



Global Health Practitioner Conference 2024 #GHPC24

## Healthy Communities: Sustainable Environments

28- 31 October 2024 • Nairobi, Kenya

### POSTER PRESENTATIONS

Wednesday, October 30, 2024

#### **Establishing Career Pathways for Community Health Workers – Models and Key Considerations.**

**Authors:**

**Mekdelawit Bayu**, Abt Global

**Mignote Haile**, Abt Global

**Description:**

As part of the global effort to better recognize, support, and formalize Community Health Workers (CHWs) as healthcare professionals, the WHO recommends focusing on career pathways to improve integration and optimization of CHW programs. The 2023 Monrovia Call to Action, which emerged from the 3rd International CHW Symposium in Liberia, emphasizes the need for career progression opportunities as part of professionalizing CHWs, alongside fair remuneration, adequate training and supervision, and access to the supplies and equipment needed to deliver essential services. However, few programs exist that integrate CHWs into national health systems and establish career pathways. The limited number of country models in turn restricts evidence and learning around designing and operationalizing career progression for CHWs.

The USAID-funded Local Health Systems Sustainability Activity (LHSS) conducted a desk review, convened experts, and performed key informant interviews to explore successes, challenges, and promising practices from countries currently designing or implementing career pathways for CHWs. Through this inquiry, LHSS has documented key considerations for CHW career progression, including health workforce education and training, regulation and policy, management, and financing.

In this poster presentation, LHSS will demonstrate CHW career progression models implemented by multiple countries, highlighting the importance of career progression for CHW programs as well as the challenges and success factors that create an enabling environment. These insights will be grounded in the specific country experiences of Malawi, Ethiopia, and Pakistan, focusing on context, pre-service learning requirements, career pathways, remuneration, funding, success factors, implementation challenges, and accomplishments.

## **The Role of Health Extension Program to Ensure Equity in Health Service Delivery in Ethiopia.** [OBJ]

### **Authors:**

**Eskinder Wolka (PhD)**, International Institute for Primary Health Care-Ethiopia  
**Anteneh Zewdie (PhD)**, International Institute for Primary Health Care-Ethiopia  
**Tirsit Mehari (MPH)**, International Institute for Primary Health Care-Ethiopia

### **Description:**

The Health Extension Program (HEP) was introduced in Ethiopia in 2003, at a time when access to equitable healthcare was limited for most Ethiopians. This assessment aims to describe the role of the HEP in ensuring equitable health services in Ethiopia.

### **Methods:**

We conducted a scoping review of the evidence, including policy and program documents, national assessment reports, and research findings. Both published and grey literature were reviewed. Data were synthesized using a thematic analysis approach.

### **Results:**

Over the last 15 years, the HEP has proven to be an effective intervention and has become the largest component of Ethiopia's healthcare delivery system. It includes 18 essential health service packages and employs more than 39,000 health extension workers (HEWs) working from over 17,500 health posts. The HEP provides health services at the household, community, and health post levels in all villages across the country. The national HEP assessment revealed that the program was designed to deliver and promote a prescribed set of basic health and sanitation packages. The HEP has brought commendable improvements in maternal and child health, reduced mortality from major communicable diseases, and improved environmental health and hygiene in almost all woredas in Ethiopia by ensuring equity.

### **Conclusion:**

The Health Extension Program has played an exemplary role in ensuring equity in health service delivery. Strengthening community health worker programs in low- and middle-income countries is fundamental to achieving equitable service delivery.

## **Putting People First: Exploring Human-Centered Design in Community Health Programming.**

### **Authors:**

**Munyaradzi Joel Chinguwa**, HCDEExchange

**Muthoni Wachira**, HCDEExchange

**Steve Biko**, HCDEExchange

**Lilian Ngina**, HCDEExchange

### **Description:**

The integration of Human-Centered Design (HCD) methodologies in public health programs has emerged as a transformative approach, emphasizing the importance of placing people at the center of the innovation process. This session will explore the principles and practices of HCD to complement and strengthen community health systems, aiming to foster a deeper understanding of how prioritizing people in program design can enhance effectiveness and sustainability.

