



Global Health Practitioner Conference 2024 #GHPC24

Healthy Communities: Sustainable Environments

28- 31 October 2024 • Nairobi, Kenya

Technical Roundtables are dynamic, short-form presentations designed for maximum interaction. During the session, participants will engage with approximately 15 different tables, each hosted by a unique organization or project. The session is structured to allow participants to rotate between three tables, spending around 20 minutes at each. This format provides a valuable opportunity for participants to engage with diverse perspectives and projects, while table hosts remain stationed, enabling them to connect with three distinct groups of participants throughout the session.

TUESDAY, OCTOBER 29, 2024

Community Engagement to Fight Malnutrition Despite Insecurity in Burkina Faso.

Authors:

Gilles Waongo, Save the Children

Description:

VIMPlus, funded by USAID, aims to improve household food and nutrition security in the Centre-Nord region of Burkina Faso. Since 2015, terrorist attacks have caused widespread displacement, disrupting local economies, public services, and community activities. However, community nutrition groups known as GASPA have shown remarkable resilience in the face of these shocks. ViMPlus has supported the creation of 2,075 GASPA groups in 88 villages, involving 28,869 women, including 2,485 internally displaced persons (IDPs).

GASPA members, with the support of traditional leaders, lead sessions on adopting recommended nutrition behaviors and conduct screenings for malnutrition, referring suspected cases to health facilities. They also hold community-wide cooking demonstrations using locally sourced nutritious foods. To ensure year-round access to food, GASPA groups produce and store fortified infant flours and dried leafy vegetables.

Additionally, they raise funds to facilitate the purchase of nutritious foods and to cover travel expenses to health facilities when needed.

According to the ViMPlus 2023 annual survey, GASPA groups produced 31,046 kg of infant flour and 67,200 kg of dried leafy vegetables, detected and referred 1,226 malnutrition cases, and conducted 24,699 sessions and 7,439 home visits between 2022 and 2023. During this period, the proportion of children exclusively breastfed increased from 62.9% to 71.7%, while dietary diversity among mothers of children aged 6-23 months improved from 24.3% to 30.2%. The prevalence of acute malnutrition, chronic malnutrition, and underweight decreased from 9.5% to 7.8%, 29.8% to 28.7%, and 20.6% to 18.8%, respectively, according to 2023 SMART data.

The strong social support and endorsement from traditional leaders enable GASPA groups to operate effectively, even during periods of insecurity, while improving nutrition behaviors. Additionally, ViMPlus has addressed the needs of IDPs and fostered social cohesion between displaced and host communities.

Integrated Community-Based Hypertension Screening And Management In Woreda Innovation Center, Central Ethiopia.

Authors:

Eskinder Wolka Woticha, International Institute for Primary Health Care-Ethiopia

Description:

The burden of hypertension is increasing in low- and middle-income countries. Nearly one in six adults in Ethiopia are reported to have had hypertension while only 40% of them know their disease status. Hypertension diagnosis in Ethiopia is commonly done by hospitals, which is a major barrier for early detection. With a rising burden of the problem, it is critical to test the feasibility of hypertension detection by community health workers (CHWs) at primary health care level through task sharing. This study aimed to test the intervention of hypertension diagnosis by CHWs at community level

Methods: Interventional study was done in Central Ethiopia from October 2022 to July 2023. Baseline study by using mixed methods design was conducted before the intervention. Based on the identified gaps, intervention was designed. Process documentation and endline study was done by survey, In-depth interview and record review.

Results: Total of 2251 people screened at community and health post by health extension workers. Among the total screened, 199(8.8%) referred to Health Center because of the

raised blood pressure and 143 (6.4%) diagnosed as confirmed cases and started treatment. The level of agreement between the two sets of hypertension screening results by CHWs and other clinicians was 93.4%. Increased community awareness and health seeking behavior was documented. Strong referral linkage was created.

Conclusion: Community-based integrated hypertension screening and referral is feasible at health post and community level by the CHWs. There was an excellent inter-rater agreement between trained CHWs and other clinicians' blood pressure measurement.

The Census-based, Impact-oriented approach to comprehensive primary health care over three decades in Montero, Bolivia: Description and achievements, including long-term trends in mortality of children and mothers.

Authors:

Hilary Moshman, Impact Global Health Alliance (Formerly Curamericas Global)

Description:

Background: Though strengthening primary health care through community approaches is now widely accepted as essential to achieve global health goals, there are few examples of such programs and their effectiveness that have been implemented for more than a few years. This study describes the Census-based, Impact-oriented (CBIO) approach in Montero, Bolivia, managed by the Consejo de Salud Rural Andino (CSRA) that has been in operation for 36 years, and discusses the effectiveness of the program.

Results

While the Program provides services at clinics, its success lays in strong community outreach and community engagement that enables community health workers to visit every household regularly, that identifies families with high risks and special needs, and that involves the community in reviewing and addressing local health priorities. The collaboration between clinical health staff, community health workers and the community was a key contributor to the uptake of utilization of clinical services and change in key health-related behaviors.

This program has achieved near-universal coverage of key child survival interventions and achieved levels of child and maternal mortality comparable to those in the United States. The under-5 mortality rate of the Program area decreased from 109 deaths per 1,000 live births in 1992 to 3.2 in 2018. From 2009 to 2018, the Program reported a maternal mortality ratio of 33.8 maternal deaths per 100,000 live births for this ten-year period.

Conclusion

The Program's strategies of community engagement have worked effectively for more than three decades, worthy of consideration for broader replication to improve health outcomes.

Learning for Humanity: Transforming Healthcare Systems Via e-Learning for Catholic Sisters and Frontline Health Workers.

Authors:

Govinda Bilges, Kristen Lilley, Laurie Hurley, Kenneth Muko, Esther Miranda Rodriguez,
Medicines for Humanity

Description:

In many underserved areas of the world, Catholic Sisters and their staff are the only source of health services for marginalized communities. They address public health challenges and catalyze sustainable change, leading to significant improvements in health outcomes within their communities. To maximize their impact and efficiency, these dedicated Sisters and their staff need access to updated, accessible, and effective educational opportunities, training resources, and tools to further develop their skills in healthcare management and service delivery.

Learning for Humanity (L4H) is an e-learning platform developed by Medicines for Humanity using a Human Centered Design process. The goal of L4H is to strengthen the knowledge and skills of frontline health workers to improve the quality of clinical and community health services and reduce maternal and child mortality. Designed to meet the unique needs of its target audience, L4H is flexible and user-friendly, with diverse, interactive content that models applicable, real-life situations. Available in three languages, courses include live events and opportunities for students to engage with each other, share experiences, and exchange resources.

Since 2021, L4H has enrolled 1144 students from 33 countries, including clinic managers, physicians, pharmacists, CHWs, and clinic administrators. Upon completing courses, L4H students have used the knowledge to implement health programs and operational systems, resulting in increased facility revenues, improved access to care, and decreased neonatal deaths. Examples include newly developed human resource procedures, budgeting systems, revenue-generating activities, pharmacy protocols, community health worker programs, community nutrition services, and water, sanitation, and hygiene education programs

A Simplified, Contextualized Assessment Tool for WASH in Health Facilities: World Relief's Experience in South Sudan.

