in health plays an important role in the provision of primary health care (PHC) services to the community. Community participation has been a continuous theme in development discussions for the past 50 years (Rifkin, 2014). In accepting primary health care as a government policy, all members of WHO recognized the importance of involving the community in rural health facility services, since the community is the intended beneficiaries of these services (Rifkin, 2014). It was also agreed that community was to be involved all the way from need assessment, planning, implementation and evaluation. This is what constitutes a development project cycle (Lock, 2017). Community participation emphasizes that, in PHC collaborations, residents and health providers need to work in together because each has an area and some level of expertise. (Mitchell, 2016). Community involvement is viewed as the key to success in the delivery of health care, yet there seems to be very little or no actual community involvement in the community context (Musau et al., 2010).</p> <p>STUDY OBJECTIVE: To determine the level of community participation in rural health care facility services and the associated factors in Kakuyuni sub-location, in Machakos County.</p>	
METHODOLOGY RESEARCH DESEIGN: cross-sectional descriptive study. A self administered structured questionnaire was used. Chi square was used to analyze the data. Ethical approval was by AMREF ESRC.	

Results/ findings: RESULTS: There was 100% (n=384) response rate with modal age of 18-28 years Of 73.% (n=282) whereby 74.5% (n=285) were females and 25.5%(99) were males with varied academic levels to include: 89.1% (n=342) form four leavers, while 10.7% had completed college level of education and 0.3% had university level of education. The age, gender, level of education, and religion were not significantly associated with community participation in rural health care facility services and associated factors, at (p=0.55, p=0.52, p=0.694 and p=0.183 respectively). Majority of respondents (n=331, 86.2%) had lived in Kakuyuni area for more than three years while 13.8% (n=53) respondents had lived in the area for less than three years. There was a positive correlation between the length of stay in the area and participation in rural healthcare facility services and the associated factors in the area, this was found to be significant at (X=14.554, N=384, P=0.000). Therefore, the longer the stay in the area, the greater the chance, 3.544 times more likely to participate in rural healthcare facility services. Findings indicate the following: Research revealed that 8.1% (n=31) were members of the sub-county health management committee or were members of the county assembly health committee while 91.9% (n=353) were not. Those who were members of facility health committees were 5.815 times more likely to participate in the rural health care projects than non-members (CI2.646-12.776, OR=5.815). The association was significant at (X=23.221, p=0.000). The project revealed community knowledge on stakeholders of health in rural health service delivery as: Community (n=291, 75.8%), Government (5.7%, n=22), NGO (6.8%, n=26), Faith based organization, (3.6%, n=14), while 8.1% (n=31) reported all as stakeholders. Attending a stakeholders meeting affected community participation. These findings were significantly affecting community participation in rural health care programmes at (X=12.644, p=0.013). A number of people were involved in deciding on who participates in community programmes: 70.1% (n=269) by local authority, 14.8% (n=57) health workers, 5.7%, (n=22) by political leaders, with 3.4% (n=13) by community committees. 6.0% (n=23) by all the above. The respondents participated in rural health care at different stages of sub projects development cycle: 15.4%(n=59) in needs assessment, 9.4% (n=36) at implementation stage, 1.6% in monitoring and evaluation, and 1.3% were involved in all the stages of development cycle. However, 72.4% (n=278) are not involved at any stage of development cycle.

Several factors affect community participation to include: cultural and religious factors by 64.6%. the attitude of the community members affected their community participation 9.9%. empowerment affected the community participation in rural health care programmes 7.8%, devolution of the services affected community participation 3.1%, Influence of the local authority affected community participation 13.3%, others indicated that, multiple of factors to include cultural and religious factors, attitude of community members, empowerment level, devolution and influence of local authority 1.3%. 90.9%(n=349) had not heard of campaigns or community mobilization on community participation towards health service delivery in this community of Kakuyuni. Therefore, awareness of the campaigns was not significantly associated with community participation (X=0.147, p=0.702). 77.1% (n=296) participants reported that community mobilization can influence the community to participate in healthcare programmes in the community positively. 93.5% (n=359) of the respondents reported that they have never been involved in such meetings. Several challenges were outlined that affect community participation to include; lack of clear laws on community participation, lack of knowledge on who should participate, ignorance, lack of community empowerment, devolution concentrates with leaders only, lack of proper representation, poor leadership, lack of support from leaders, poor infrastructure, poor management system, corruption and poor communication system.

Conclusions/recommendations: community participation is very low in rural health care service delivery. Therefore, the community should be enlightened on community participation; who to be involved, at what stage, and their role in community projects, Community mobilization should be intensified among the community members, Community leaders need to be sensitized on equity distribution of chances to community members for equal chance of participation.

Corresponding Author's details:

First Name: LUCY **Last/Surname:** WANZA DAVID

Institution: Kangundo Level 4 Hospital

Job Title: Nurse

Postal Address: 164, Masii. **City:** Nairobi. **Country:** Kenya.

Office Phone: +254720411792 **Mobile Phone:** +254720061788

Email Address: lucykariuki7@gmail.com

Preferred mode of presentation: Oral

Title: Effectiveness of a Less Cost Improvised Bubble continuous positive airway pressure (CPAP) on treatment of New born babies with Respiratory Distress Syndrome (RDS) at Muhimbili National Hospital-Mloganzila Tanzania.

Authors; Wilson Fungameza, Alex Bigilwamungu, Concesa Luganga, Chausiku Emmanuel Esteria Serunkuma and Christina Mwandalima.

Corresponding Author's name: Wilson Fungameza Email. gwessaw@gmail.com	Institution: Muhimbili National Hospital-Mloganzila Affiliation: Governmental hospital.
--	--

Background

Globally newborn deaths (deaths within the first 28 days of life) account for 46 percent of all under five deaths, which translates to about 2.6 million newborn deaths in the first month of life. Likewise, Tanzania has one of the highest numbers of newborn deaths, which accounts for 40 percent of all under-five deaths (MoHCDEC 2019). Approximately 39,500 newborns die annually, nearly 50% of all deaths occur within the first 24 hours after birth and 75 % within the first 7 days of life. Muhimbili National Hospital, the largest referral hospital in Tanzania had been striking to overcome the problem. Continuous Positive Air pressure (CPAP) and Mechanical Ventilation had been common respiratory support provided to neonates. Unfortunately, the two methods had been very expensive and technically complex for many resource-limited settings (Wilson, 2012). Considering this we recently developed a novel, low-cost Improvised bubble CPAP system for low-resource settings that can be easily made and available at very low cost. The device delivers the same therapeutic flow and pressure as bubble CPAP systems used in high-resource settings. It does not require source of electricity to use it.

Objective:

The objective of this study was to examine the outcomes of using Improvised bubble CPAP for treatment of newborn babies with respiratory distress syndrome (RDS) in NICU at MNH-Mloganzila Tanzania.

Method

Retrospective observational study was used by comparing data before introducing Improvised bubble CPAP (February-July2018) and after using improvised bubble CPAP (August 2018 – April 2019).

RESULTS

Before introducing Improvised bubble CPAP data were collected 82 babies had RDS and received oxygen therapy as respiratory support. 37.8% (31/82) survived and 62.2% (51/82) died.

After introducing Improvised bubble CPAP as a respiratory support, 128 babies with RDS were treated with the device.

72.7% (93/128) Survived and 27.3% (35/128) died.

Therefore, at MNH-Mloganzila before Improvised bubble CPAP, RDS contributed 14.1% of all neonatal deaths, while after the introduction of improvised bubble CPAP deaths due to RDS reduced to 5.9% of all neonatal deaths.

Conclusion

Implementing appropriate improvised bubble CPAP devices could reduce neonatal mortality in developing countries.

Corresponding Author's details:

First Name: **Last/Surname:**

Wilson Fungameza

Institution: Muhimbili National Hospital-Mloganzila

Job Title: Nurse officer ii.

Postal Address: 65000

City: Dar-esalaam **Country:** Tanzania **Office Phone:**

Mobile Phone: +255756229808

Preferred mode of presentation: Oral

Prevalence of active Pulmonary Tuberculosis on HIV positive clients who are on Highly Active Antiretroviral Therapy and are also taking Isoniazid Preventive Therapy in Lesotho (Berea experiences)

Author(s) (Underline the Presenting author)

Name(s) of author(s):

1. Pulane Phamotse
2. Pule Solomon Moabi

Corresponding author's Email: mathatolet-ka@gmail.com

Institution(s) and affiliations:

Maluti Hospital

Scott College of Nursing, Nurse Educator

Background & Objectives:

The World Health Organisation indicates that global prevalence of Pulmonary Tuberculosis in 2017 is 10 million and Africa comprise of 72% of the cases. 9% of the cases are co-infected with Human Immunodeficiency Virus. For people living with HIV, latent Tuberculosis is likely to advance to active Tuberculosis as their immunity is further compromised. Efforts such as provision of Isoniazid preventive therapy, testing and treatment for contacts of bacteriologically confirmed cases are geared towards the fight against Tuberculosis. Access to Isoniazid preventive therapy is still a challenge in other health care centers and also some patients who have been initiated on Isoniazid preventive therapy develop active tuberculosis. Diagnosing Tuberculosis in Human Immunodeficiency Virus infected clients remains a challenge as Human Immunodeficiency Virus infection has likelihood of causing negative test result even if a person is infected with Tuberculosis germs because of the immune system which causes the reaction to the test not to work properly.

Aim: We aimed to assess the prevalence of active Pulmonary Tuberculosis (TB) on HIV-positive clients who are on Antiretroviral Therapy (ART) and Isoniazid Preventive Therapy (IPT) in Berea, Lesotho.

Methods:

Data from HIV and TB registers at one of the hospitals in Berea, Lesotho were analyzed in order to identify HIV-positive clients who are on ART and are also on(IPT). Clients who developed active Pulmonary Tuberculosis while on IPT were identified from the registers. The viral load for those clients on Highly Active Antiretroviral Therapy and Isoniazid Preventive Therapy were also noted. The Collected data was for the period of June 2019 to June 2020.

Results:

From April 2019 to April 2020, there were 511 HIV-positive clients on ART who were also on IPT. Out of 511, only 5 developed active Tuberculosis while they were on ART and IPT. For those who developed active Tuberculosis, their viral load ranged between lower than detectable to 3480 copies.

Conclusion/Recommendation:

Some Human Immunodeficiency Virus infected clients who are on Highly Active Antiretroviral Therapy and Isoniazid Preventive Therapy do develop active Tuberculosis even though the numbers may seem insignificant. There is a need to conduct formal studies to assess the prevalence of Tuberculosis in Lesotho on such clients and this will also assist in evaluating efficacy of Isoniazid Preventive Therapy.