Participants will engage in an interactive workshop to explore and practice the fundamental concepts of HCD and its application in community health settings. Activities will be grounded in case studies, highlighting real-life initiatives that work towards achieving healthy behaviours through co-created interventions that resonate with the unique needs, preferences, and identities of the target population. They will also learn how HCD can facilitate inclusive and culturally sensitive approaches to community behaviour change.

Participants will also explore HCD tools that can be leveraged to acknowledge and co-design for various identities, lived experiences, and ecosystem opportunities and constraints across different cultural and socio-economic contexts. Attendees will also gain insights into how the HCD process can be applied to their own work through in-depth discussions with workshop facilitators and peer participants. Ultimately, the session aims to inspire participants to adopt a people-centric approach in their public health efforts, fostering innovation that is both impactful and sustainable. By harnessing the power of HCD, it is possible to catalyze positive social change while promoting meaningful engagement with marginalized groups, ensuring that interventions are equitable and accessible to all.

## **Breaking Barriers: Community Empowerment for Climate-Resilient SRHR in Zimbabwe.**

### **Authors:**

**Kundai Manyika**, Voluntary Services Overseas

**Simbarashe Guzha**, Voluntary Services Overseas

### **Description:**

Zimbabwe, particularly in Chimanimani and Masvingo, faces severe impacts from climate change that directly affect sexual and reproductive health and rights (SRHR) as well as maternal and neonatal health (MNH) outcomes. Climate-related emergencies disrupt road networks, health services, and life-saving commodity supply chains, leading to risky home deliveries and increasing maternal mortality rates, which are estimated at 363 per 100,000 live births (2022 Census). Reducing maternal mortality is a global priority aligned with SDG 3. **Approach** VSO collaborates with civil society organizations (CSOs) and the government to empower marginalized communities to lead their own development through collective voice and advocacy for their rights. Training local women farmers in social accountability has spurred advocacy for improved healthcare access amid the impacts of climate change. The establishment of Social Accountability Monitoring (SAM) Clubs in Mashava, Masvingo, underscores community-led initiatives. For instance, the construction of a Mother Shelter at Zvamahande Clinic, jointly managed by the SAM group and local government, exemplifies efforts to provide essential support to pregnant women accessing healthcare services.

**Impact:**

The project promotes inclusivity, benefiting marginalized groups such as people with disabilities (PWD). Enhancements to clinic infrastructure exemplify this commitment. Collaboration between local entities has bolstered healthcare quality and sustainability efforts. Male engagement in health programs has increased, with men contributing to brickmaking and clinic construction, fostering community cohesion and reducing gender-based violence. Social accountability training has empowered women, enhancing their voice and agency. The project is expected to assist approximately 1,500 women in accessing improved healthcare during childbirth.

**Conclusion:**

Harnessing the transformative potential of communities creates resilient and inclusive health systems, enhancing SRHR and MNH amid climate challenges.

**Engage Faith Actors as Essential Change Agents in Maternal Mental Health.**



**Authors:**

**Mona Bormet**, Christian Connections for International Health

**Alinda Ndenga**, Christian Connections for International Health

**Description:**

Common perinatal mental disorders (CPMDs) are the most frequent complications of pregnancy, childbirth, and the postpartum period, with the prevalence of CPMDs among women in low- and middle-income countries approaching 20% [source: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022-04645-8>]. Mental health often lacks adequate attention in the health sector and among faith leaders, who influence and shape community attitudes,

beliefs, and actions on a wide range of topics. This workshop begins with an introduction to defining perinatal and maternal mental health.

Participants will then engage in smaller, topical discussion groups covering various subjects included in the “Maternal Mental Health: A Toolkit for Engaging Faith Actors as Change Agents.” These discussions may include topics such as “theological dimensions of maternal mental health,” “combating maternal mental health stigma,” “guidance on discussing maternal mental health,” and “dispelling mental health myths and misinformation.” The goal is to engage participants from diverse geographic, rural/urban, and socio-economic contexts in ensuring accurate information about perinatal mental health, reducing stigma, and empowering faith actors as reliable sources of information and agents of positive change in women’s lives during this vulnerable and transformative period.

**Goals/Objectives:**

Participants will be able to explain what maternal mental health and perinatal mental health mean to others. \* Participants will be able to identify evidence-based resources for maternal mental health that can be shared with faith actors in their communities. \* Participants will be able to use the perinatal mental health toolkit to discuss mental health issues within their faith communities.