Authors:

Authors:

Prava Chhetri, Emily Chambers Sharpe, John Ecumu, World Relief

Description:

Clean water, proper sanitation, and hygiene behaviors, including universal precautions, play a key role in disaster risk reduction. In health facilities in fragile contexts, WASH is even more important. World Relief adapted a tool to assess the state of WASH in community-based health and nutrition facilities in Koch and Fangak counties, South Sudan. The WASH in Health Facilities Assessment tool focused on basic infrastructure, services, and supplies, medical waste management, risk management, and hygiene practices of providers and clients.

The assessment was piloted in 5 primary healthcare (PHC) and nutrition facilities using forms on the ODK (open data kit) platform. Based on feedback from the field staff, volunteers, community members, and health care providers, the tool was adapted further and administered in 23 PHC and nutrition sites. The data collected were visible in real time for easy cleaning and validation before being integrated into Power BI dashboards for analysis, visualization, and reporting.

Some key findings showed that safe drinking water was present in the majority (91%) of locations surveyed, and 81% of facilities had containers for collecting waste. Nearly 40% of facilities lacked appropriate sanitation facilities, and the same proportion also lacked functional burial pits. With the results, World Relief developed plans for investing program resources in improvements and resilience projects. This presentation will focus not only on the experience of World Relief South Sudan but also on ways that others might use the WASH in Health Facilities Assessment tool in other settings.

Integrating Environmental Mitigation and Monitoring into Family Planning Projects: Experience from the Scaling Up Family Planning Programme in Mainland Tanzania and Zanzibar.

Authors:

Ramadhani Mlange, Moke Magoma, Deus Ngerangera, Anna Temba, Danielle Garfinkel, Kate O'Connell, EngenderHealth

Description:

Tanzania, like many developing countries, faces challenges related to limited access to sexual and reproductive health and rights, and environmental degradation. Integrating environmental mitigation measures, like monitoring carbon emissions and improving medical and nonmedical waste management during routine and outreach health services, such as family planning can yield synergistic benefits for both human well-being and environmental sustainability.

Methodology:

We deployed environmental monitoring and mitigation interventions to all 616 supported facilities across 8 regions in mainland Tanzania and Zanzibar. Key interventions from 2020 to 2023 included prioritizing virtual meetings, utilizing shared vehicles for various program activities to reduce carbon emissions, capacity building on the proper disposal of waste, and improving forecasting and redistribution of overstocked commodities to prevent expiration.

Results:

Supervision was conducted in a total of 616 health facilities supported by the program, to enhance capacity building in proper medical and non-medical waste disposal, as well as in forecasting and redistributing overstocked commodities. Additionally, the program monitored carbon emissions annually as a proxy indicator and assessed these changes in emissions against programmatic needs and choices over times.

Conclusion:

Integrating environmental mitigation and monitoring into family planning and other health services in Tanzania offers a promising pathway to sustainable development, balancing the needs of current and future generations while safeguarding the environment. By adopting an integrated and interdisciplinary approach, policymakers and practitioners can create synergies between reproductive health, and environmental conservation, ultimately contributing to healthier, more resilient, and more sustainable communities."

“The decision is mine”: learnings, tools and approaches from a disability inclusive family planning project in Nigeria.

Authors:

Maryam Aminu, Monday Okwoli, Salome Net, Uzoamaka Ike, Michael Odong Sightsavers

Description:

As part of the UK Aid flagship Disability Inclusive Development (DID) programme, Sightsavers is implementing the Inclusive Family Planning Project (IFPLAN) in northern Nigeria, through a consortium that includes BBC Media Action, the Joint National Association of Persons with Disabilities, the Network of Women with Disabilities, and government partners.

IFPLAN aims to improve access to family planning services and sexual and reproductive health and rights (SRHR) for people with disabilities, especially women and girls, ensuring their right to free and informed consent and bodily autonomy. The project focuses on ensuring that service providers deliver inclusive and accessible services and information, while organizations of people with disabilities are actively involved in policy and decision-making processes.

To date, IFPLAN has trained 1,500 health workers in disability inclusion, reached over 3 million people through an inclusive radio drama, implemented innovative social and behavior change activities at the community level, and contributed to the adoption of the national SRHR policy for people with disabilities in Kaduna State.

This technical roundtable aims to showcase a suite of tested tools and approaches that stakeholders can implement in their programs to identify barriers and improve access to family planning and SRHR for people with disabilities. These include:

- Training packages on disability inclusion and gender equity
- An inclusive board game
- An accessible communications toolkit
- Inclusive communication materials such as posters, leaflets, booklets, and facilitator guides for inclusive champions
- Social media cards, animations, and video testimonials
- An accessibility toolkit for health facilities
- A disability-inclusive scorecard.

Social Mobilisation based on Research and Training to influence collaboration and coordination between all stakeholders during a disease outbreak.

Authors:

Mohamed Eisa Abdulah Fadulallah, Geraldine McCrossan, GOAL

Description:

In a rapidly evolving disease outbreak, a myriad of stakeholders become involved in social mobilisation. These stakeholders can operate in different districts and develop inconsistent and conflicting messages. Communities becoming recipients of information from many sources leaving them confused and uncertain of what actions to take to keep their families safe.

Solution:

GOAL's Social Mobilization based on Research and Training (SMART)[i] framework is a system's approach that combines multi-channel and two-directional communication with Community-led Action (CLA) to create a responsive and community-centred system that can operate on a national and district scale, capable of rapidly identifying and appropriately responding to the changing face of outbreaks and epidemics. SMART enables the Ministry of Health to increase the collaboration and coordination for social mobilisation. Communities know what actions to take to protect themselves and their families and creates a mechanism for rumours and misinformation to be quickly identified and responded to through appropriately.

GOAL will present how collaboration of all stakeholders in the COVID-19 epidemic using the SMART framework supported the Sierra Leone Ministry of Health to achieve an impressive 93.06% fully vaccinated coverage for COVID-19 in populations over 12 years.

GOAL's approach draws on learning from the DFID-funded Social Mobilisation Action Consortium (SMAC) in Sierra Leone in response to the Ebola Virus Disease outbreak. The consortium consisted of GOAL (lead agency) BBC Media Action, Restless Development, Focus 1000, and Centers for Disease Control (CDC). GOAL further refined the model during their COVID-19 response.

Mother-to-Mother Groups Spur the Adoption of Recommended Nutrition Behaviors in Central and Northern Mali.

Authors:

Souleymane Arouwani, Save the Children

Description:

The USAID-funded Albarka Activity aims to improve the health and nutrition of poor and very poor households and infant and young child feeding practices in North and Central Mali. This presentation will focus on how community-level nutrition platforms, groupes de soutien aux activités nutritionnelles (GSAN), coupled with mother-to-mother groups (MtM), spurred the adoption of recommended maternal, infant and young child nutrition (MIYCAN) behaviors.