Corresponding Author's details:

First Name: Pulane

Last/Surname: Phamotse

Institution: Maluti Hospital

Job Title: HIV/TB Clinical Nurse

Postal Address: Maluti Adventist Hospital

City: Berea

Country: Lesotho

Private Bag X019

Ficksburg 9730

South Africa

Office Phone: +266 22251100

Mobile Phone: +266 59089848

Email Address: mathatoleteka@gmail.com

• Presentation options

Oral

Attendance : Physical

TITLE: Hemoglobin level and Correlates of Low Birth Weight with HIV infection and associated commonalities among postnatal women

Author(s):

Name: **John Kyalo Muthuka**

Corresponding author's Email:

johnmuthuka@gmail.com

Institution(s) and affiliations:

- i. Kenya Medical Training College(Prime)*
- ii. Kenya Medical Research Institute*
- iii. Jomo Kenyatta University of Agriculture & Technology*

Background & Objectives: Maternal HIV and related co-morbidities has contributed to several adverse birth outcomes with paucity of data to explain this phenomenon. PMTCT focus on vertical HIV transmission, but no data on poor birth outcomes on HIV and associated morbidities. With a number of studies having investigated correlations of HIV disease with birth outcomes, an extensive assessment using a comparative group(controls) is lacking. In the current study, estimation of HIV and related co-morbidities risks of adverse birth outcomes in among post-natal women was performed with the ultimatum outcome being ***neonatal mortality and a focus on hemoglobin level as Key predictor. The Objective was to determine and compare the outcome (adverse birth outcomes) between the cases and controls***

Methodology & Theoretical Orientation: Design was unmatched case control. The information was extracted from records of the study subjects *within the first twenty-eight days after birth* randomly and considering age, sex, anthropometric measurements and other clinical factors of the newborn and mother. A total of 256 records were reviewed retrospectively on *cases and controls* at 1:1 ratio. Mothers' pregnancy history, clinical and social economic, *co morbidities* and health factors were considered for both arms. The data was analyzed using SPSS version 20.0. Chi-square test was used to establish the *correlation* between the dependent and independent variables at (SS) p -value < 0.05. Multiple logistic regression analyses were performed to adjust for confounding. AOR with corresponding 95% confidence interval was estimated.

Results: Out of 128 cases (neonatal mortalities) 12.5% were born from HIV-positive mothers compared to 3.9% among 128 controls HIV was significantly *correlated* with neonatal mortality in bivariate analysis [**OR= 3.51**; 95%CI: 1.25-9.91; $P=0.012$] but not sustained after adjusting for other factors at the multivariate analysis [**AOR=2.33**; 95%CI: 0.76-7.15; **P=0.139**]. Multiple logistic regression revealed; **LBW** [AOR= 3.97; 95%CI: 2.26-6.98; $P< 0.001$], **co-morbidities**[AOR= 3.84; 95%CI: 1.32- 11.16; $P=0.013$]. **Mother's hemoglobin level** [AOR= 3.18; 95%CI: 1.19-8.46; $P=0.021$], **unemployment** [AOR=0.43; 95%CI: 0.22-0.85; $P=0.016$].
Conclusion /Recommendations: There's increased risk of neonatal mortality and related morbidities with Poor Hemoglobin levels in HIV infection among postnatal women and a recommendation is that, despite supplementation of folic acid and fortified therapy for mitigating such, it is good to individually focus on mother's health status in terms of hemoglobin levels.

Corresponding Author's details:

First Name: **JOHN** Last/Surname: **MUTHUKA**

Institution: **KENYA MEDICAL TRAINING COLLEGE**

Job Title: **LECTURER/RESEARCH FELLOW**

Postal Address: 30195-00100 City: **NAIROBI** Country: **KENYA**Office

Phone:+254724274843

Name	Hilda Kwezi, Lilian Mselle, Sebalda Leshabari, Claudia Hanson, Andrea Pembe.
Title	A qualitative study exploring communication between women surviving a maternal near-miss and healthcare providers in Southern, Tanzania.
Background & Objective	The maternal near miss concept is promoted as women who survive life-threatening conditions have many common aspects with those who die of such difficulties. They can provide insights into which aspect of quality of care need to be improved. Women who have experienced maternal near miss can provide valuable information on clinical but also other aspects of care, including communication. This study aimed to explore experiences of communication as an element of quality of care among women surviving a Near Miss event in Southern Tanzania.
Methods	<p>“Design: A descriptive phenomenological qualitative study using semi-structured interviews with women surviving a Maternal Near Miss.</p> <p>Setting: The study was conducted in two selected hospitals in Mtwara Region where women sought birth care and developed maternal complications.</p> <p>Participants: Participants for this study were women who experienced and survived a maternal near-miss event and lived in the study area for at least one year. Women were recruited using an adapted version of the World Health Organization criteria for Maternal Near-Miss.</p> <p>We attempted 16 interviews and we able to conduct ten in-depth interviews with women at their homes four weeks after they were discharged. The conversations were audio-recorded and transcribed word to word. Thematic analysis was used to identify emerging themes.”</p>
Results	Three major themes evolved 1) Being informed about the care and interaction; 2) Being engaged and encouraged, and 3) Being afraid to ask questions. The study highlighted that good communication with women during provision of care helps women to feel grateful, supported and cared. Women who were unconscious during care were often not informed what happened and these created some negative feeling and anxiety.

Name	Rahel Mukhwana
Title	Advancing care and support for women and families after stillbirth or neonatal death: A feasibility study.
Background & Objective	Objective: To assess the feasibility of a full-scale evaluation to assess the effectiveness of a co-produced intervention to improve immediate care in facilities and early postnatal support after stillbirth or early neonatal death for women and families in Kenya and Uganda
Methods	<p>“Design: A mixed-methods, pre- and post- cohort study (IRISCTN 68506895) exploring the feasibility of an intervention including introduction of trained health worker ‘bereavement champions’ in maternity facilities and access to postnatal telephone peer support.</p> <p>Method: Following research governance approvals, women (N=44) who had experienced a stillbirth or early neonatal death in 2 urban maternity facilities in Kenya and Uganda after the bereavement champion intervention was introduced were recruited, following postnatal discharge. Participants were also offered access to telephone support from trained peers with previous experience of death of a baby. Clinical and psychological outcomes and resource utilisation were assessed, 6-8 weeks after the birth and compared with women (N=56) cared for after stillbirth and neonatal death in same facilities units, in the 6 months immediately preceding introduction of the intervention. Qualitative interviews were conducted with a sample of women, partners, health workers and peer supporters offered or delivering the intervention. The main outcome for feasibility was willingness to participate and remain in the study until completion.</p> <p>“</p>
Results	<p>Results: Despite interruption resulting from COVID-19, recruitment was near target and >80% of women completed the study. Bereavement champions were identified and trained across both maternity facilities; all women who accepted peer support were matched with a supporter. Preliminary findings demonstrate study processes, including questionnaires were acceptable. Bereavement champions were active and cooperated across maternity and neonatal departments on strategies to improve support for women, for example identifying private spaces for bereaved women on postnatal wards. The amount and content of contacts with peer supporters varied ongoing analysis will establish impacts of the intervention on postnatal experiences, services, and resources.</p>

Name	Wilson Fungameza, Alex Bigilwamungu, Concesa Luganga, Chausiku Emmanuel and Esteria Serunkuma.
Title	Effectiveness of a Less Cost Improvised Bubble continuous positive airway pressure (CPAP) on treatment of New born babies with Respiratory Distress Syndrome (RDS) at Muhimbili National Hospital-Mloganzila Tanzania.
Background & Objective	<p>“Background</p> <p>Globally newborn deaths (deaths within the first 28 days of life) account for 46 percent of all under five deaths, which translates to about 2.6 million newborn deaths in the first month of life. Likewise, Tanzania has one of the highest numbers of newborn deaths, which accounts for 40 percent of all under-five deaths (MoHCDEC 2019). Approximately 39,500 newborns die annually, nearly 50% of all deaths occur within the first 24 hours after birth and 75 % within the first 7 days of life. Muhimbili National Hospital, the largest referral hospital in Tanzania had been striking to overcome the problem. Continuous Positive Air pressure (CPAP) and Mechanical Ventilation had been common respiratory support provided to neonates. Unfortunately, the two methods had been very expensive and technically complex for many resource-limited settings (Wilson, 2012). Considering this we recently developed a novel, low-cost Improvised bubble CPAP system for low-resource settings that can be easily made and available at very low cost. The device delivers the same therapeutic flow and pressure as bubble CPAP systems used in high-resource settings. It does not require source of electricity to use it.</p> <p>Objective:</p> <p>The objective of this study was to examine the outcomes of using Improvised bubble CPAP for treatment of newborn babies with respiratory distress syndrome (RDS) in NICU at MNH-Mloganzila Tanzania.”</p>
Methods	<p>“Method</p> <p>Retrospective observational study was used by comparing data before introducing Improvised bubble CPAP (February-July2018) and after using improvised bubble CPAP (August 2018 – April 2019).”</p>
Results	<p>“RESULTS</p> <p>Before introducing Improvised bubble CPAP data were collected 82 babies had RDS and received oxygen therapy as respiratory support. 37.8% (31/82) survived and 62.2% (51/82) died.</p> <p>After introducing Improvised bubble CPAP as a respiratory support, 128 babies with RDS were treated with the device. 72.7% (93/128) Survived and 27.3% (35/128) died.</p> <p>Therefore, at MNH-Mloganzila before Improvised bubble CPAP, RDS contributed 14.1% of all neonatal deaths, while after the introduction of improvised bubble CPAP deaths due to RDS reduced to 5.9% of all neonatal deaths.”</p>

Name	Carolyn A. Lissu, Helena Volgsten, Festo Mazuguni, Eusebious Maro
Title	Proportion, Characteristics and Maternal Outcome of women Referred for childbirth to a tertiary hospital in northern Tanzania– a descriptive retrospective study based on a hospital birth Registry
Background & Objective	Timely identification of danger signs and prompt referral to higher level may prevent complication associated with childbirth. With a high MMR in Tanzania, there is need to highlight the information on the proportion of women referred to tertiary healthcare, their basic characteristics and outcomes. This study aimed to determine the proportion, basic characteristics and outcomes among women referred while in labour, from lower health facilities to a tertiary hospital in northern Tanzania.
Methods	A descriptive retrospective study based on a hospital birth registry was conducted using consecutive stored data on pregnant women referred while in labour and managed at a tertiary hospital in northern Tanzania, between the years 2000 and 2015
Results	<p>“During the study period, a total of 53662 deliveries were managed. Among these, 6066 women were referred from lower health facilities, with 4193 (69.2%) of them being referred while in labour. The main reason for referral was poor progress of labour (31.0%), followed by prolonged labour (27.1%) and obstructed labour (19.5%). The rate of caesarean section was 44.6%. A total of 292 maternal deaths occurred between 2000 and 2015. Of these, almost a quarter (22.6%) occurred in women referred from other health facilities while in labour.</p> <p>“</p>

Name	Columba Mbekenga, Kahabi Isangula, Loveluck Mwashu, Lucy Kisaka, Mary Lyimo, Victor Mathias, Stewart Mbelwa, Tumbwene Mwansisya, Eunice Siaty
Title	Improving access to Reproductive, Maternal Newborn Health services through training and a clinical mentorship program among health care providers: a case of Mwanza Region
Background & Objective	The Aga Khan University, School of Nursing and Midwifery (AKU-SONAM) implemented a clinical mentorship (CM) program for Reproductive, Maternal and Newborn Health (RMNH) in 8 districts of Mwanza region between November 2019 and November 2020. The CM program focused on reinforcing skills and practice of health care providers (HCPs) that aimed at improving the quality of care in relation to different aspects of RMNH. The program was executed as part of the Improving Access to Reproductive, Maternal and Newborn Health (IMPACT) project implemented in Mwanza region between 2017-2021. The project was set to complement government's efforts to reduce maternal and newborn mortality in the region and strengthen the local health system by improving the availability, access and utilization of quality RMNH services for women and their families. Specifically, the mentorship program aimed at strengthening HCPs' knowledge, clinical skills, and attitudes to achieve competence and confidence in provision of quality RMNCAH services.
Methods	The mentorship framework/ package constituted a stepwise process that included the following: (1) Training a group of 35 HCPs across the region from September 28 – October 4, 2019 to become mentors and master mentors. (2) Introduction to the managers of 80 health care facilities and identifying mentees. (3) Pre-mentorship visits for identifying mentorship priorities, setting an action plan and receive mentee's feedback. (4) Selection of appropriate mentorship approaches and methods. (5) Conducting mentorship activities from November 2019 to December 2020 and (6) Conducting post-mentorship assessment and mentorship review forums.