**The Internal Dynamics Fostering Care Groups in Hausa Communities in Niger.**

**Authors:**

**MOUMOUNI ADAMOU**, Catholic Relief Services  
**Kelly Macdonald**, Catholic Relief Services

**Description:**

Catholic Relief Services Niger’s food security project, GIRMA (which means dignity, prestige, and growth in Hausa), uses the care group (CG) approach to disseminate messages aimed at improving maternal and child health and nutrition. However, to date, diet diversity results have been variable. For CGs to be effective, there must be both a physical structure (a hardware component) and reliance on volunteer motivations and relationships between actors (a software component). While the hardware components, such as supervision and tools, are well-monitored, the critical elements contributing to positive changes due to the CGs (the software) are not as well understood in the GIRMA project.

Thus, assuming CRS’s adherence to the approach, the study seeks to understand the internal mechanisms (including motivations, relationships, and linkages) of and between various actors in the care group approach and their importance in contributing to positive maternal and child health and nutrition outcomes. Using formative inquiry methods involving CRS staff, community

health workers, lead mothers, neighbouring women, and health agents, the study examines:

- \* Motivations and demotivation of various actors within the care group.
- \* Relationships between these various actors.
- \* Linkages between the care group and the formal health system.

Results will help GIRMA, as well as other Nigerien agencies wishing to use care groups, identify internal variables of the care group that may need support to ensure positive health and nutrition outcomes in their communities.

### **Collaborative Metric Development: Client Experience of Care with Self-Injectable Contraceptives in Lilongwe, Malawi.**

#### **Authors:**

**Eden Demise**, Population Services International  
**Philip Mkandawire**, Population Services International  
**Erica Felker-Kantor**, Population Services International  
**Benjamin Kaneka**, Population Services International  
**Kristen Little**, Population Services International

#### **Description:**

The Malawi Ministry of Health approved provider and self-administered injectable DMPA-SC contraceptives in 2018. However, few metrics are available to capture women's experiences with DMPA-SC. This study aimed to develop and examine the validity, feasibility, and utility of a people-centered metric for DMPA-SC using a collaborative approach to inform the Malawian health system.

#### **Methods:**

This mixed-methods study included: 1) in-depth interviews (IDIs) with DMPA-SC users to capture priority client domains (n=20); 2) cognitive interviews to establish the validity of the measures (n=20); 3) client exit interviews (CEIs) to test the measures (n=400); and 4) key informant interviews (KIIs) to assess the feasibility and utility of the measures (n=12). Quantitative data were analyzed in STATA using descriptive statistics, principal component analysis (PCA), and multiple correspondence analysis (MCA).

#### **Results:**

Thirteen key client experience of care domains emerged from the analysis of IDIs: choice, autonomy, respect/dignity, privacy/confidentiality, communication, supportive care, trust, safety, awareness, confidence, empowerment, cost, and environment/facility. These domains were used to develop an initial set of approximately 100 questions, which were reduced by half using PCA/MCA analysis. Most key informants found the questions useful for measuring and improving client experiences and feasible to integrate into monitoring and

evaluation (M&E) systems with proper training. The reduced measures will be further validated through digital CEIs in June 2024. **\*\*Conclusion\*\*** This study provided insights into Malawian women's experiences with DMPA-SC, collaboratively produced measures that can be rolled out to inform the Malawian health system and serve as a global resource.

### **Assessing the impact of the Census/Community-Based, Impact-Oriented method on Maternal and Child Health knowledge and practices: A Comparative Analysis of Baseline and Endline Data in Kisii County, Kenya.**

#### **Authors:**

**Anne Nyangweso**, Kisii Konya Oroiboro Project (KIKOP)

#### **Description:**

The Census-Based, Impact-Oriented + Care Groups Methodology (CBIO+) is a community-based model that incorporates routine home visitation, Care Groups, the formation of village health committees, and the enhancement of maternal and child health services, including the expansion of maternal and childcare to 24/7 coverage, 365 days a year. It has proven successful in improving maternal knowledge, behaviours, and health outcomes in Latin America and West Africa. In 2018, CBIO+ was introduced as a pilot initiative in Kenya, specifically targeting 55 communities within Kisii County. An initial baseline assessment conducted in 2018 across two program areas and one comparison area revealed significant gaps in maternal knowledge and behaviours, coupled with notably higher maternal mortality (1,207 per 100,000 live births) and infant mortality rates (86 per 1,000 live births) compared to the national averages (342 and 36, respectively).