In these groups, members discuss the importance of MIYCAN, aided by flipcharts provided by Albarka. They reinforce social support by encouraging members to share personal experiences and to find small-doable-actions that encourage healthy behaviours at home. MtM groups are split into sub-groups (pregnant women, women with children 0-6 months, women with children 6-24 months) so women can focus on behaviors most relevant them. Members also lead community and household-level cooking demonstrations using locally available nutritious foods to equip households with skills necessary to prevent, “cure,” screen, and refer cases of malnutrition.

Albarka has helped establish 357 GSANs and 1,409 MtM groups in 200 villages. They led 2,346 nutritional demonstrations reaching 46,920 pregnant and lactating women and screened 108,049 children, referring 10,507 malnourished children. Thanks to these activities, the rate of exclusive breastfeeding and women’s minimal acceptable diet have increased between 2022 and 2023 (75% to 90% and 35% to 60%).

By encouraging social support and knowledge exchange around nutrition and equipping community members with skills to recognize, prevent, and treat malnutrition through food, GSANs and MtMs can positively affect sustained behaviour change at the community and household levels.

A Simplified, Contextualized Assessment Tool for WASH in Health Facilities: World Relief’s Experience in South Sudan.

Authors:

Prava Chhetri, Emily Chambers Sharpe, John Ecumu, World Relief

Description:

Clean water, proper sanitation, and hygiene behaviours, including universal precautions, play a key role in disaster risk reduction. In health facilities in fragile contexts, WASH is even more important. World Relief adapted a tool to assess the state of WASH in community-based health and nutrition facilities in Koch and Fangak counties, South Sudan. The WASH in Health Facilities Assessment tool focused on basic infrastructure, services, and supplies,

medical waste management, risk management, and hygiene practices of providers and clients.

The assessment was piloted in 5 primary healthcare (PHC) and nutrition facilities using forms on the ODK (open data kit) platform. Based on feedback from the field staff, volunteers, community members, and health care providers, the tool was adapted further and administered in 23 PHC and nutrition sites. The data collected were visible in real time for easy cleaning and validation before being integrated into Power BI dashboards for analysis, visualization, and reporting.

Some key findings showed that safe drinking water was present in the majority (91%) of locations surveyed, and 81% of facilities had containers for collecting waste. Nearly 40% of facilities lacked appropriate sanitation facilities, and the same proportion also lacked functional burial pits. With the results, World Relief developed plans for investing program resources in improvements and resilience projects. This presentation will focus not only on the experience of World Relief South Sudan but also on ways that others might use the WASH in Health Facilities Assessment tool in other settings.

Integrating Environmental Mitigation and Monitoring into Family Planning Projects: Experience from the Scaling Up Family Planning Programme in Mainland Tanzania and Zanzibar.

Authors:

Ramadhani Mlange, Moke Magoma, Deus Ngerangera, Anna Temba, Danielle Garfinkel, Kate O'Connell, Engender Health

Description:

Tanzania, like many developing countries, faces challenges related to limited access to sexual and reproductive health and rights, and environmental degradation. Integrating environmental mitigation measures, like monitoring carbon emissions and improving medical and nonmedical waste management during routine and outreach health services, such as family planning can yield synergistic benefits for both human well-being and environmental sustainability.

Methodology: We deployed environmental monitoring and mitigation interventions to all 616 supported facilities across 8 regions in mainland Tanzania and Zanzibar. Key interventions from 2020 to 2023 included prioritizing virtual meetings, utilizing shared vehicles for various program activities to reduce carbon emissions, capacity building on the proper disposal of waste, and improving forecasting and redistribution of overstocked commodities to prevent expiration.

Results: Supervision was conducted in a total of 616 health facilities supported by the program, to enhance capacity building in proper medical and non-medical waste disposal, as well as in forecasting and redistributing overstocked commodities. Additionally, the program monitored carbon emissions annually as a proxy indicator and assessed these changes in emissions against programmatic needs and choices over times.

Conclusion: Integrating environmental mitigation and monitoring into family planning and other health services in Tanzania offers a promising pathway to sustainable development, balancing the needs of current and future generations while safeguarding the environment. By adopting an integrated and interdisciplinary approach, policymakers and practitioners can create synergies between reproductive health, and environmental conservation, ultimately contributing to healthier, more resilient, and more sustainable communities."

“The decision is mine”: learnings, tools and approaches from a disability inclusive family planning project in Nigeria.

Authors:

Maryam Aminu, Monday Okwoli, Salome Net, Uzoamaka Ike, Michael Odong,
Sightsavers

Description:

As part of the UK aid flagship Disability Inclusive Development (DID) programme, Sightsavers is implementing an inclusive family planning project (IFPLAN) in northern Nigeria, through a consortium involving BBC Media Action, the Joint National Association of Persons with Disabilities, the Network of Women with Disabilities, and government partners.

IFPLAN aims to improve access to family planning services and sexual and reproductive health and rights (SRHR) for people with disabilities, particularly women and girls, based on free and informed consent and bodily autonomy – ensuring service providers deliver inclusive and accessible services and information, and that organisations of people with disabilities meaningfully engage in policy and decision-making processes.

IFPLAN has conducted disability inclusion training for 1,500 health workers, reached over 3 million people through an inclusive radio drama, implemented innovative social and behaviour change activities at community level, and contributed to the domestication in Kaduna State of the national SRHR policy for people with disabilities.

The purpose of this technical roundtable is to showcase a suite of tested tools and approaches that stakeholders can implement in their programmes to identify barriers and improve access to family planning and SRHR for people with disabilities, including:

- Training packages on disability inclusion and gender equity
- Inclusive board game

- Accessible communications toolkit
- Accessible and inclusive communication materials, such as posters, leaflets, booklets, and facilitator guides for inclusive champions
- Social media cards, animations and video testimonials
- Accessibility toolkit for health facilities
- Disability inclusive scorecard"

Social Mobilisation based on Research and Training to influence collaboration and coordination between all stakeholders during a disease outbreak.

Authors:

Mohamed Eisa, Abdululah Fadulallah, Geraldine McCrossan, GOAL

Description:

In a rapidly evolving disease outbreak, a myriad of stakeholders become involved in social mobilisation. These stakeholders can operate in different districts and develop inconsistent and conflicting messages. Communities becoming recipients of information from many sources leaving them confused and uncertain of what actions to take to keep their families safe.

Solution

GOAL's Social Mobilization based on Research and Training (SMART)[i] framework is a system's approach that combines multi-channel and two-directional communication with Community-led Action (CLA) to create a responsive and community-centred system that can operate on a national and district scale, capable of rapidly identifying and appropriately responding to the changing face of outbreaks and epidemics. SMART enables the Ministry of Health to increase the collaboration and coordination for social mobilisation. Communities know what actions to take to protect themselves and their families and creates a mechanism for rumours and misinformation to be quickly identified and responded to through appropriately.

GOAL will present how collaboration of all stakeholders in the COVID-19 epidemic using the SMART framework supported the Sierra Leone Ministry of Health to achieve an impressive 93.06% fully vaccinated coverage for COVID-19 in populations over 12 years.