Results	<p>In total, 35 Mentors and 7 master mentors with exemplary clinical performance and knowledge from 8 districts were trained on mentorship skills for one week in October 2019. This was followed by monthly CM visits to assigned facilities from November 2019 to November 2020. Each mentor was assigned 1-4 facilities based on the geography. Introductory visits were conducted between November and December 2019. About 632 mentorship visits were conducted, where 1244 mentees were reached by the end of the mentorship program in November 2020. Of the 1244 mentees reached, 67% were females and 77% were nurses. Other cadres including clinicians and medical doctors accounted for 23%. Likewise, by the end of CM program, 38 master mentorship visits were conducted by senior HCPs to provide on-going capacity building on mentorship skills for mentors. Of the 35 mentors supported, 64% were female and 64% were nurses. The common topics of mentorship ranged from antenatal care, monitoring and management of complications related to pregnancy and delivery, to infection control and prevention. Eclampsia, HBB, PPH and Partograph dominated as the topics of mentorship as compared to other topics. The CM program reviews indicated that it was highly accepted by master mentors, mentors and mentees who considered the program to have contributed to an increase in knowledge, skills, confidence and change in HCPs attitude in RMNH service delivery. Furthermore, the program is reported to have increased service uptake, quality and efficiency of RMNH services contributing to reduction of maternal and neonatal mortality due to proper pregnancy and complication monitoring and timely response.</p>
---------	---

Name	Christina Mwandalima, Sun Zhilling ,Zhang Ai Xia
Title	Massage in reducing labour pain: A systematic review and a descriptive cross-sectional study.
Background & Objective	<p>“Background Massage is an old practice that has been broadly used during childbirth, yet, relatively few and small study has been conducted exploring the effects of massage on pain during child birth and the knowledge and awareness of its use among prenatal mothers.</p> <p>Objective: (1) Perform a systematic review and meta-analysis of all randomized studies investigating the effectiveness of massage therapy on labor pain. (2) To conduct a descriptive cross-sectional study in order, identify knowledge, willingness and attitude of prenatal women regarding the use massage in labour for pain relief. “</p>
Methods	<p>“Methods/Design: (1) This is a systematic review of randomized control trials. We searched EBSCO (Cumulative Index to Nursing and Allied Health, CINAHL), PubMed, Embase, Cochrane Library, Web of Science, Science Direct and Theses, and conference reports. Two reviewers independently selected eligible trials, conducted critical appraisal of the methodological quality by using the quality appraisal criteria for randomized controlled studies recommended by Cochrane Handbook. A standardized data form was used to extract information. Meta-analysis was performed and data were presented in evidence tables and in meta-analytic forest plots. (2) The descriptive study enrolled 1022 prenatal mother attending clinic at Nanjing Maternal and child Health hospital. The collected data were coded and entered in the computer then was analyzed using SPSS statistical computer software version 19. Descriptive statistical analysis, cross tabulation and logistic regression were the major procedures used in the analysis. “</p>

Results	<p>“Results:</p> <p>(1)The meta-analysis (pool of 137 participants) showed that in the first phase of labour, massage had a moderate, significant effect in reducing labour pain [SMD = -0.76, 95% CI (-1.33,-0.18), p< 0.01], and in third phase massage had large effect SMD-0.82, 95%CI [-1.17, -0.47], P<0.00001. Another pooled analysis (106 participants) had shown a large significant effect in first stage of labour with (SMD -0.91, 95%CI [-1.31, -1.51], and p=0.00001. Another trial on anxiety we found that there was only significant difference in phase one with moderate effect SMD -0.76, 95%CI [-1.28,-0.23], p=0.005, thus anxiety was reduced. On satisfaction, one trial noted a sense of satisfaction from massage with p=0.019 and p=0.001 for partners support level and effectiveness of assistance respectively and another one noted the median of satisfaction score was higher in massage group with (p = 0.000).</p> <p>(2) In the descriptive study, prenatal mothers had no knowledge about the use of massage during labour because only 4.9% had knowledge about massage. Regarding the attitude of the mothers towards the use of massage during labour, 74.4% were found to have positive attitude. Willingness to use massage for reducing in their future labour pain in this study 55.7% were ready to consider its use in future. The factors associated with willingness to use massage include previous use of massage, awareness about massage use during labour, knowledge and attitude.</p> <p>“</p>
---------	---

Name	Isabel Kambo
Title	Exploring perceptions regarding workplace health promotion in Kenya as initiative for NCDs prevention.
Background & Objective	<p>“Background Kenya is experiencing an upsurge of non-communicable diseases (NCDs). Currently, NCDs account for 27% mortality with 50% of all hospital admissions being NCDs related. Future projections show that Kenya is likely to experience an increase of 25% in NCD related diseases by 2030. One of the key mitigation measures proposed to address this trajectory is to step up health promotion and prevention initiatives. The workplace has been identified as suitable setting for the establishment of workplace wellness programs associated with opportunities to prevent illness, disability, reduce healthcare costs and promote general wellbeing of workers who spend at least 40hrs per week in the workplace. However, there is little research done regarding workplace health promotion in Kenyan organisations to inform future design and implementation of programs.</p> <p>Aims This study explored perceptions of employers’ an employees’ regarding the promotion of health and wellbeing in the workplace.</p> <p>“</p>
Methods	<p>“Methodology This qualitative study involved semi-structured interviewing of employers and employees working in Nairobi County, Kenya to find out their views about workplace wellbeing in the context of their workplaces. Thematic analysis was then done to elicit themes employed to expound the world of health and wellbeing in the Kenya workplaces.</p> <p>“</p>
Results	<p>“Results Findings show that absence of disease and productivity are central to the conceptualisation of health and wellbeing. The role of peers at work play an important role in behaviour change and sustaining healthy experiences at work. Mitigating the cost of illness, absenteeism, presenteeism and productivity is central to the impetus of employers’ interest in establishment of workplace wellbeing programs.</p> <p>“</p>

Name	Kija Malale
Title	Sorafenib-induced Aquaporin-3 Downregulation is Coupled with Proliferation Inhibition, Cell Cycle Arrest and Increased Apoptosis in Hepatocellular Carcinoma Cells
Background & Objective	No conventional targeted therapy is superior to sorafenib in the treatment of advanced hepatocellular carcinoma (HCC), but its long-term clinical efficacy is limited due to resistance. The lack of a full understanding of the mechanism in HCC is attributed to the difficulties in understanding the mechanism of drug resistance. In recent years, a large number of preclinical and clinical data have confirmed the tumor-promoting effect of aquaporin-3 (AQP3) in a variety of tumors, including HCC, but the role of AQP3 in the mechanism of sorafenib has not been reported. In this study, HCC cell lines were used to evaluate the role of AQP3 in the mechanism of sorafenib.
Methods	MRNA and protein levels of AQP3 in HCC cell lines exposed to sorafenib or UO126 were detected via real-time quantitative polymerase chain reaction (qPCR) and western blotting, respectively. The effect of AQP3 expression changes on cell proliferation, cell cycle and apoptosis were determined by CCK-8 assay and flow cytometry. In addition, western blotting detected changes of proteins involved in the regulation of proliferation and cell cycle progression.
Results	The results showed that AQP3 was down-regulated in all cell lines exposed to sorafenib or UO126 in a concentration dependent manner. By lentiviral transfection, the overexpression or downregulation of AQP3 not only significantly changed cell proliferation, cell cycle progression and apoptosis, but also significantly changed the expression level of related proteins.

Name	Kija Malale, Jili Fu, Liewang Qiu, Ke Zhan, Xiuni Gan, Zhechuan Mei
Title	Hypoxia-induced aquaporin-3 changes hepatocellular carcinoma cell sensitivity to sorafenib by activating the PI3K/Akt signaling pathway
Background & Objective	Hypoxia-induced changes are primarily activated in patients with hepatocellular carcinoma (HCC) and long-term sorafenib exposure, thereby reducing the sensitivity to the drug. Aquaporin-3 (AQP3), a member of the aquaporin family, is a hypoxia-induced substance that affects the chemosensitivity of non-hepatocellular tumors. However, its expression and role in the sensitivity of hypoxic HCC cells to sorafenib-induced apoptosis remain unclear. The purpose of this study was to detect changes in AQP3 expression in hypoxic HCC cells and to determine whether these changes alter the sensitivity of these cells to sorafenib.
Methods	Huh7 and HepG2 hypoxic cell models were established, and AQP3 expression was detected using quantitative real-time polymerase chain reaction (qPCR) and western blotting. Furthermore, the role of AQP3 in cell sensitivity to sorafenib was evaluated via flow cytometry, western blotting, and a CCK-8 assay.
Results	The results of qPCR and western blotting showed that AQP3 was overexpressed in the Huh7 and HepG2 hypoxic cell models. Furthermore, AQP3 protein levels were positively correlated with hypoxia-inducible factor-1 α (HIF-1 α) levels. Compared with cells transfected with lentivirus-GFP (Lv-GFP), hypoxic cells transfected with lentivirus-AQP3 (Lv-AQP3) were less sensitive to sorafenib-induced apoptosis. However, the sensitivity to the drug increased in cells transfected with lentivirus-AQP3RNAi (Lv-AQP3RNAi). Akt and Erk phosphorylation was enhanced in Lv-AQP3-transfected cells. Compared with UO126 (a Mek1/2 inhibitor), LY294002 (a PI3K inhibitor) attenuated the AQP3-induced insensitivity to sorafenib observed in hypoxic cells transfected with Lv-AQP3. Combined with LY294002-treated cells, hypoxic cells transfected with Lv-AQP3RNAi were more sensitive to sorafenib.