After a three-year period of program implementation, an endline assessment was carried out to evaluate the program's impact. The findings from the endline assessment demonstrated remarkable improvements across various indicators compared to baseline data and the comparison area. These improvements included a 60-percentage-point increase in mothers' ability to name at least three danger signs of pregnancy, delivery, postpartum, and newborn danger signs, an increase in the development of birth plans (from 16% to 74%), improved water treatment practices (from 13% to 48%), and advancements in infant and young child feeding practices (from 2% to 82%). During the same period, project communities saw dramatic reductions in maternal mortality (59%) and infant mortality (63%).

### **Fostering Community Participation and Trust through Feedback Complaints and Response Mechanism (FCRM).**

#### **Authors:**

**Lovina Ugwu**, Catholic Relief Services

### **Description:**

The integration of Feedback, Complaints, and Response Mechanisms (FCRMs) into project implementation strategies is crucial for building trust and stakeholder participation in community development and humanitarian programs. FCRMs are simple, transparent procedures that allow stakeholders to express feedback on project-related subjects and receive appropriate responses in a safe and dignified manner. This promotes inclusivity and empowers individuals to address their own needs. The CORE Group Partners Project (CGPP) is a Polio Eradication project in Nigeria aimed at increasing population immunity through demand creation and enhancing surveillance for Acute Flaccid Paralysis. However, challenges such as lack of trust in modern medicine, anti-immunization rumours, low prioritization, misinformation, and gender dynamics have hindered progress.

These challenges prompted CGPP, in January 2023, to explore project acceptability, trust, and participation through FCRM in Igabi and Potiskum LGAs. The approach encourages active participation in projects, provides responses in stakeholders' native languages, and promotes protection, safeguarding, and gender inclusion. It offers communities the opportunity to communicate sensitive and non-sensitive feedback through preferred channels such as toll-free lines, emails, and Commcare apps.

In 2023, the platform classified over 450 pieces of feedback according to vulnerability, prioritizing sensitive feedback and addressing complaints, particularly those related to health and gender, by experts. This abstract emphasizes the significance of robust FCRMs in empowering communities, enhancing engagement, and expanding project scope while fostering trust, participation, and responsiveness. Finally, embracing FCRMs in project implementation enhances engagement, accountability, transparency, responsiveness, and service delivery. It fosters trust, addresses grievances, and strengthens relationships with participants and communities, leading to positive change.

### **Coverage of Vitamin A Supplementation and Deworming Programs in three Provinces of the Democratic Republic of Congo.**

#### **Authors:**

**Mulamba Diese**, Vitamin Angel Alliance  
**Zaynah Chowdhury**, Vitamin Angel Alliance  
**Diana Allotey**, Vitamin Angel Alliance  
**Abel Ntambue**, Vitamin Angel Alliance  
**Jillian Emerson**, Vitamin Angel Alliance

#### **Description:**

Maternal and child undernutrition is a major public health problem in the Democratic Republic of Congo (DRC), contributing to preventable disease and

death and impeding economic growth and development. In the DRC, Vitamin Angel Alliance (VA) collaborates with a diverse network of community-based organizations to extend the reach of evidence-based nutrition interventions. However, little is known about the extent to which its efforts have improved the coverage of these interventions. In 2022, VA conducted a coverage survey to assess the proportion of children aged 6-59 months who received Vitamin A supplementation (VAS) and deworming through its program partners in the provinces of Kasai-Oriental, Kwilu, and Kinshasa.

The survey also aimed to identify any socio-demographic factors associated with the receipt of these interventions. A cross-sectional survey was administered to caregivers of children aged 6-59 months, with a final sample size of 3,965 children. Overall, 40% of children had received VAS in the past six months, and 44.7% had received deworming. Older children (12-59 months) were more likely to have received VAS compared to younger children (6-11 months). Factors associated with receiving VAS included having more children, being married, and having knowledge of VAS benefits and dosing. Living in Kasai-Oriental compared to other provinces, as well as living in urban or urban-rural areas compared to rural areas, was also associated with higher VAS receipt. Additional efforts are needed in these provinces to increase overall coverage and ensure that children in diverse contexts are reached effectively.