GOAL's approach draws on learning from the DFID-funded Social Mobilisation Action Consortium (SMAC) in Sierra Leone in response to the Ebola Virus Disease outbreak. The consortium consisted of GOAL (lead agency) BBC Media Action, Restless Development, Focus 1000, and Centres for Disease Control (CDC). GOAL further refined the model during their COVID-19 response.

Leveraging Diverse Networks to Improve Coverage and Quality of Vitamin A Supplementation.

Authors:

Joygrace Muthoni, Molly Russ, Lucy Kanya, Jillian Emerson, Vitamin Angel Alliance

Description:

Vitamin A supplementation (VAS) is a low-cost, evidence-based nutrition intervention proven to reduce child mortality and morbidity in low-resource settings. Although coverage of VAS has increased in past decades, nearly one-third of children do not have access to VAS services. There is also a need to strengthen quality of service delivery as part of the transition from campaign-style distributions to routine health service delivery, and ensure children are reached with the appropriate dosing schedule.

To address these gaps, Vitamin Angel Alliance (VA) works with a diverse network of over 450 government, non-government, and community-based organizations to accomplish three main objectives:

1. Increase VAS coverage.
2. Improve quality of VAS services through technical assistance and systems strengthening.
3. Support integration of VAS with other evidence-based maternal, infant, and young child nutrition services.

In recent years, VA's partners reached over 40 million children in 43 countries annually. In terms of technical assistance, VA has supported the training of thousands of service providers with both in-person and online courses and conducts on-site monitoring and feedback visits with 30% of program partners each year.

VA also works with government to address supply bottlenecks and strengthen distribution in routine health services and conducts implementation research to support development of integrated and context-specific packages of nutrition services. By enhancing community-driven approaches and ensuring collaboration between technical partners, governments, and other key stakeholders, VA has supported filling critical gaps in VAS coverage and ensuring no children are left out from being reached with this life-saving intervention

Resilience Through Empowerment: Strengthening the community health system in Mali.

Authors:

Sylvain B Keita, Honafing Diarra, URC

Description:

Despite efforts to strengthen Mali's healthcare system, significant challenges persist, including low community engagement, delayed healthcare-seeking, financial barriers to maternal and child health services, and inadequate management of malnutrition. These challenges are further exacerbated by the ongoing conflict in Mali. The USAID Kenya Nieta (KN) Activity's approach aims to address these challenges and enhance the resilience of Mali's community health system.

KN employs a multifaceted strategy that focuses on community-led action to identify health needs and opportunities. This is done by establishing community health platforms which are local groups comprising community leaders, health workers, and various health committees, that organize and implement health activities to address local challenges and improve well-being. Through continuous coaching, KN empowers these platforms to address local health priorities and promote community involvement in healthcare decision-making.

This approach has yielded promising results, with 4,000 villages benefiting from enhanced community platforms. Notably, increased community participation has been observed, with thousands of committees actively addressing financial barriers, hygiene and sanitation issues, barriers to maternal, child, and adolescent care, and malnutrition concerns. Since 2022, 141,509 women have attended prenatal visits, 136,040 women have delivered at health centers, 14,865 children have recovered from malnutrition, and 92,550 breastfeeding women have attended postnatal consultations.

The success of KN's approach underscores the importance of community engagement and empowerment in strengthening healthcare systems. The approach has garnered recognition and support from the Malian Ministry of Health and Social Development, highlighting its potential for scalability and sustainability in improving healthcare delivery at the community level.

Advancing One Health Surveillance: Integrating Community-Based Digital Systems for Timely Response and Collaboration.

Authors:

Arthur Arinda, Living Goods

Description:

The health of humans is intricately linked to the health of animals and the environment in which we coexist. The One Health approach encourages collaboration in sharing data, expertise, and resources across sectors to prevent, detect, and respond to health threats. It is imperative that the One Health approach extends to the community level. Toward the end of 2023, Living Goods launched a program to enhance surveillance and response of public health threats through the integration of community-based surveillance in Busia County, Kenya.

The program leveraged existing infrastructure like the electronic Community Health Information System, to create a novel system in which community health workers (CHWs) can report public health threats via a mobile application. This data flowed to Community Health Assistants (CHAs) for verification before being escalated to an analytics dashboard accessible to national surveillance teams. The system incorporates seven key signals, including indicators of animal health, to prompt rapid response from the appropriate agency. Phase one of the program tested the effectiveness of CHWs in reporting cases. The results indicated a 92% reporting rate over three months, 161 active cases with 33.5% of these posing a major threat. Currently we are in phase two which will enable real-time task assignment, tracking, and response through a One Health virtual collaboration virtual space. Phase two results will be available at the time of the conference.

Perspectives of Self-Transformation Among the Community Mobilization Coordinators in Uttar Pradesh, India: A study by CORE Group Partners Project (CGPP), India.

Authors:

Manojkumar Choudhary, Jitendra Awale, Kathy Vassos Stamidis,The CORE Group Partners Project (CGPP)

Description:

CORE Group Partners Project (CGPP) built a cadre of Community Mobilization Coordinators (CMCs) to respond to low routine immunization and ongoing poliovirus circulation in Uttar Pradesh. Mobilisers received extensive training and on-the-job handholding on topics of polio and other childhood immunizations and community engagement. CGPP undertook study to determine what, if any, empowerment, or transformation happened through this capacity building and supported beyond the gained technical skills.

Methods

Adapting Springfield and Gwozdek's Transformation Rubric for Engaged Learning, a 50-item Likert-type qualitative tool was administered to 59 CMCs aged 18-35 years from 12 project intervention districts, who had completed at least one year with CGPP. CMCs' self-reported transformation was classified under five overlapping constructs of the Transformation Rubric: confidence, pride, skills, perspective, and identity.

Results

CMCs credited the training and CGPP for enhancing their confidence and building skills in leadership, resilience, and active listening. They reported heightened professional aspirations through project involvement and began challenging prevailing gender norms. Responses also reflected participants' growth, noting they became more empathetic, compassionate, and engaged with their communities. This transformation, in turn, fostered a sense of admiration from others.

Discussion and Conclusions

Culturally tailored, periodic capacity-building processes are essential for fostering agency among CMCs. CGPP provided ongoing support and on-the-job training, leading to not only enhanced technical capacity but also overall empowerment. Further studies are needed to identify the most effective methods for training, motivating, and establishing lasting empowerment among community workers.

An Artificial Intelligence Enabled Mobile Application for Child Growth Monitor.

Authors:

- **Rita Kayeny**, Palm Corps
- **Jan Kever, Welterhungerilfe**, Palm Corps

Description:

Welthungerhilfe's digital innovation project harnesses AI to combat child malnutrition. Worldwide, approximately 200 million children suffer from malnutrition, a condition that contributes to one-third of all deaths among children under five. Early detection is vital for effective intervention, yet traditional methods of measuring children are complex, time-consuming, and costly, often leading to poor data quality and inaccurate health assessments.