Name	Nr.Katunzi Mutalemwa
Title	Prevention and treatment of Non-Communicable Diseases (NCDs) in Iringa District Council-Tanzania.
Background & Objective	<p>“Morbidity and mortality due to non-communicable diseases [NCDs], in particular hypertension and diabetes, are growing exponentially across Tanzania. The lack of treatment of conditions leading to chronic diseases, the limited availability of NCDs services, the high variability between rural and urban areas, represent key factors for the increased burden of NCDs in the country.</p> <p>To address these issues, a new program which implements an integrated management of hypertension and diabetes between the hospital and the peripheral health centers and insists on a new model of care and implementation of the use of paper-based treatment cards was started in Iringa District Council.</p> <p>“</p>
Methods	<p>Since February 2019, Doctors with Africa CUAMM and the Iringa DC set up an outpatient service exclusively dedicated to patients suffering from NCDs at the outpatient department (OPD) of Tosamaganga District Designated Hospital [TDDH]. People attending the NCDs clinic arrived from all over Iringa DC, coming from 134 different villages, and referred from all 10 Health Centers [HCs] of the district. The project operates through a paper based pathway know as yellow treatment card. All NCDs patients discovered from 10 HCs are referred to TDDH for initiation investigations and registration; they further proceed with monthly follow up visits in their HCs. After every six months they usually come back to TDDH for evaluation of disease and treatment complications.</p>
Results	<p>Data from its first-6-months roll-out showed that: 46.1% of patients were still in the program; more than 98% of patients had blood pressure measured and were checked for complication; more than 88% of patients had blood sugar tested during follow up visit; blood pressure was at target in 42.8% of patients with hypertension and FBG was at target in 37.3% of diabetic patients. The majority of patients who were lost to follow up or didn't reach the targets were those without medical insurance or living in the most remote peripheries.</p>

Name	Leticia lungulungu 1, MNH MLOGANZILA Dr. Dickson Mkoka 2, MUHAS Masunga K.Iseselo 3 MUHAS
Title	AWARENESS OF CHILD MENTAL HEALTH DISORDERS AMONG PRIMARY SCHOOL TEACHERS IN UBUNGO MUNICIPALITY DAR ES SALAAM TANZANIA
Background & Objective	<p>“The occurrence of mental health disorders in children and adolescents is rising globally. The school has been placed at the head of endorsing positive mental health and welfare by realizing an indication based on these intervention. There is unheard of information about the awareness of mental health disorders in children and adolescents among primary school teachers.</p> <p>The study aimed to assess awareness of child mental health disorders among primary school teachers in Dar es Salaam, Tanzania.</p> <p>“</p>
Methods	A cross-sectional descriptive study employing a quantitative approach was conducted at Ubungo Municipality, Dar es Salaam. A self-administered questionnaire was used to collect information concerning the awareness of child mental health disorders among primary school teachers. Respondents were selected by convenience sampling technique. Data analyzed using SPSS version 20. Cross tabulation and chi square used to check the significant of the association between the variables.
Results	A total of 140 participants who met the criteria were recruited in the study. Out of 140 participants 112 (80 %) were females and 28(20 %) participants were males. The age of the participants ranged from 24 to 59 years old with a mean age of 41.93 and standard deviation (SD) of 0.413 Most (92 %) of the participants belonged to age group of 40 years old and above. The educational qualification of the participants they were certificate holders with working experience between 10 -40 years. Therefore the findings from the study implies that there is low awareness for primary school teachers concerning child mental health disorders in 80%

Name	Robert Aloyce Mallya 1, RN, MSc Nursing Critical Care and Trauma, Salima Wibonela2, RN, MSc Nursing Critical Care and Trauma and Joshua Ogutu3, RN, BSc. Nursing 1 Jakaya Kikwete Cardiac Institute, Nursing Department, Tanzania 2 Jakaya Kikwete Cardiac Institute, Nursing Department. 3 Jakaya Kikwete Cardiac Institute, Nursing Department.
Title	Prevalence of cardiovascular diseases and its management in low/middle income countries: JKCI experience
Background & Objective	<p>“Cardiovascular diseases are the leading cause of death globally. Studies show that globally around 17.7 million people die every year due to cardiovascular diseases, which accounts for 31% of all global death.</p> <p>There is notion that it is hard to establish and run successfully public cardiovascular centers due to cost e.t.c. Moreover, there are some centers which were started in some developing countries but did not sustain and hence closed due to various reasons. This has led more of developing countries to refer their patients abroad for management of patients with cardiovascular conditions particularly heart surgeries and cardiac catheterization procedures.</p> <p>we aimed to share experience on the management of cardiovascular centers and diseases in resource limited countries.”</p>
Methods	Cumulative data from JKCI information management system from 2015 to 2020
Results	<p>“Since 2015 to 2019 the total number of patients managed in outpatient department were 323,590, inpatient admission were 15,461, patient underwent catheterization laboratory procedures were 4,207 and those who underwent open heart and vascular surgeries were 2141.</p> <p>Regarding local team and attending mission 90% of all the catheterization interventions were performed by local team</p> <p>Compared to international death rates after cardiac surgery which is 13%, the death rate of JKCI is about 8%</p> <p>“</p>

Name	Dr. Priscar Sakala Mukonka, Mr Chris Carter, Prof Joy Notter
Title	Working Together: An assessment of Knowledge and Understanding of Covid-19 among nurses and midwives.
Background & Objective	<p>“Background: The Covid-19 pandemic has rapidly changed how international health partnerships function. Collaboration between partnerships are recognised as one way of share and extend knowledge, skills and experience. This presentation outlines activities developed by a Zambia-UK nursing partnership to assess knowledge and understanding of the Covid-19 pandemic to enhance nursing practice.</p> <p>Aim: To assess knowledge and understanding of Covid-19 amongst students and qualified nurses/ midwives.</p> <p>“</p>
Methods	<p>Methodology: A two phase study. Phase one, included the development and evaluation of a blended learning programme for nursing and midwifery students at the Lusaka College of Nursing. Phase two, included a national survey of qualified nurses and midwives, followed by the development of a training programme for nurses and midwives of the frontline.</p>
Results	<p>“Results: The first survey involved 479 pre and post-registration students, with 295 (61.5%) response. Revealed nurses had a good theoretical understanding of Covid-19 and prevention of transmission. However, there were some gaps in their ability to apply this in all clinical settings, for example, timing for hand-hygiene, with only 39 (13%) who could give the latest WHO recommendations. The national e-survey of 432 nurses found the majority had nursed confirmed cases of Covid-19 (303 / 79.3%). 67.9% (264) had been trained in using PPE, however, only 54.5% (212) were confident in its use.</p> <p>While theoretical cascade of Covid-19 information has taken place, there is urgent need for clinical management. Therefore, the partnership team focused on strategies to enhance and improve the application of knowledge and understanding in clinical practice. “</p>

Name	Eunice siaity
Title	Factors contributing to sepsis among children under sixteen years admitted at pediatric burn unit in Muhimbili national hospital
Background & Objective	Introduction; Over the years, survival in pediatric burns with sepsis has improved worldwide. However, burn wound infection and sepsis in Tanzania is still the most significant factors causing mortality in pediatric burn patients. The aim of this study was to determine factors contributing to sepsis among burn patients under sixteen years admitted at pediatric burn unit in Muhimbili national hospital
Methods	Methodology; this study was a descriptive cross-sectional quantitative methodology. Simple random sampling technique was used to identify participants. The researcher administered questionnaire which addressed mainly demographic information, causes of sepsis and factors contributing to sepsis was administered to mothers/guardian of the burned children aged 16 years old and below. Data was analyzed using SPSS computer software program. The targeted population was consisting of all parents/guardian with children.
Results	Results; Majority of the participants in this study 107(89%) were female while male were 14(11.38%). Most of the participants 91(73.98%) were between 20-30 years, 29(23.58%) were between 31 to 40 years and the minority 3(2.44%) aged between 41-50 years. On the other hand majority of the children aged 1 month to 4 years 95 (77.24%) and the minority 1(0.1%) were 5 to 10 years. Factors contributed to burn wound sepsis were categorized in three groups: that included extent of burn injury, medication given at home and delay of the children to start management. For the extent of burn injury it was found that majority of children who expected to developed sepsis 61(49.59%) had partial thickness burn followed by those who have mixed of deep and superficial burn 47(38.21%) and the minority group 15(12.20%) were those who had full thickness of burn. Most children were treated at home before hospitalization (105(85.37%) with local medicine including honey, rabbit fur, water and sugar 13(10.57%) were provided with antibiotics and small group 4(3.25%) were treated with herbal medicines. The results indicate that majority of children who delayed for one week 110(89.43%) developed sepsis compared to those who delayed for two weeks 8(6.50%), three weeks 3 (2.44%), and those who delayed for one month 1 (0.81%).

ABSTRACTS FOR ECSACON SCIENTIFIC CONFERENCE June 23, 2021

TITLE : PREVALENCE, TYPES OF FGM AMONG NATIVE WOMEN GIVING BIRTH AT HAYDOM LUTHERAN HOSPITAL HOSPITALS IN MANYARA REGION NORTH-CENTRAL TANZANIA	
Author name: Veronica Mariray	
*Corresponding authors. IPYANA Mwampagatwa	Affiliations ¹ School of Nursing and Public Health; University of Dodoma Website: www.udom.ac.tz ² Department of Obstetrics & Gynecology, Haydom Lutheran Hospital
<p>Background: FGM is referring to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Most prominent complication of FGM following after child birth among natives women of Manyara were perineal tear and postpartum hemorrhage</p> <p>Objectives: To assess the prevalence, types and among native women giving birth at Haydom Lutheran hospitals, Manyara region north-central Tanzania</p> <p>Methods: : This was observational hospital based cross-sectional study among full term pregnant women giving birth at HLH from April 2018-June 2018. simple random selection technique was used among 384 women whom delivered in maternity, data were analyzed by using SPSS version 20 software.</p> <p>Result: the prevalence of FGM in the study area was found to be 250 (65.1%) had undergone FGM/C while 134 (34.9%) had no FGM, regarding with the type of FGM, type 1 were 46 (12.0%) while type 2 were 205 (53.4%). Complications to be associated with women with FGM after delivery were tear and postpartum hemorrhage of which 13.0 % had PPH out 250 whom had FGM while 3.0% had PPH out of 134 whom had no FGM done.</p> <p>Conclusion: Prevalence of FGM was high among women whom gave birth at Haydom Hospital in Manyara Region was high [65.1%] .</p>	
<p>Corresponding Author's details:</p> <p>First Name: Veronica Mariray Institution: HAYDOM INSTITUTE OF HEALTH SCIENCE Job Title: MSc in Midwifery Postal Address: City: Manyara , Country: Tanzania Office Phone: Mobile Phone: 0784661289 Email Address: veromariray@yahoo.com</p> <p>Corresponding Author's details:</p> <p>First Name: Ipyana Mwampagatwa Institution: UDOM -CHAS Job Title: Gynecologist Postal Address: City: Dodoma , Country: Tanzania Office Phone: Mobile Phone: 0719285811 Email Address: imwampagatwa@yahoo.com</p>	

<p>TITLE: Perceptions of women aged 15-49years towards preconception care a case of Masvingo Provincial Hospital, Zimbabwe</p>	
<p>AUTHOR (S)</p>	<p>Institutions and affiliation :University of</p>
<p>Name: Siraha Elizabeth, Doreen Mukona</p>	<p>Zimbabwe College of Health Sciences</p>
<p>Matilda Zvinavashe</p>	<p>Institute of Continuing Health Education.</p>
<p>Corresponding Author 's email:</p> <p>elizabethsiraha@gmail.com</p>	
<p>Background and objectives:</p> <p>Preconception care is a set of interventions that can either be preventive or promotive provided to mitigate biomedical, behavioural and social risks that put women and the unborn baby at high risk during pregnancy or childbirth. It can help to reduce high maternal and neonatal morbidity and mortality rates significantly. The purpose of the study was to explore the perceptions of women in child bearing age towards preconception care.</p> <p>Justification: Globally although preconception care is known to promote better maternal and neonatal environment during pregnancy its uptake by women of child bearing age remains suboptimal (Ayalew et al., 2017).In an informal review of clients coming for initial booking for antenatal care at a local institution in 2018; 3.5% were adolescents with unplanned pregnancy, 5,4% had pregnancy induced hypertension, 4,8% were known hypertensive cases, 11% had anaemia, 0,3% had diabetes mellitus, syphilis positive 1.6%, 2.5% rhesus negative, women with unknown HIV status were 89% and of those 3% tested HIV positive. Known cases of HIV on ART 11%. Locally preconception care had not been offered in public health institutions leaving majority of women vulnerable to pregnancy related complications and neonatal mortality. Preconception care had not been explored in Zimbabwe yet maternal mortality surpasses the sub-Saharan Africa which is at 510 deaths per 100 000 live births (Zimbabwe National Statistics Agency-ZIMSTAT &-ICF International 2012, 2010).</p>	
<p>Materials and Methods:</p> <p>A descriptive qualitative design was used to have an in-depth understanding on the views of women towards preconception care. Purposive sampling technique was used for the study. Sample size was reached by saturation. Data was collected through in-depth interviews using semi-structured interview guide.</p>	
<p>Analysis:</p> <p>According to research findings women's awareness on preconception care was inadequate. Their knowledge was confined to HIV screening.</p>	
<p>Findings:</p> <p>The study findings revealed that all the women had relatively low level of knowledge on preconception care interventions, benefits and where to access the services. Three major themes that came out were barriers, acceptance of preconception care benefits and facilitating factors.</p>	

Discussion:

The study findings showed that women had inadequate awareness on preconception care. Most participants cited that they did not know about its existence, while others understood it as HIV screening for prevention of mother to child transmission of HIV. A few of the participants related it to antenatal care. The findings seemed to relate with results from other studies conducted in some African countries like Kenya and Ethiopia on knowledge and attitudes of preconception care among women of child bearing age. In Ethiopia, city of Hawasa the study conducted revealed low level of knowledge on preconception care among women of child bearing age regardless of their level of education or area of residence. Low level of knowledge was cited as the major barrier to preconception care uptake. However, facilitating factors like intensified health education in public health facilities and gatherings were seen to be more effective in scaling up preconception care uptake.