### **Mapping Existing Practices to Bridge Quality Care Gaps for Community-based Maternal and Newborn Care in South Sudan.**

#### **Authors:**

**Lual Agok Luka**, International Rescue Committee

**Teresia Macharia**, International Rescue Committee

**Meru Vashisht**, International Rescue Committee

#### **Description:**

South Sudan grapples with one of the highest maternal and newborn mortality rates globally. In response, the International Rescue Committee (IRC) is set to introduce a community-based maternal and newborn care program in Aweil East. This initiative aligns with the national community health strategy known as the Boma Health Initiative, aiming to improve access to life-saving services in regions where healthcare facilities are scarce and institutional delivery rates remain low. The IRC conducted formative data collection to understand existing home delivery practices and identify gaps in the quality and safety of maternal and newborn care. The study involved interviews with women who had recently given birth, traditional birth attendants, Boma health workers, and caregivers who witnessed home births. Employing a human-centered approach, qualitative data collection used open-ended questions framed as story-share prompts, accompanied by visual cue cards to explore each step of the client's experience. Data synthesis revealed key themes:

1. **Risk Salience:** Women and caregivers acted on noticeable risks but ignored less apparent ones.

2. **Dirt Salience:** Cleaning practices addressed visible dirtiness, but hygiene measures were neglected when dirtiness was not visible.

3. **Inaction to Reduce Harm:** Ensuring that actions do not exacerbate challenging situations was crucial.

4. **Action to Reduce Harm:** Actions that prioritized the baby's welfare brought satisfaction. The presentation will delve into these findings, visually highlighting gaps between existing practices and the recommended care pathway. By addressing these gaps, we can significantly enhance the well-being of mothers and their newborns in South Sudan.

### **Seeking Input From Communities, Caregivers, And Frontline Health Workers On The Perceived Barriers And Potential Solutions To Reaching Zero-Dose And Under-Vaccinated Children In Kenya: A Photovoice Study.**

#### **Authors:**

**Robinson Karuga**, LVCT Health, Nairobi, Kenya

#### **Description:**

Research was conducted in rural and peri-urban areas across three counties in Kenya—Homa Bay, Vihiga, and Nairobi—to identify the major barriers to childhood immunization and potential solutions.

#### **Design:**

This qualitative study employed a cross-sectional design. Data were collected using Photovoice, a visual research methodology where participants take photos to document issues of concern. This approach was complemented by in-depth interviews, key informant interviews, and focus group discussions to identify barriers to and potential solutions for improving childhood vaccine uptake. The study was followed by a workshop to refine the proposed solutions, making them specific, short-term, realistic, and implementable by local health workers and the community. Information analysis utilized the socioecological model.

#### **Results:**

The main barriers to vaccination services were related to personal capacity (e.g., older caretakers, gender-based violence concerns, lack of partner support, and adverse religious and cultural beliefs and practices); organizational capacity (e.g., inconvenient clinic hours, long waits at clinics, and vaccine supply shortages); and financial capacity (e.g., poverty, poor transport infrastructure, teen pregnancy/motherhood, overcrowded households, and alcohol abuse). The study elicited practical solutions from participants, with

most focusing on personal and financial capacity issues, as health system-related limitations were seen as beyond their control.

**Conclusions:**

The study identified barriers and solutions specific to the Kenyan context. The findings align with existing literature on barriers to childhood immunization. Community-proposed solutions focused on increasing personal and financial capacity and improving access by delivering vaccinations at convenient locations, including people's homes.