Early detection of malnutrition enables timely treatment, reduces the risk of complications, and significantly lowers mortality rates. Our solution replaces traditional hardware, such as bulky measuring boards and physical scales, with accessible cell phones and AI technology. The Child Growth Monitor (CGM) uses augmented reality-enabled smartphones to capture 3D scans of children. AI algorithms then predict essential health metrics—height, weight, and mid-upper arm circumference—key indicators of nutritional status.

With the CGM, we will demonstrate how this AI-based tool empowers healthcare workers and NGOs to detect malnutrition in children aged 6 months to 5 years using a simple photo or video sequence. Our goal is to showcase how the app can enhance project implementation across diverse contexts and applications. Insights from our multinational pilot project using the CGM, a part of the BMZ-PA funded initiative "Digital Innovations for Zero Hunger Phase 2," will also be shared.

Multisectoral prevention of undernutrition for food insecure contexts: improving operational and technical guidance.

Authors

Gillian McKay, Kate Sadler, Tamsin Walters, Lena Cherotich, Rita Abi Akar, ELRHA

Description:

Currently, 258 million people across 58 countries and territories face acute food insecurity at crisis or worse levels. Women and children are especially vulnerable to undernutrition in these settings; however, there is no agreed-upon, evidence-based operational package for

preventing undernutrition in food-insecure or humanitarian contexts. To address this, our research program has undertaken the following:

- Conducted a review to synthesize evidence on preventing undernutrition for children under five, adolescent girls, and pregnant and breastfeeding women (PBWGs) in food-insecure or humanitarian settings.
- Is developing (and will soon be testing) guidance on intervention packages for the multisectoral prevention of undernutrition among children and PBWGs in these contexts.

The evidence review has been completed, and the guidance development is ongoing. We are consulting widely at global, regional, and national levels to ensure the guidance is practical, responsive to identified needs, and builds on existing tools and resources.

A draft version of the guidance will be presented at GHPC24, where attendees will have the opportunity to contribute as part of the final consultation stage. The research team will also share opportunities for organizations to participate in implementing and testing this guidance, helping to build an evidence base for inclusion in policy and practice, including in future updates of the WHO wasting guidelines.

Unheard voices: Understanding parental perspectives for zero-dose vaccination and strategies for change in hard-to-reach communities of Africa.

Authors

Afrah Mohammedsanni Omer, CORE Group Partners Project (CGPP)

Description:

Despite national and international efforts, a significant number of children in Africa remain unvaccinated ("zero-dose"), leaving them vulnerable to preventable diseases. This study explores parental perspectives and decision-making regarding childhood vaccination.

Methods:

This ongoing multi-country qualitative study is conducted within CORE Group Partners Project (CGPP) areas across four African nations, particularly among mobile and pastoralist communities. The study explores experiences, perspectives, concerns, and decision-making factors influencing zero-dose vaccination among parents/caregivers of children aged 12-23 months. Semi-structured in-depth interviews will be conducted with purposefully selected participants until data saturation (anticipated 20 per country). Thematic analysis will be conducted with careful consideration given to each country's unique context. Collaboration with national secretariats, implementing partners, and ministries of health while conducting the study ensures alignment with local needs.

Expected Results:

The study will identify factors contributing to zero-dose vaccination and parental decision-making. Culturally sensitive strategies, informed by the evidence, will be presented to address vaccine hesitancy, and improve childhood vaccination rates in different African contexts.

Contribution:

This research will strengthen national and regional immunization programs by informing policy changes, program design, and implementation to decrease vaccine hesitancy and improve child health outcomes.

Engaging African Network Organization to Scale WASH/IPC Technical Capacity in Faith-based Health Care Facilities.

Authors

Mona Bormet, Ruth Gemi, Christian Connections for International Health

Description:

Ensuring universal and equitable access to hygiene, sanitation, and clean drinking water is crucial for achieving 2030 Sustainable Development Goal #6 regarding clean water and sanitation measures. In health care facilities, inadequate WASH and infection prevention and control contributes to health-care-associated infections and the spread of antimicrobial-resistant pathogens. Access to clean water and hygiene, sanitation and environmental cleaning services is a critical component in providing quality, safe health care, yet many health care facilities in developing countries do not have basic WASH/IPC services. Through USAID's MOMENTUM Country and Global Leadership award, the Africa Christian Health Associations Platform (ACHAP), located in Nairobi, Kenya, was selected as the regional partner to provide WASH/IPC technical capacity-building for their more than 40 network members located in 32 Sub-Saharan African nations.

A baseline assessment conducted at the beginning of the project revealed gaps in networks' WASH capacity. This roundtable discussion will share with attendees how project activities were structured to fill these gaps through creating ACHAP's WASH technical working group and their WASH/IPC learning resource webpage, conducting training on (a digital data management tool) and health care waste management, and other activities that have supported ACHAP's member networks to strengthen their ability to strategically plan and implement WASH improvements within their diverse country contexts and health care facility settings. Attendees will learn how to partner with membership networks to

successfully scale WASH technical capacity and improvements in urban and remote communities.

THURSDAY, OCTOBER 31, 2024

Mother-to-Mother Groups Spur the Adoption of Recommended Nutrition Behaviors in Central and Northern Mali.

Authors

Souleymane Arouwani, Save the Children

Description:

The USAID-funded Albarka Activity, aims to improve the health and nutrition of poor and very poor households and infant and young child feeding practices in North and Central Mali. This presentation will focus on how community-level nutrition platforms, groupes de soutien aux activités nutritionnelles (GSAN), coupled with mother-to-mother groups (MtM), spurred the adoption of recommended maternal, infant and young child nutrition (MIYCAN) behaviors.

In these groups, members discuss the importance of MIYCAN, aided by flipcharts provided by Albarka. They reinforce social support by encouraging members to share personal experiences and to find small-doable-actions that encourage healthy behaviors at home. MtM groups are split into sub-groups (pregnant women, women with children 0-6 months, women with children 6-24 months) so women can focus on behaviors most relevant them. Members also lead community and household-level cooking demonstrations using locally available nutritious foods to equip households with skills necessary to prevent, “cure,” screen, and refer cases of malnutrition.

Albarka has helped establish 357 GSANs and 1,409 MtM groups in 200 villages. They led 2,346 nutritional demonstrations reaching 46,920 pregnant and lactating women and screened 108,049 children, referring 10,507 malnourished children. Thanks to these activities, the rate of exclusive breastfeeding and women’s minimal acceptable diet have increased between 2022 and 2023 (75% to 90% and 35% to 60%).

By encouraging social support and knowledge exchange around nutrition and equipping community members with skills to recognize, prevent, and treat malnutrition through food, GSANs and MtMs can positively affect sustained behavior change at community and household level.

It takes a community: exploring socio-cultural and religious norms to develop locally responsive voluntary family planning programs in Niger.