Conclusion and Recommendations:

The study findings showed that women had inadequate awareness of preconception care, lacked social support, funds for investigations and had fear of knowing their HIV status. However, some facilitating factors like health education, social support and provision of free preconception care services were seen to be of importance.

Recommendations:

The researcher recommends provision of mobile health education clinics to reach all populations,

Integration of preconception care services with other health care activities

Provision of free preconception care services

More studies at a large scale.

Corresponding Author 's details:

First Name: Elizabeth.

Surname: Siraha

Institution: Great Zimbabwe University

Job Title: Senior Nursing Sister/Midwife

Postal Address: House number 20307.
Kuvimbika street,

City: Masvingo.

Country: Zimbabwe

Rujeko C

Zimbabwe

Office Phone: +263 39 266660-2, +263 39 252720

Mobile Phone: +263 772923092

Email Address: elizabethsiraha@gmail.com

Preferred mode of presentation: Oral.

Sub-theme

Communicable and Non-communicable diseases

Topic: Challenges encountered by health care providers in implementing HIV Test and Treat for all approach in Lesotho	
Author(s): Name: Maithabeleng Litlallo Tsolo ¹ Pule Solomon Moabi ² Corresponding author's Email: maithatsolo@yahoo.com	Institution(s) and affiliations: ^{1&2} Scott College of Nursing, Nurse Educator
Background & Objectives Lesotho is amongst the ground-breaking countries within the African continent to implement a universal test and treat approach in line with World Health Organisation's new guidelines on Human Immunodeficiency Virus treatment. The World Health Organisation guidelines disregard all restrictions on eligibility for antiretroviral therapy and recommend that anyone infected with Human Immunodeficiency Virus starts antiretroviral treatment without delay after a positive test results. This strategy was launched in Lesotho and put into practice ever since June 2016 in all health facilities across the country. The objective of this study was to investigate the challenges that health care providers face when implementing test and treat for all approach at a local hospital in Morija Lesotho.	

Methods

The study followed a qualitative, explorative, descriptive and contextual designs. The study was ethically approved by the Stellenbosch University and the Ministry of Health Lesotho. The population which was purposively selected comprised of professional nurses, medical doctors, trained counsellors and nursing assistants providing health care services to clients who initiated and or witnessed ART initiation from the 1st June 2016. Data as collected through semi structured interviews and filed notes and the interviews were recorded with an audiotape recorder. Data collection continued until data saturation. The tape-recorded interviews were transliterated to verbatim and analysed using Tesch's eight-step method.

Results

Four males and nine females age ranging from twenty-seven to sixty years participated in the study. Three themes emerged from the results: (1) health related challenges (2) barriers to treatment and (3) resource challenges. Some of the health challenges encountered include psychological challenges and physical adverse effects. Barriers to treatment included patient follow up challenges and fears. Human and financial resources were also identified as challenges.

Corresponding Author's details:

First Name: Last/Surname: Maithabeleng Litlallo Tsolo

Institution: Scott College of Nursing

Job Title: Nurse Educator

Postal Address: P/Bag Morija City: Maseru Country: Lesotho

Office Phone: 52500111

Mobile Phone: +266 58861202

Email Address: maithatsolo@yahoo.com

Preferred mode of presentation: Oral and to be presented physically

ABSTRACTS FOR ECSACON SCIENTIFIC CONFERENCE June 23, 2021

TITLE:PREVALENCE, RISK FACTORS, TREATMENT AND IMMEDIATE COMPLICATIONS OF PERINEAL TEARS, AMONG NATIVE WOMEN GIVING BIRTH AT HAYDOM LUTHERAN HOSPITALS INMANYARA REGION NORTH-CENTRAL TANZANIA	
Author name: Veronica Mariray	
*Corresponding authors. IPYANA Mwampagatwa	Affiliations ¹ School of Nursing and Public Health; University of Dodoma Website: www.udom.ac.tz ² Department of Obstetrics & Gynecology, Haydom Lutheran Hospital
Background: Perineal trauma is an injury that involves the soft tissues, nerves and muscle of the woman's pelvic floor muscles sustained during vaginal birth.	
Objectives: The aim of the study was to assess the prevalence risk factors, treatment and immediate complications of perineal tears, among native women giving birth at term in selected hospitals in Manyara region Tanzania.	
Methods: This was observational hospital based cross-sectional study through face-to-face interview and perineal examination within 24 hours after delivery for 384 women whom delivered at selected Health facilities between Aprils and June 2018 at Haydom Lutheran Hospital in Manyara Region north-central Tanzania.	
Results: During the study period, a total of 384 during labour were recruited in the study. Where by overall prevalence of perineal tear (regardless of parity) was 51.8%. Risk factors that showed a statistical significance to be associated to perineal tear include Parity (AOR= 1.519 , p=0.046), FGM (AOR= 2.804 , p=0.000), Episiotomy, (AOR 12.609 , p= 0.000), Perineum status (AOR 5.249 , =p 0.000), and All 4complete Less< 4complete with (AOR 20.201 ,=p 0.000).	
Conclusion: Prevalence of perineal tear among women whom gave birth for selected Hospital in Manyara Region was high [51.8%] and the primipara were more prone to tear, but lower among multipara, being a multipara is protective against perineal tear. Second degree tears were the most common degree of tear.	
Corresponding Author's details: First Name: Veronica Mariray Institution: HAYDOM INSTITUTE OF HEALTH SCIENCE Job Title: MSc in Midwifery Postal Address: City: Manyara , Country: Tanzania Office Phone: Mobile Phone: 0784661289 Email Address: veromariray@yahoo.com	
Corresponding Author's details: First Name: Ipyana Mwampagatwa Institution: UDOM -CHAS Job Title: Gynecologist Postal Address: City: Dodoma , Country: Tanzania Office Phone: Mobile Phone: 0719285811 Email Address: imwampagatwa@yahoo.com	

ABSTRACT FOR ECSACON 14TH SCIENTIFIC CONFERENCE

TITLE: STRATEGIES FOR COPING WITH STRESS RELATED TO INTRADIALYTIC EVENTS UTILIZED BY PATIENTS ON HEMODIALYSIS AT THE RENAL UNIT, KENYATTA NATIONAL HOSPITAL- KENYA.

Author Name: LYDIA N. MUTHOKA

BScN, MScN (RENAL) - UON

Corresponding author's Email: ndanulydia@gmail.com

Institution(s) and affiliations: University of Nairobi.

North Coast Medical Training College.

Background & Objectives:

Chronic Kidney Disease (CKD) prevalence has increased immensely, estimated at 8-16% globally, consequently resulting in large numbers of patients with end stage renal disease (ESRD) requiring renal replacement therapy (RRT). Hemodialysis (HD) is mostly used in the developing countries like Kenya. Hemodialysis is linked with complications that affects the quality of life of these patients. These complications are stressful to the patients, requiring them to cope. Individuals cope differently to stressful events. Coping mechanisms are broadly categorised into problem focused and emotion focused. Most patients on HD tend to use emotion-oriented coping strategies to cope with stress. Emotion focused strategies has shown to result in poor therapy outcome and low health related quality of life. Patients undergoing HD at KNH have been found to have a low health related quality of life, non-adherence to treatment schedules as well as anxiety and depression. These could be as a result of stress related to HD therapy especially intradialytic complications. This study therefore aimed at identifying the strategies utilised by patients on hemodialysis at Kenyatta National Hospital to cope with stress related to intradialytic complications.

The objectives of this study were to identifying the coping strategies used by patients to cope with intradialytic related stress, determine the common types of intradialytic complications experienced at the renal unit, and the level of stress.

Methods:

Quantitative cross-sectional study design was used to meet the objectives of this study. A researcher administered questionnaire was used to obtain demographic and clinical data. Jalowiec coping scale was used to identify coping strategies and a Stress visual analog scale was used to determine the level of stress. 96 respondents were recruited using random sampling method.

ABSTRACT

SUB-THEME: Beyond Zero Maternal and Neonatal Deaths: The Role of Nurses and Midwives.

TITLE: Integrating Respectful Maternity Care into Tertiary Midwifery Education

Author(s):

Name: Dr Priscilla Mataure

Corresponding author's Email:

mmataure@zol.co.zw

Institution(s) and affiliations:

Women's University in Africa

549 Arcturus Road Manresa

Harare

Zimbabwe

Background & Objectives:

Respectful Maternity Care (RMC) has been shown to promote the health of childbearing women and their families thereby lessening the burden of maternal and neonatal mortalities and morbidities. The Women's University in Africa (WUA) has embraced the principles of RMC and incorporated the model of care into the midwifery education curriculum for the BSc Degree in Midwifery programme. In order to cascade the RMC concept to service providers a workshop, the first of its kind in Zimbabwe, was conducted to train trainers to become RMC champions and advocates. Their role would be to promote respectful maternity care in health institutions and also to model the concept as a style of care for midwives at pre-service training institutions and tertiary learning institutions. The workshop aimed to enhance the competences of midwifery educators to institutionalise and integrate RMC as a model of care for childbearing women and their families in all institutions of care and learning.

Methods:

The Training of Trainers was conducted as an interactive process. Participants were drawn from senior midwifery service providers in government and municipality-managed health institutions and also included lecturers from universities that offer midwifery training and services. The three-day workshop was designed to be highly participatory and it included sessions in self-reflection such as real-life video presentations of women's experiences of care in hospitals, role playing, values clarification and storytelling. Gallery walks displaying a range of birthing positions were used as a training method. Use of reflective diaries was introduced as a tool for learning and reflection on experiences encountered at the workplace. Trained midwives were followed up after training to provide support and learn from their experiences and practice following training.

Results:

Participants expressed having been transformed by the training. The workshop drew a number of lessons from the presentations, discussions and from sharing of individual and institutional experiences among participants. The participants drew important lessons from the training such as: the need to self-introspect and “allow an inner change” in midwives in order to embrace RMC. Other lessons included developing attitude and behavior change and embracing responsibility and accountability in midwives for improving maternal and neonatal health outcomes regardless of any challenging situation encountered during maternity care. They advocated for change in the management of the health system that will promote sustained change of attitude and behavior of midwives towards their clients. Several suggestions were proffered.

Conclusion/Recommendation:

The success of the training was evident through the sound recommendations from participants on the need to cascade similar training to more midwives and need for support in implementing the RMC concepts throughout service delivery. There should be lobbying for adequate resources to promote RMC implementation in hospitals and midwifery training institutions throughout the country. An ongoing support system for midwives should be created for continued support and assistance, relief of burnout, learning and the sharing of experiences. This would require regular meetings and communication through the internet and social media among other communication strategies.