Authors

Zakou Yahaya, Sr Program Manager, MOMENTUM Integrated Health Resilience / Lutheran World Relief

Description:

In Niger, social norms favoring early marriage and large families limit access to, and use of, family planning (FP) and reproductive health (RH) services among youth. However, published research and data-informed interventions are limited. The Context Matters project seeks to 1) better understand, through rigorous qualitative research, the socio-cultural and religious norms surrounding the use of voluntary FP among married and unmarried youth in rural and urban areas of Niger, 2) to use research results and the Designing for Behavior Change (DBC) framework to co-create social and behavioral change (SBC) activities with communities. Research methods included in-depth interviews (IDIs) using vignettes with married and unmarried youth, key influencers and healthcare providers (n=184). Eight focus group discussions were held with target sub-groups to validate IDI findings. Data were analyzed based on published literature and the project's theoretical framework. The top factors influencing FP use among youth were the client/provider relationship, opposition to FP use from husbands, and concerns with stigma. The top factors influencing girls on whether or not to get married early were external pressures and the desire to stay in school. Local stakeholders validated the study results and co-designed SBC activities with local non-governmental organizations (NGOs), government officials, project staff, and youth. The project's Youth Advisory Committee developed activities to compliment those of the local NGOs. This project has successfully engaged communities from the start, and full participation from a range of local stakeholders ensures activities to reduce identified barriers to FP/RH related behaviours change are locally driven.

Early conclusions from a One-Year Pilot of an Artificial Intelligence enabled mobile application for Child Growth Monitor.

Authors

Rita Kayney, Palm Corps

Description:

Welthungerhilfe (WHH) developed a prototype of an artificial intelligence-enabled mobile application. The Child Growth Monitor (CGM) takes child anthropometric measurements.

ABMZ-funded pilot measured children under five manually and with the CGM application within a nutrition project by WHH partner PALM Corps in the Adjumani refugee settlement, Northern Uganda.

Objective

To assess the accuracy of CGM application in detecting stunting among children 6-59mo.

Methodology

We compared stunting by manual height measurements with those by the CGM application, using a regression model, for 1369 children 24-59mo. Trained health workers collected both data and their user experience was explored. Emerging themes regarding user perception were identified through thematic analysis using the framework approach.

Results

The CMG accuracy, precision, sensitivity, specificity for 'non-stunted' 89%, 0.9902, 0.9134 (95% CI: 0.8976, 0.9293) and 0.9295 (95% CI: 0.8893, 0.9697), respectively, and for 'stunted' 91%, 0.58, 0.9295 (95% CI: 0.8893, 0.9697), and 0.9134 (95% CI: 0.8976, 0.9293), respectively.

The health workers perceived the application to be more accurate and appreciated its time-saving functionality and ease of use. They stated device requirements for specific scan area settings and stable electricity and internet connectivity, as well as difficulties in measuring younger children as challenges.

Conclusion

The 90% accuracy of the application coupled with the positive feedback from health workers suggests CGM is a promising potential for improving data collection in stunting assessments, especially in resource-constrained settings and as a survey tool. However, refinement is necessary for settings with unstable electricity and internet connection, and lacking designated scanning areas. Further research is needed to explore CGM's effectiveness in measuring acute malnutrition and stunting below 24 months.

Multi-Stakeholder Engagement for HPV Vaccine Uptake in Nigeria: The Role of Civil Society Organisations in Demand Generation among Communities.

Authors

Chisaa Onyekachi Igbolekwu, Direct Consulting and Logistics

Description:

Nigeria records approximately 12,000 new cases of cervical cancer and 8,000 deaths annually, translating to 33 new cases and 22 deaths daily. This underscores the importance of the introduction of the Human Papillomavirus vaccine in 2023. However, the uptake has been threatened by vaccine hesitancy and misinformation, hence, the need for grassroots sensitization and community engagement. Civil society organisations (CSO) well positioned to support community demand generation. However, strategies to systematically engage them to support HPV vaccine introduction have not been well described or documented. This study described how Direct consulting and logistics partnered with international vaccine Access centre to develop a multi-stakeholder approach to CSO engagement.

The study employed a three-way approach to document multi-stakeholder engagement for HPV vaccine uptake in Nigeria. The first approach involved project reviews by the IVAC team through quarterly meetings. The second approach documented DCL and WAVA technical support for the NPHCDA. The third approach involved documentation of CSO demand generation activities across different states.

The partnership between IVAC, DCL, etc enabled CSOs to reach a high number of eligible girls through advocacy, sensitization, and mobilization activities for HPV vaccine uptake. CSO leveraged existing platforms to sensitize and mobilize about 235,873 eligible girls. Their activities in different states contributed to the 80% coverage for HPV vaccine rollout in 80% of the phase one states.

High coverage rates recorded in the LGAs where the CSOs worked justifies the need to scale up CSO demand generation activities in the phase 2 HPV vaccine introduction in Nigeria.

Bridging Faith and Health For a Stigma & Discrimination Free Future - Insights From UNAIDS/PEPFAR Framework For Dialogue with Religious Leaders.

Authors

Ruth Gemi, Programme Management Advisor, ACHAP (Africa Christian Health Associations Platform)

Description:

Stigma and discrimination hinder global efforts to end AIDS, particularly in identification and viral suppression. A dialogue framework between PLWHIV and HCWs, leveraging faith-

based platforms, was developed to address this. Rooted in a global analysis of PLWHIV Stigma Index reports from Uganda, Kenya, and Nigeria, the framework facilitated strategic dialogues.

The process involved initiating dialogue, forming committees, preparing for dialogue, and conducting face-to-face discussions. Capacity building for religious leaders emphasized HIV awareness and client support, aiming to dissociate HIV from immorality and promote messages of love and hope. HCWs were trained to recognize and address stigma, improving service access. The initiative saw 201 religious leaders engage in six dialogues, while 302 religious leaders and 149 HCWs received stigma reduction training. Over 5,000 pediatric-friendly materials were distributed, and post-training, religious leaders reached over 500,000 congregants, significantly increasing ART acceptance and reducing stigma within faith communities.

Key lessons included the importance of male involvement and continuous education on SRH and HIV prevention to create male-friendly health services. Confidentiality's critical role in HIV/AIDS services was underscored, with religious leaders emerging as key agents of community change. The involvement of PLWHIV led to improved understanding and facilitated effective dialogue and action plan development. The need to address stigma in educational settings and build the capacity of faith leaders on HIV/AIDS knowledge was also highlighted.

In conclusion, the framework successfully engaged religious leaders and HCWs in combating HIV/AIDS stigma and discrimination, leading to their notable reduction and fostering positive community change.

Advancing Community Health Influencers and Promoters (CHIPS) Role in RMNCAH High Impact Intervention: A Case Study of the of GANC Program in Kano State, Nigeria.

Authors

- **Juliet Shaibu, Program Associate**, Technical Advice Connect (TACConnect)
- **Olayiwola, Jaiyeola, Technical Director**, Technical Advice Connect (TACConnect)

Description:

Nigeria's maternal mortality rate is still among the highest in the world, with an estimated 512 deaths per 100,000 live births. Following a successful RCT, Kano state adopted Group ANC (GANC) as an innovation to improve uptake of quality MNH services at PHC level. A key implementation strategy was to leverage the CHIPS program to expand access to services at the community level. This study describes the role of CHIPS volunteers in the implementation of GANC in Kano State.

Methods:

The study adopted a gender-intentional multi-level stakeholder involvement at the implementation stage which spanned for 2 years. After 6 months of implementation of GANC, a total of 2904 CHIPS were trained to support referral, tracking, and follow-up of Pregnant women (PW) in PHCs implementing GANC. The CHIPS was supported with job-aids and documentation tools. Data on service delivery was obtained for 15 months for descriptive analysis.

Results:

The number of CHIPS referring at least one pregnant woman to Health Facilities rose from 1277 to 2788. Additionally, the number of PW enrolled in ANC surged from 629 to 10822 over a 12-month period.

Conclusion

Community Health Influencers and Promoters are pivotal in bridging gaps in access to health care and promoting the continuum of care especially in hard-to-reach communities where health systems are bedevilled by HRH challenges. However, their capacity should be built and harnessed to improve quality and uptake of services.

Supporting Communities with SBC to Expand Access to Facility-Based Delivery in Liberia.

Authors

Rahin Khandker, Ideas42

Description:

While most rural pregnant women in Liberia intend to give birth in a health facility, facility-based delivery (FBD) requires extensive preparation, from determining when and how to leave

for the health facility to saving for the cost of transportation and drugs and medical supplies

required there. Delays in care-seeking and planning throughout a woman's pregnancy can reduce the chances of her ultimately reaching the facility for childbirth.

Our formative research highlighted the important roles that trained traditional midwives (TTMs) have during a woman's pregnancy and the trusted role she serves in the community. Further, most facility-based providers did not discuss delivery planning until

late into a woman's pregnancy, at which point it would be near impossible for some women to save enough money to travel to the health facility at the time of labor.

Through the behavioral design process, including iterative user testing with women and families, and community- and facility-based health workers, Breakthrough ACTION Liberia developed a set of innovative solutions aiming to address these barriers. The solutions support women and their families develop plans that emphasize the most costly and complicated aspects of facility-based delivery. To complement this design we designed a savings tracker, and a facilitated community meeting to problem solve transportation logistic challenges for facility delivery. The solutions shift labor and delivery discussion planning from the first ANC visit to every visit with a facility and community-based provider. It also empowers TMs to facilitate these discussions, leveraging their important role.

This SMS-based system using RapidPro presents a promising solution for overcoming data collection and transmission hurdles in resource-constrained settings and enhancing health information management at the community level."

Empowered Patients, Engaged Communities: Integrating Telehealth and Community Service Delivery for Last Mile MNCH in Kenya.

Authors

Edna Anab, Global Digital Health Innovations Manager, Living Goods

Description:

Kenya is committing heavily to primary care to deliver the vision of Universal Health Coverage. This will be difficult to achieve by 2030 with the gaps in health infrastructure and staffing. High mobile phone penetration provides an optimal platform for hybrid service delivery that is patient centered. However, there remains an evidence gap on effectiveness of telemedicine at the last mile for underserved populations, including efficacy, uptake, trust and impact of such solutions.

In 2023, Living Goods, Busia County, and HealthX Africa (a Kenyan primary care telemedicine provider) launched a public-private partnership to introduce a novel, inclusive and responsive telehealth model unique to the needs of rural and underserved communities. The project piloted and scaled an integrated virtual/physical patient pathway – combining Community Health Promoters (CHPs) and proactive virtual provider support - to serve pregnant women, mothers and newborns. Taking an omnichannel approach, CHPs, mothers and carers access health information, education and consultation services via SMS, IVR and a toll-free hotline, including assessment of danger

signs and elements of self-care. The virtual care team, CHPs and CHP supervisors maintain automated back-end communication that supports the continuum of care for each client, including adherence to postnatal appointments and rapid referrals for high-risk cases. Alongside this, the project worked with the MoH in the development of Kenya's first Telemedicine Standards and Guidelines.

The learnings from this partnership are applicable for other counties, and other LMIC markets that want to develop inclusive hybrid care models that incorporate telemedicine.

Strengthening Community Health Promoters' Capacity for Diarrhea Surveillance in Kitui South Sub-County, Kenya.

Authors

Zipporah Mbuthia, Program Manager, Catholic Medical Mission Board (CMMB)

Description:

Aim: Globally, approximately 4.9 million children die annually due to infectious diseases. In Kenya 64,500 under-fives die due to preventable and treatable causes such as diarrhea. In Kitui county, diarrhea is ranked the highest illness among the three common childhood illness (diarrhea, pneumonia, and malaria). In Kitui, access to safe drinking water remains a big challenge predisposing children to diarrheal diseases. The 388 CHP in the sub county were not trained in key technical modules such as Integrated community case management (ICCM) and lacked essential commodities.

Methodology

In 2021, CMMB trained 388 CHPs in Kitui South Sub County on ICCM, Water and Sanitation and community based maternal neonatal and child health modules. The trainings equipped CHPs with skills in diarrhea identification and management. The CHPs were supplied with ORS and Zinc to manage diarrhea and water purification sachets for household water treatment.

Results

In 2021, CHPs identified and treated 285 children under five with diarrhea, a significant increase from just 6 in 2020, prior to the interventions. The number of cases identified and treated continued to rise, with 315 children in 2022 and 235 in 2023. In 2023, CHPs also distributed 239,543 water purification sachets to 7,056 households, reaching 28,214 individuals with access to safe water and WASH information.

Equitable Knowledge Management to Improve Collaboration and Knowledge Exchange across the Global Health Workforce.

Authors

- **Irene Alenga**, AMREF
- **Collins Otieno**, AMREF
- **Liz Tully**, Johns Hopkins University

Description:

How we create and share knowledge—and eventually decide how to use it—can affect individuals, families, communities, health systems, and policies.

Therefore, paying close attention to equity in knowledge management (KM) is important to ensure enhanced and equitable collaboration among health practitioners to share best practices and improve implementation that achieves health goals. Equity in KM is achieved when all global health practitioners have the information, opportunities, skills, and resources they need to define and participate in knowledge access, creation, sharing, and use to improve health programs. Programs must, therefore, address the unfair and avoidable differences among groups of health workforce members that are rooted in social injustices such as discrimination, with the ultimate goal of achieving more equal KM outcomes across the health workforce.

Improving Immunization Programs through Gender-Responsive Social and Behavioral Change Strategies: Insights from the CORE Group Partners Project (CGPP) Nigeria Gender Analysis.

Authors

Racheal Victor Pindar, Gender Lead, International Medical Corps/Core Group Partners Project

Description:

Immunization programs play a critical role in eradicating diseases like polio and promoting community health. The CORE Group Partners Project (CGPP) has focused on enhancing population immunity and Acute flaccid paralysis (AFP) surveillance in Nigeria across communities. A gender analysis was conducted in Katsina and Borno states, to identify gender-related gaps, challenges, and opportunities regarding immunization uptake. The goal was to incorporate lessons learned in developing strategies to address gender gaps and creating effective and equitable interventions that will increase immunization uptake for all.