Key words: Respectful Maternity Care, Training of Trainers, Tertiary Institutions, Midwifery

Corresponding Author’s details:

First Name: Priscilla **Last/Surname:** Mataure

Institution: Women’s University in Africa

Job Title: Senior Lecturer and Programme Coordinator

Postal Address: No. 7 Coronation Avenue, Greendale

City: Harare **Country:** Zimbabwe

Office Phone: 263 242 459601/459647

Mobile Phone: 263 772365234

Email Address: mmataure@zol.co.zw

Preferred mode of presentation (Oral or Poster): ORAL

Ecsacon Abstract

Title Managing Covid 19 Cases in Homa Bay County in Kenya	
<p>Authors Names</p> <p>Prof Richard Muga CEC Homa Bay County</p> <p>Dr Iscah Moth COH Homa Bay County</p> <p>Dr Gordon Okomo CDH Homa Bay County</p> <p>Mr. George Bola Nursing Referral Officer Homa Bay County</p> <p>Corresponding Authors email mothissy@gmail.com</p>	<p>County Government Ministry of Health Homa Bay, Kenya.</p>
<p>Background</p> <p>World health organization (WHO) confirmed the new disease condition which presents with acute respiratory syndrome, reported in Wuhan City of China, as a new corona virus. It was first reported on 31st December, 2019. The virus was named SARS-COV-2, novel Coronavirus, -Ncovid, or Corona-Virus Disease 2019, later abbreviated as (COVID-19).</p> <p>COVID-19 infection was first reported in Kenya on 12th March, 2020, in Nairobi City, but has since been reported in all corners of the country. By July 2020, the country had reported 15,000 cases of the infection and 6,000 recoveries. Case load has since grown tremendously, and the Ministry of Health reported the country reached case load of 183,603, with recoveries at 125,388 and 3,621 deaths.</p> <p>Homa Bay County first reported COVID-19 infection on 17th April, 2020 when a driver who ferried some passengers from Nairobi to Karachuonyo tested for COVID-19 virus turned positive. Since then the county recorded exponential growth in case load up to a total of 1,258 confirmed cases and 59 deaths with case fatality rate of 4.7%. Out of these cases, 1,257 cases (99.8%) were local transmissions and one (0.2%) an imported case. The objectives was to prevent the spread of Covid 19 and to ensure compliance with the protocols provided by the government by the people of Homa Bay County.</p>	
<p>Intervention</p> <p>The intervention started with investigations and verifications if there could be any case of Covid 19 in the county. The CEC health shared with the county commissioner on what to put in place to provide security barriers at borders to the county. Surveillance activities were enhanced since the first case was identified, the county established 8 isolation facilities from each sub county for management of cases within their areas. Covishield vaccine (Oxford AstraZeneca) was introduced during the month of March 2021 for frontline health workers, security team, teachers, those with existing medical conditions and the aged 58 years above. The county has maintained weekly stakeholders meeting where the governor and his deputy are in attendance, county commissioner, CEC and partners discuss issues reported and recommending action dreamed necessary.</p>	

Challenges

The big margin in the case fatality rate in the county can be associated with the challenges that the county is grappling with as it tries to minimize the negative effect of the pandemic. The major challenges being faced by the county include dealing with the pandemic, enforcement of COVID-19 regulations and requirement compliance with covid-19 protocols in learning institutions and public places, inadequate resources to facilitate critical response pillars limiting response capacity in contact tracing and follow-up of cases, lack of referral emergency response teams at the health facilities and central ambulance operation/ dispatch center, identification of contacts for cases and their follow up, recruitment of HDU and ICU staffs.

Lessons Learnt

Home Based Integrated Care (HBIC) is the answer to the escalating number of COVID-19 cases in the county. Linkage and continuum of care has to be enhanced. HBIC has good outcomes if discharge and continuum of care plan with the involvement of the patient, and family, during discharge for home based care. To minimize the risk of wide spread community transmission. Referral and handing over of patients to the link facility and to the community unit for community based continuum of care is vital. CHVs are the link between primary facilities and the community referring patients from the community to the family and back when condition improves.

Corresponding Authors Details.

Dr Iscah Moth

Ministry of Health Homa Bay

Address Box 53 40223 Homa Bay

Mobile phone +254721310531

Email mothissy@gmail.com

Preferred presentation Oral presentation

TITLE: The clinical effectiveness of hot water bottle to Patients with COVID-19

AUTHOR: Main Author's Name: Principal Nursing Officer Jane E. Bararukuliliza, B.Sc.PNO I, Diploma, RN, RM,

Other Authors: Nursing Officer Jesca Tarimo (Nursing Officer), 6 Assistant Nursing officers Vicky Mtei , Edith Massawe, Zakaria Daniel, Veronica Khaday, Jackline Tarimo and Mwajuma Kitenge , Nurse II Sara Simon and Catherine Bendera.

CORRESPONDING AUTHOR'S E-mail: janebara85@gmail.com

Mobile: +255 754 635846 /+255 785 775 359

INSTITUTION: Mt Meru Region Referral Hospital, Arusha –Tanzania

ABSTRACT

Background and objectives

The current deadly global COVID-19 reported first from Wuhan China on 31st December 2019 as pneumonia outbreak of unknown cause. By January 7th 2020 WHO officially announced new coronavirus identified in humans for the first time and named the virus ‘Severe Acute Respiratory Syndrome Coronavirus two (SARS CoV-2)’ that cause the reported pneumonia of 2019. This pneumonia named COVID-19 to differentiate it from SARS and MERS. Since then the disease spread rapidly through droplets from an infected person’s cough, sneeze, or breath that tend to fall on adjacent surface that you touch before touching your eyes, nose, or mouth. SARS CoV-2 keep changing through mutation that new variants emerge and disappear or persist.

In COVID-19 pneumonia, the viruses affect air sacs (alveoli) in the lungs, interfere gaseous exchange of oxygen and carbon dioxide between the lungs and the bloodstream. The immune system send WBCs to fight off the viruses. The interaction between viruses, proteins and white blood cells produce a pus-like fluid that fills the air sacs making it difficult for oxygen to be taken into the blood. This causes a low oxygen saturation, cough, difficulty in breathing and shortness of breath.

The overall objective of this clinical nursing experience was to explore the effectiveness of hot water bottle to patients diagnosed with COVID-19 presents hypothermia, Low Oxygen saturation, cough and difficulty in breathing.

METHODOLOGY

A clinical nursing experience conducted on 24 patients hospitalized at Mt Meru Hospital in June 2021 to explore the effectiveness of hot water bottle to patients’ diagnosed COVID-19 presents hypothermia, Low Oxygen saturation, cough and difficulty in breathing. Nurses involved in manipulating were those working in grade one section in normal routine hospital shifts.

Out of 24, 6 patients aged between 30-50 years, 9 aged 51-65 and 9 above 66 of which 14 were females and 10 males. Underlying medical conditions presented include cardiovascular diseases, diabetes, HIV/AIDS and Asthma.

The intervention involved applying hot water bottle to patients with COVID-19. This started by improvised bottle where water boiled using kettle, poured in plastic bottles, “chupa za maji ya Kilimanjaro”, closed tightly and placed in bed where patient is lying. One bottle placed on the lower part of the body nearest the feet, the second and third bottles placed on the upper part of the body one behind the chest and the other anteriorly. This goes together with positioning of patients to left, right and prone positions while avoiding supine position to promote lung oxygenation. Got patients well covered with beddings in a comfortable noiseless room. The patients informed about the procedure to gain cooperation. Hot water bottles refilled every after 8 hours to maintain patient warmth. If patient sweats, beddings reduced leaving the hot water bottles in place.

Results; Patients reported to experience deep sleep, which not experienced prior to application of hot water bottle followed by suddenly sweats experienced soon from wake-up, warmth, and reduced chest pain experienced in shortness of breath. Temperature raised to normal and maintained throughout the study despite cold weather. Oxygen saturation at room air increased to normal for patients with mild and moderate COVID-19 experienced. Asymptomatic patients with confirmed

COVID-19 remained asymptomatic up to 14th day when PCR test for COVID tested negative. Body warmth prevents disease progression from mild to moderate or moderate to severe illness. The patients discharged home within 4-5 days of hospital stay. The use of original hot water bottle instituted to replace improvised hot water bottle.

CONCLUSION AND RECOMMENDATION

There is a close relationship between coldness and cold related symptoms among patients diagnosed COVID-19. The nursing care of patients with COVID-19 should include use of hot water bottles regardless of medicine administered. The hot water bottle has been clinically applied directly on patient's body part with pain and low temperature. The transferring the same clinical practice to COVID-19 patients has proved to be effective.

Therefore, there is a need to change this Hot water bottle care and treatment methods into further clinical research , in form of a scientific research (pilot study) then the pilot results will be used to conduct a big scientific research on the effectiveness of hot water bottle among COVID-19 patients in Tanzania and worldwide.

ACKNOWLEDGEMENT

We appreciate the support and encouragement from Hospital Management mainly the Medical Officer in charge and Nursing Officer in charge for Mt Meru Regional Referral Hospital. We acknowledge all patients for experience sharing.

Title: Knowledge and Skills Gap of Midwives to Conduct Obstetric Ultrasonography Screening in Primary Health Care Facilities in Kajiado and Kisii Counties, Kenya

PI: Dr Micah Matiangi

Email address: Micah.Matiangi@Amref.ac.ke

Co-investigators: Priscilla Ngunju, Dr. Josephat Nyagero, Jarim Omogi

Organisation: Amref International University

Sub Theme: Beyond Zero Maternal and neonatal deaths: The role of nurses and midwives

Abstract

Background: Ultrasound remains a tool of much importance in maternity care with midwives regarded as key health professionals when it comes to care of pregnant mothers. There is however limited study on the knowledge and skills gaps of midwives in conducting obstetric ultrasonography screening.

Objective: The purpose of this study was to assess the specific obstetric ultrasonography knowledge and skills gaps among midwives based in primary health care facilities.

Methods: A cross-sectional study employing both qualitative and quantitative method was conducted between July and August 2019 with 274 midwives. A structured questionnaire was used to collect data while Focus group discussion and Key Informants Interview were used to collect qualitative data. Descriptive statistics were used to summarize the data test associations between variables while the qualitative data were used to compliment the questionnaire data in eliciting more information on the gaps.

Findings: Almost all (94.5%) the midwives had never been trained on any basic obstetric ultrasound while six of those that had been trained in early stages by the project lacked equipment to practice the acquired skills. More than three quarters of the respondents opined that they wished to provide personalized care services to mothers/clients seeking Antenatal Care Services (ANC) in their community at a fee while only 13.9% had knowledge that obstetric screening should be done before 24 weeks' gestation. Four out of ten of the respondents scored themselves a one (1) on the level of confidence they have using an ultrasound machines or technology.

Conclusion: There still remains a huge gap as far as training of midwives on basic ultrasound screening is concerned. The lack of basic obstetric ultrasound screening skills is a barrier to rolling out Point of Care Ultrasound (POCUS) screening services. However, midwives are motivated and willing to learn basic ultrasonography skills to further the objectives of Universal Health Coverage (UHC). Concerted efforts should be made to train midwives on basic obstetric ultrasonography skills in addition to availing mobile/hand held ultrasound technology in Primary Health facilities for them to apply the transferred skills. A sustainable business model to enable mothers continuously afford the services is critical as well.

**THE EAST, CENTRAL AND SOUTHERN AFRICA COLLEGE OF NURSING (ECSACON)
14TH SCIENTIFIC CONFERENCE**

8- 10 September 2021

Theme: Nurses and Midwives responding to Global Health Challenges of the 21st Century

Sub-Theme: Beyond Zero Maternal and neonatal deaths: The role of nurses and midwives

Title: The Contribution of midwives and nurses towards zero maternal and neonatal deaths in Lamu County

Authors and Affiliations: Bahati J Mburah..... CGL-Lamu

Corresponding author: Bahati Mburah, E-mail mburahbahati@gmail.com, +254 721 939 777

Background and Objectives

Midwives hold the key to zero maternal and neonatal deaths in Lamu County in particular and Kenya in general through evidence-based and effective interventions to mitigate maternal helplessness and deaths during difficult deliveries.

Kenya has a shortage of its health workforce, more so the midwives, coupled by the fact that the health workforce data is not readily available, not planned and no autonomy or description of the midwives' scope of service. As evidenced in the State of the World's Midwifery (Sowmy) 2021 report Low income countries struggle to meet needs and expectations due to poor planning, poor data systems and poor assessment of the workforce ability to meet the need for health care services.

Fewer midwives in Lamu County has led to low access to quality SRMNAH especially in the underserved regions where geographical access is an issue of concern through insecurity and geographical terrain. Poor deployment of the health workforce has led to the few Nurse midwives working in areas they are not specifically trained on leading to increased numbers in maternal and neonatal complications.

Due to poor Access and quality of care occasioned by less midwives, poor training and deployment, Lamu still experiences high maternal and neonatal deaths. Kenya needs to invest in direct entry for midwives training, regulation and deployment.

According to ICM survey 2020, Kenya has a midwifery professional need of about 30000 but the actual available is about 2000 Midwives. This is largely due to the fact that Kenya had no direct entry pathway for midwifery until recently where such matters have been deliberated on. There are also very few Midwifery Educators in the country hence the potential to meet the demand of Universal Coverage of SRMNAH stands at 72% according to the report.

Most Nurses and Midwives have a passion to improve maternal and newborn health outcomes across the world, however the systems have consistently failed them and failed our mothers as evidenced by the high MMR still experienced in the County. It will be a great idea if the midwife is given prescribing rights and licenses, to help reduce maternal deaths!

Globally the Maternal mortality between 2016 and 2017 was 211/100,000 live births. Different Countries had different MMR- United Kingdom had 7/100,000 live births, while the USA had 19/100,000 live births, South Africa 119/100,000. Nigeria had 917/100,000, Tanzania 524/100,000, Uganda 375/100000, and Kenya had 342/100000 live births. (Maternal Mortality ratio: our World in Data).

Lamu County is one of the fifteen counties that contribute to 98% of all maternal deaths in Kenya. In KDHS 2014 the county's maternal mortality rate was estimated at 676 per 100000 live births compared to the national rate of 362 per 100,000 live births. The infant mortality rate is 76 per 1000 whereas the national is 39 per 1000 live births. With support from UNFPA Lamu County endeavored to reduce the high Maternal Mortality rate that contributes to the poor maternal and child health indicators.

Lamu County Facility MMR			
Period / Data	Maternal Deaths	Live Births	Contribution per 100,000 live births
Jul 2015 to Jun 2016	9	2596	347
Jul 2016 to Jun 2017	10	2,773	361
Jul 2017 to Jun 2018	3	2,722	110
Jul 2018 to Jun 2019	2	3,712	54
Jul 2019 to Jun 2020	5	3,822	131

Methods

This was a retrospective analysis of data from County routine RMNCAH program in KHIS, facility reports, and other relevant reports such as the ICM survey, Sowmy Report for the period between 2016 and December 2020. These were compared to Kenya Demographic Health Survey (KDHS) 2014 indicators. Several indicators were reviewed including the expected pregnancies in the county, number of pregnant women registered in ANC services (1st ANC), Utilization of ANC services

(4th ANC), utilization of all Maternity services among ANC attendants, and number of deliveries by skilled birth attendants. The Number of maternal deaths were also reviewed and showed a declining trend over the years. Gaps in maternity services and best practices were documented. Data analysis of outcome measures was by descriptive statistics (simple frequencies, proportions and percentages).

Results

In 2014 Kenya had a 4th ANC coverage of about 58% while the delivery by Skilled Birth Attendant stood at 62%. There were about 46703 Nurses in Kenya in 2018 translating to about 8.9 nurses per 10,000 populations while the midwife population at the same period was 2092 translating to 0.4 per 10,000 populations since Kenya had a population of about 52million people. This highlights the huge critical gap existing in midwifery human resource and the need to invest in it.

The Facility MMR in Lamu County has dropped from a high of 347/100,000 births in 2016 to 131/100000 live births in 2020, Deliveries by Skilled birth attendants increased from 68% to 85% in the same period while Family Planning Uptake improved from 53% to 79%. HIV Uptake among 1st ANC mothers has been above 100% while the 4th Visit uptake has been low and dropped from 62% in 2016 to 52% in 2020. Maternal deaths has gradual reduced from 10 to 4 yearly.

Discussions

Her Excellency Margaret Kenyatta the First Lady of the Republic of Kenya, Launched Beyond Zero Campaign in 2014 inspired by the realization and knowledge that maternal and children deaths are preventable.

Nurses/Midwives have played an integral part on reducing maternal and Neonatal deaths by working closely with CHVs and TBAs as referral Agents and this has led to an increased uptake in ANC services, Deliveries by skilled Birth attendances and Family planning which all together have reduced the number of deaths. High Impact interventions such as the use of Mama Packs as incentives to mothers to deliver at the health facilities saw a huge jump of deliveries by skilled birth attendants to above 86% in 2019. Through these incentive midwives hope to breed a culture of facility deliveries among women in Lamu County. Sustainability issues come into play as we engage in such interventions.

Conclusions and Recommendations

- Nurses and Midwives play a critical role on all spheres of health care including health promotion, disease prevention and delivering both primary and community care and are key to achieving UHC hence investing in PHC especially the underserved areas.
- The future of Nursing and Midwifery lies in the fact that midwives and nurses must be given space to deliver health policies, be involved in development of strategic and operational plans in Nursing and their expertise sought after in development of Human resource for Health therefore the need for Midwife led models of care.
- Investing in Nursing and midwifery is always good value for money and only a little way in paying them according to the work they do and recognizing them can go a long way in reducing maternal and neonatal deaths. Investing in midwives facilitates positive birth experiences and outcomes and facilitates economic growth and stabilization.
- Investing in Health workforce data systems and planning that will reflect on Autonomy and Professional scope of midwives.
- There is need for effective regulatory systems, Increasing Midwifery educators and trainers and Supporting Education and Training institutions.
- We also need to invest in midwifery leadership and governance by strengthening the institutional capacity for midwives to drive the health policy agenda and advancement.

Abstract

Association between Partograph Completeness and Prevalence of Birth Asphyxia, among Neonates in Kagera Region: A Case- Control Study.

Author(s):

Beatrice B Kambuga ^{1*}, Stephen M Kibusi¹, Secilia K Ng'weshemi ²

*Corresponding Author

Emails:

BBK: beatricekambuga2@yahoo.com +255755324396

SMK: skibusi@gmail.com +255712600966

SKN: mwatty92@yahoo.com +255754690877

Affiliations:

¹School of Nursing and Public; The University of Dodoma (UDOM).

²Department of Obstetrics & Gynecology, Bukoba Regional Referral Hospital (BRRH).

Website: www.udom.ac.tz

Background: Birth asphyxia is reported to be higher in developing countries and sub Saharan Africa where neonates' mortality rate is higher as 40-50/1000 live births. In Tanzania, NMR has remained higher for the past years and the current estimation is approximately 25 per 1000 live births (Tanzania Demographic Health Survey, 2015).

Objectives: This study intends to determine the association between partograph completeness and the prevalence of birth asphyxia among neonates in Kagera Region.

Methods: A matched case-control study of 517 random selected neonates was conducted in five districts in Kagera region from April to end of June 2018, controls were matched to the cases based on gestation age and birth weight of newborn with ratio 1:3 making a sample of 129 cases and 388 control. Partograph completeness was measured according to WHO guidelines while birth asphyxia was measured by Apgar score chart at one and fifth minute. Interview -administered questionnaire and checklist were used for data collection. Descriptive statistics were used to analyze the extent of partograph completeness and severity of birth while in inferential statistics utilized chi-square and logistic regression were used in determining the association of birth asphyxia with partograph completeness and other variables. asphyxia

Results: A total of 517 partographs were reviewed 56.3 % (n=291) were incomplete and 43.7% (n=226) were complete, even though birth asphyxia was observed more for incomplete partograph 28.2 % (n=82) as compared to complete partograph 20.8 % (n=47). Chi-square test indicated that, there was a significant association between partograph completeness and birth asphyxia (p=0.034) but after regression findings show that, incomplete partograph was not associated with the presence of birth asphyxia.

Age of the mother 15-19 years (AOR= 2.409 p=0.046) and ANC of ≥ 4 visits (p=<0.001), primary level facility during ANC visits (p=0.040, p=0.045). Referral (AOR=1.694 .p=0.029) and oxytocin augmentation (AOR= 3.202, p=0.013), were the risk factors identified for birth asphyxia.

Discussion : Based on results of this study, lack of partograph completeness does not adversely

affect birth asphyxia, meaning to the utility of partograph this could be explained that, there was a possibility of mothers being well cared during laboring but documentation in partograph was not done due to high workload of nurse midwife even though, surprisingly did not show association.

Conclusion: Partograph completeness rate was low but not associated with birth asphyxia. Other risk factors were observed including, age of the mother, number of ANC visits, and attending at primary level facility during ANC, referred mother and oxytocin augmentation showed a significant association for birth asphyxia.

Recommendations:

- Organize continuous educational programme, update knowledge and skills of nurse's midwives in labour management and partograph completeness.
- Further intervention research to be done to determine the association between partograph completeness and birth asphyxia
- The Ministry for Health and other health stake holders, to be aggressive in partograph completeness across the country and risk reduction to have at least 4 and above ANC visits, capacity building in facility level, proper monitoring of augmented labour and proper mode of delivery.