The gender analysis revealed significant gender-related obstacles to the program's success, including harmful gender and social norms that limit male involvement in vaccination efforts yet often result in men are the primary decision-makers on matters related to health. These barriers have led to disparities in vaccine access among children. Engaging religious and traditional organizations was found crucial in fostering community trust and acceptance. Addressing spousal permission requirements empowers women to participate in healthcare decision-making, while inclusive approaches for people with disabilities ensures equitable access and participation in immunization services.

Community involvement was identified as crucial for the program's success, emphasizing the need for targeted strategies to overcome cultural barriers and promote case reporting. Additionally, empowering women and enhancing health literacy we're key in improving program effectiveness and coverage. Engaging men is also paramount to ensure comprehensive community participation and address gender dynamics effectively.

Gender-transformative immunization strategies increase immunization rates and help improve the well-being of vulnerable children and create healthier communities.

Faith Leaders Improve Healthy Timing and Spacing of Pregnancy.

Authors

Joel Mercado, Senior Technical Advisor Social and Behavior Change, World Vision US

Objective

Family planning helps avert unintended pregnancies, unsafe abortions, and maternal deaths while improving child health and socio-economic progress. However, an estimated 218 million women and girls in low- and middle-income countries (LMICs), particularly in sub-Saharan Africa, have unmet needs for modern family planning (FP). Faith leaders can significantly influence the demand and uptake of FP, yet there is limited understanding of effective mechanisms for family planning advocacy by faith leaders.

World Vision (WV) implemented a three-year operations research project in rural areas of Kenya and Ghana to determine the impact of a faith-based methodology—Channels of Hope (CoH)—on promoting FP acceptability and use among mothers of children under two years old. CoH is WV's model that engages faith leaders and communities to address health-related issues by shifting social norms. The project also aimed to assess faith leaders' attitudes, perceptions, and potential roles in influencing reproductive health behaviours.

Methods

Mixed methods operations research, quantitative (quasi-experimental design with surveys of 4,372 mothers) and qualitative (in-depth interviews of 17 faith leaders and seven spouses).

Results

Male sterilization, female condoms, and LAM were the only FP methods that did not show increases. Methods with the highest knowledge increase between intervention and control were implants, injectables, and pills, with 18.4, 12.1, and 11.2 percentage point increase. Faith leaders in both countries reported that their views on healthy timing and spacing of pregnancies changed due to the intervention.

Conclusions

Engaging faith leaders increases positive health behavior and social transformation for demand and uptake of FP.

Sustainable Solutions: Enhancing Health Service Delivery through Solar Energy in Last mile communities of Kitui County.

Authors

Theresia Peter, Program Coordinator, Catholic Medical Mission Board (CMMB)

Background:

In rural health facilities (HFs), green energy is vital for lighting and maintaining cold chain. Kitui South sub county has 51 HF with 15 HFs (29%) lacking a source of power. Erratic supply of electricity and rationing hinder cold chain maintenance and interrupt service delivery. Diesel generators used as backup in level IV hospitals emit hazardous gases, causing air pollution. Inadequate lighting forces healthcare workers to refer clients, often leading to unskilled delivery.

Methodology:

In 2021, CMMB in collaboration with the Ministry of Health conducted a gap analysis prioritizing two HFs for solar installation. The solar panels powered lighting, fridges, and showers in maternity wings. Health facility management committees were operationalized through sensitization and developed Terms of Reference to ensure maintenance and servicing of solar panels.

Results:

The supported HFs realized increased utilization of essential services like immunization, and skilled birth attendance. The number of women accessing SBA services increased two-fold from 60 in 2020 to 142 in 2023. Additionally, pentavalent antigen 1 and 3 vaccinations increased by 4% and 8 % respectively in 2023. Fully immunized children under one year improved by 32% from 134 in 2021 to 177 in 2023. Over 2022-2023, no blackouts occurred as the solar systems were well maintained.

Conclusion:

This initiative demonstrates green energy's role in enhancing healthcare provision while mitigating environmental impact, aligning with Sustainable Development Goals 3 and 7. The reliability of solar systems underscores the value of investing in renewable energy infrastructure, providing a replicable model for similar contexts.

Engaging Communities in Co-creating Health Programs.

Authors

- **Yusuf Abdullahi Omar, Nutrition Technical Coordinator**, Alight (formerly American Refugee Committee)
- **Julie Rop, Nutrition Specialist**, Alight (formerly American Refugee Committee)

Description:

This proposed conference session will spotlight the critical importance of harnessing collective knowledge by co-creating health programs and practices directly with communities. Through advocating for participatory methodologies and human-centered design, the session will outline a framework for developing accessible and equitable health services that respect and meet the diverse needs and rights of individuals across varied communities. Drawing on a range of case studies and demonstrated successes from Ethiopia, Somalia, and South Sudan, it will explore the adaptability and effectiveness of co-creating health programs in culturally distinct regions. Additionally, the session emphasizes the essential role of collaborative design in health initiatives, underscoring a commitment to profound community involvement and active stakeholder participation.

This co-creative, collaborative approach ensures health solutions are finely tuned to the specific requirements of each community, embodying inclusivity and equity. The session will advocate for a holistic commitment to fostering health programs that provide high-quality, universally accessible care, promoting a sustainable and inclusive health ecosystem. Attendees will be called to consider how co-created health initiatives can fulfill unique local needs while advancing global health equity, ultimately shaping a more just and inclusive health landscape worldwide.

Expanding Access and Availability of a wider range of contraceptive options through scale-up of the Hormonal Intrauterine Device (HIUD) and Subcutaneous Depo Medroxy Progesterone Acetate (DMPA SC) in five counties in Kenya.

Authors

Ominde Japhet Achola, EngenderHealth

Description:

While steady progress has been made in recent years in Kenya to increase modern contraceptive use, efforts are needed to sustain gains made and expedite progress. In alignment with the Kenya Ministry of Health's recent national plans for HIUD and DMPA-SC, EngenderHealth implemented the HIUD Rollout and Scale-up Project from January to December 2023 to expand access to HIUD and DMPA SC across 5 counties. EngenderHealth supported the Division of Reproductive and Maternal Health to develop a 3-day orientation package for training healthcare providers to support the scale-up of HIUD and DMPA SC. The development process included field testing, validation, and finalization. The orientation package was used to train 21 national trainers, who then trained 47 county trainers, who then cascaded down the training to 609 providers from 405 facilities in 5 counties over 4 months. The skills competencies mean score was 88.4% among healthcare providers and trainers. Some of the challenges during the training events were the low client load (especially those opting for HIUD) for practice during the training, lack of equipment, and instruments for postpartum IUD insertion, concurrent training events held back-to-back in multiple counties, and rapid turnover of clients. Mentorships at the health facilities are ongoing. A total of 1,241 HIUD insertions and 26,396 DMPA SC injections were administered over 5 months concluding that although the two methods of contraception are routinely scaled up separately, the training of HCPs can be successfully integrated across both methods for cost reduction.