Corresponding Author s details

First name: Beatrice **Last/Surname:** Kambuga

Institution: Dodoma Institute of Health and Allied Science

Job title: Nursing Officer

Postal Address: 595 **City:** Dodoma city **Country:** Tanzania

Office Phone:

Email Address: beatricekambuga2@yahoo.com

Preferred mode of presentation: **Oral-Virtual**

ABSTRACT FOR ECSACON CONFERENCE

Title: Knowledge on Glaucoma Among Adult Patients Attending Eye Clinic at Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), Dar Es Salaam

Authors

Name: Milcah Bulaya

Corresponding author email: bulayamilcah@gmail.com

Institution (s) and affiliations

1.CCBRT P.o box 23310, Dar es salaam

2. The Aga Khan University P.o box 125, Dar salaam

Background: Glaucoma is the leading cause of permanent impaired of vision worldwide, Initial discovery and treatment can stop blindness and complications of glaucoma. However to achieve this, Individuals need to have understanding about glaucoma and seek treatment regularly. Because at early stage glaucoma displays no signs or symptoms until later stages. Thus, this study aimed at to determine the knowledge of glaucoma among adult patients aged between 40 to 70 years attending the eye clinic at CCBRT hospital

Objectives

Broad objective

- To determine the knowledge of glaucoma among adult patients attending an eye clinic at CCBRT hospital

Specific objectives

1. To determine the source of information on glaucoma among adult patient attending eye clinic at CCBRT hospital
2. To examine the level of knowledge on glaucoma among adult patient attending eye clinic at CCBRT hospital
3. To establish the relationship between socio-demographic factors and glaucoma knowledge among adult patients attending eye clinic at CCBRT hospital

Methods: This was a cross-sectional study that employed quantitative data collection methods, with the use of a questionnaire. Descriptive statistics were used to describe the socio-demographic characteristics, knowledge and source of information about glaucoma. Also, relationship between socio-demographic factors and knowledge of glaucoma were investigated using Chi-square test and presented inform of tables and text summary

Results: Out of a total of 110 respondents, (n=64) 58.18 % were female. The age group of 40 to 50 showed high response compared to others by 44.55% Majority of participants had secondary education (40%) and primary level education (39.1%) also majority of participants were self-employed (47.62%). Approximately 41.8% (n=46) of respondents cited hospital, eye campaign and health providers as their source of glaucoma information. While 14.5% (n=16) cited media outlets like Television magazine, Facebook, and Instagram, and 10.9% (n= 12) reported that they never heard about it. The findings of knowledge category show that most of the respondents (n=67) 61.5% had low knowledge of glaucoma and about (n=44) 40% had high knowledge of glaucoma. The result revealed that gender and occupation ($p < 0.052$) had a statistically significant association with knowledge on glaucoma

CONCLUSION/RECOMMENDATIONS: The findings indicate inadequate knowledge of glaucoma among patients, therefore these data suggest that knowledge can be achieved through education to intensify effort to create awareness and reduce morbidity from glaucoma. Health workers need to consider mass training operations to create awareness on glaucoma and its associated risk factors.

CORRESPONDING AUTHORS DETAILS:

First name: Milcah

last/Surname: Bulaya

Institution: Comprehensive community based rehabilitation in Tanzania (CCBRT)

Job title: Registered Nurse

Postal Address: Po box 23310

City: Dar es salaam

Country: Tanzania

Office phone: +255 (0) 69 999 0000/1

Mobile number: +255 654380137/752375792

Email address: bulayamilcah@gmail.com

Preferred mode of presentation: Oral presentation

TITLE : Relationship between self-care practices and frequency of asthma attacks in adults aged 18 – 50 years

AUTHOR : Yevonnie Chauraya

NAME : Yevonnie Chauraya

INSTITUTION : National University of Science and Technology, Bulawayo,
Zimbabwe

CORRESPONDING AUTHOR : Alvord P.Charumbira

BACKGROUND AND OBJECTIVES :

Asthma is a chronic life threatening lung disease in which the airways become inflamed, resulting in wheezing (asthma attacks), coughing, chest tightness and loss of breath (Mohammad, Kunsongkeit and Masingboon, 2018 ; Murray & O'Neill, 2016; Ndarukwa, Chimbari and Sibanda, 2019). Asthma affects 300 million people globally and statistics are likely to increase by 100 million by 2025 (Mohammad, Kunsongkeit and Masingboon, 2018).

In Bulawayo, the second largest city of Zimbabwe, there has been high prevalence of emergency room visits with asthma attacks at 2 major hospitals in the past three years and percentage increase was 42.84% and 37.46% respectively indicating a rise in asthma attacks in Bulawayo.

Asthma attacks are more prevalent in urban than rural areas, more persistent and resistant to typical medications in adults, hence management requires active involvement by the person with the illness. Self-care practices are effective in asthma care, improve quality of life, reduce rate of emergency room visits by 60 %, hospital admissions by 66% and hospital stay by 46% (Mohammad, Kunsongkeit and Masingboon, 2018 ; Manchana & Mahal, 2014 Murray & O'Neill, 2016; Global asthma report, 2014).

In Germany, 4 million people suffer asthma, 23 million in United States of America where prevalence rate has increased by 60% and mortality doubled to 5000 per year (Mohammad, Kunsongkeit and Masingboon, 2018 ; Manchana & Mahal, 2014 ; Murray & O'Neill, 2016). Asthma attacks lead to loss of productivity through absenteeism from work, direct and indirect costs through hospital visits (Mohammad, Kunsongkeit and Masingboon, 2018 ; Rudan and Campbell, 2014).

There is a paucity of studies regarding self-care practices in asthma (Mohammad, Kunsongkeit and Masingboon, 2018 ; Adeloye,Chan, Rudan and Campbell, 2014) and the increasing number of emergency room visits for asthma attacks in Bulawayo indicate need

to determine self-care practices utilized. Hence the research to examine the relationship between self-care practices and frequency of asthma attacks in adults. Adults were targeted as asthma attacks are cited as being more persistent and resistant to typical medications and even a mild attack can be fatal in adults.

Purpose of the study

Purpose of the study was to examine the relationship between self-care practices and frequency of asthma attacks in adults aged 18 to 50 years.

Objectives of the study were to:

Investigate the frequency of asthma attacks in adults aged 18 – 50 years at 2 Central Hospitals in Bulawayo

Determine self-care practices utilized by adults aged 18 – 50 years at 2 central hospitals in Bulawayo.

Examine the relationship between self-care practices and frequency of asthma attacks in adults aged 18 – 50 years at a central hospital in Zimbabwe.

Methods

Descriptive correlational study design was used to determine the relationship between self-care practices and frequency of asthma attacks in adults aged 18 – 50 years at a central hospital in Bulawayo. Questionnaire was used to collect demographic data, data on self-care practices and frequency of asthma attacks from 80 subjects who met the inclusion criteria.

Data analysis

Data was analysed using descriptive and inferential statistics. Pearson correlation test was used to analyze relationship between self-care practices and frequency of asthma attacks and r was $-.642; p < 0.01$. Results indicated a significant moderate negative correlation, meaning that as self-care practices increase, frequency of asthma attacks decrease. Regression analysis was $R^2 = .412$ $p < 0.05$ indicating that 41.2% of the variation in frequency of asthma attacks was attributed to self-care practices.

EMPOWERING WOMEN TO SELF-MANAGE THEIR ABORTION ADDRESSES BARRIERS TO ABORTION CARE IN KIAMBU AND KAJIADO COUNTIES, KENYA

ABSTRACT

Background: An estimated 465,000 induced abortions occur annually in Kenya, translating into 2.6 per 1000 deaths of women and girls from unsafe abortion. Despite the WHO acknowledging the efficacy of medical approaches to managing abortion and miscarriages, and Kenya's constitution allowing for induced abortions under specific circumstances, medical abortion (MA) self-use is yet to be fully operationalized. Evidence shows that women empowered with accurate information can procure a safe abortion without the assistance of a health care provider in Low Middle-Income Countries where pharmacies and drug sellers have increasingly become an alternative avenue for other forms of SRH self-care. Ipas Africa Alliance (AA) thus sought to demonstrate the effect of educating women on MA self-care and linking them to potential MA access points, on the uptake and use of MA products in two Kenyan counties.

Method: AA implemented a 1-year Big Ideas III (BI3) project (July 2020-July 2021) that applied user-centered design (UCD) strategies to establish women's needs, perceptions, and knowledge regarding access to MA, culminating into women-centered interventions that addressed barriers to abortion self-use. Peer educators, social media, and inter-personal communication improved community knowledge and facilitated referrals for MA while pharmacists were trained to administer MA and follow up clients.

Results: 43,728 women and girls received information on MA. Most clients (87%) were aged 24 years and below, with 24% under 19 years. Of these, 780 women and girls received services from pharmacists. Two-thirds (n=518) were walk in cases while 33% were referred by project intermediaries. Of the walk-ins, 89% about MA from peers and family members while 5% received information from the AA website.

Conclusions: Disseminating information on abortion helps to increase uptake of MA services, with an observed need to enhance referral linkages between peer educators, community intermediaries, and providers

Keywords: self-use, medical abortion, information, peer educators, community intermediaries, pharmacists.

ABSTRACT

Title: Prevalence and indications of long-term indwelling urinary catheter among out-patients attending urology clinic at a tertiary hospital in Northwestern Tanzania	
Author(s): Asteria L. M. Ndomba1* , Rose M. Laisser1, Benson R. Kidenya2, Thecla W. Kohi3, Joseph R. Mwangi4 and Stephen E. Mshana5	Institution(s) and affiliations: ¹ Archbishop Anthony Mayala School of Nursing, Catholic University of Health and Allied Sciences, ² Department of Biochemistry, Catholic University of Health and Allied Sciences, ³ Department of Public Health & Community Medicine, St. Joseph, College of Health Sciences, ⁴ School of Public Health, Catholic University of Health and Allied Sciences, ⁵ Department of Microbiology and Immunology, Catholic University of Health and Allied Sciences.
Name: Asteria L. M. Ndomba1*	
Corresponding author's Email: ndomban@yahoo.co.uk	
Background & Objectives: People living with long-term indwelling urinary catheterization at home are increasing globally. Few studies on prevalence have been done globally and none in Sub-Saharan Africa. This study investigated the prevalence and indications of long-term indwelling urinary catheterization (IUC) at home in Northwestern Tanzania and to determine the reasons for staying long with an indwelling urinary catheter after diagnosis of benign prostatic hypertrophy was confirmed.	
Methods: This was a cross-sectional study conducted at urology clinic at Bugando Medical Centre, a referral hospital in the Northwestern Zone of Tanzania. The study population included 2112 patients attending the urology clinic from December 2016 to September 2017 with different conditions. From this population, 202 out-patients living with a long-term IUC either suprapubic or	

urethral were conveniently selected. A review of hospital records of these 202 out-patients was done using a pre-tested checklist. Patients were interviewed to collect additional information. Data were analyzed using STATA version 13 (college station, Texas). Descriptive statistics were used for categorical variable, whereas median [inter quartile range (IQR)] was used for continuous variables.
Results: The prevalence of out-patients living at home with an IUC was 9.6% (202/2112), CI (8.4–10.8). Age ranged from 18 to 95 years with the median age of 69 [IQR 61–77] years. Males 195(96.5%) formed the majority of participants. A total of 111 (54.9%) had catheters for ≥ six weeks and 123 (60.9%) had their catheters changed at least once. Common indications were benign prostatic hypertrophy (BPH), 129(63.9%) and urethral stricture 34 (16.8%). Reasons for the long stay with an IUC at home, especially for those without National Health Insurance Fund (NHIF) 49(94.2%) were endless appointments 23(52.3%), no money to pay for surgery 9(20.5%) and medical conditions 7 (16%). Only 3(0.1%) were under NHIF and were treated promptly.
Conclusion/Recommendation: Prevalence of long-term IUC in Northwestern Tanzania is high. Improved health care system is required to lower the high prevalence of long-term IUC at home through training of more urologists and these patients to be under the scheme of NHIF.
Corresponding Author's details: First Name: Asteria L.M. Last/Surname: Ndomba Institution: Catholic University of Health & Allied Sciences Job Title: Lecturer & PhD Fellow Postal Address: P.O.BOX 1464-Mwanza, Tanzania Phone: +255 755435470 Email Address: ndomban@yahoo.co.uk
1. Preferred mode of presentation (Oral), also I will attend physical.

Recommendations

Nursing practice can adopt some of the self-care practices in order to improve clients' quality of life. This study yielded information that may reduce frequency of asthma attacks.

Corresponding author's details

First name : Alvord P. **Last name :** Charumbira

Institution : University of Zimbabwe

Job title : Lecturer (Retired) (College of Health Sciences)

Postal address : University of Zimbabwe College of Health Sciences

Office phone : +263 774174223

Mobile phone : +263 774174223

Email : apcharumbira@yahoo.co.uk