**Reducing Plasmodium Vivax Malaria Burden In Myanmar: Strategic Tools And Advocacy Efforts By Path Myanmar In Collaboration With Pave.**

**Authors:**

**Zwe Thihaa Kyaw, Senior Technical Officer (Malaria), PATH (Myanmar)**

**Description:**

Despite advances in global malaria control, Plasmodium vivax (P. vivax) malaria remains a significant issue in the border areas of Myanmar. Cases have more than doubled, increasing from 43,578 in 2020 to 103,216 in 2022, posing a threat to the country's 2030 malaria elimination goal. Two main barriers to addressing P. vivax malaria are poor patient adherence to antimalarial treatment and increased population migration due to political instability. To address these issues, PATH Myanmar has collaborated with the Partnership for Vivax Malaria Elimination (PAVE) to introduce a new tool: the primaquine (PQ) treatment adherence card, aimed at improving patient compliance, and updated counseling standard operating procedures (SOPs). With support from the Bill and Melinda Gates Foundation and in close collaboration with the National Malaria Control Programme (NMCP) and Population Services International, PAVE developed the PQ treatment adherence card and counseling tools in 2021.

The following year, PAVE organized the first national technical advocacy workshop to introduce these tools. After the workshop, NMCP guided all partners on using the tool nationwide. In 2023, PAVE organized a central-level workshop titled "Enhancing Access and Efficacy in P. vivax Case Management in Myanmar," which focused on feedback regarding the PQ treatment adherence card and led to an update of the counseling SOP. The PQ treatment adherence card will now be used in routine P. vivax case management across various malaria settings. Through these strategic efforts, PAVE has enhanced the tools, particularly the PQ treatment adherence card and counseling SOP, at the community level.

**Capacity Building Interventions for Health Extension Workers in Ethiopia: a Scoping Review.**

**Authors:**

**Dr. Nahom Frew**, International Institute For Primary Health Care - Ethiopia  
**Tigist Asale**, International Institute For Primary Health Care - Ethiopia

**Description:**

Capacity-building interventions for health extension workers (HEWs) are crucial for providing quality health services to the community. Since the establishment of the health extension program in Ethiopia, considerable attention has been given to enhancing the competencies of HEWs.

**Objective:**

The objective of this scoping review was to map and identify existing evidence on capacity-building interventions for HEWs and to clarify evidence gaps to inform program design and further research.

**Methods:**

We searched PubMed, Scopus, Embase, and Google Scholar. The JBI scoping review methodology was used to conduct this review.

**Results:**

A total of 20 articles were included in the review. The most common capacity-building intervention designed for HEWs was training, followed by supportive supervision, performance reviews, clinical mentoring, and equipment supply. The most salient domains of capacity investigated at the HEW level were knowledge and skill. The interventions resulted in significant improvements in immediate outcomes (knowledge, skill, and attitude changes among HEWs) and intermediate outcomes, such as increased service utilization among community members. None of the reviewed studies considered capacity-building interventions in terms of improving interpersonal and intrapersonal domains of capacity.

**Conclusions:**

Interventions designed for HEWs primarily focused on improving technical competencies like knowledge and skill. Little attention has been given to other domains of competency, including motivation, leadership, and communication. A comprehensive set of capacity-building initiatives that addresses motivation, job satisfaction, communication, commitment, and resource allocation is required.

**Respectful Maternity Care During Labor and Delivery and Associated Factors in North Shewa zone, Ethiopia.**

**Authors:**

**Nakachew Sewnet Amare**, PhD Candidate and Lecturer, Debre Berhan University

**Description:**

Respectful maternity care is a critical factor in increasing access to skilled maternity care. Disrespectful care constitutes a violation of human rights and is a major barrier to utilizing skilled birth services, often more so than financial or geographical obstacles.

**Objective:**

This study aimed to assess the prevalence of respectful maternity care during labor and delivery and to identify associated factors among women who gave birth in public health institutions in North Shewa Zone, Ethiopia.

**Methods:**

An institutional-based cross-sectional study was conducted among women who delivered in North Shewa public health institutions. Bivariate and multivariate logistic regressions were performed to identify statistically significant variables. Adjusted odds ratios with 95% confidence intervals were used to declare statistically significant variables based on  $p < 0.05$  in the multivariate logistic regression model.

**Results:**

The overall proportion of respectful maternity care during labor and delivery was 48.6% (95% CI: 44.6%–52.3%). Urban residence (AOR=2.6, 95% CI: 1.8–3.6), being multiparous (AOR=1.6, 95% CI: 1.1–2.3), having a planned pregnancy (AOR=2.4, 95% CI: 1.3–4.3), and giving birth in a health center (AOR=1.6, 95% CI: 1.2–2.8) were statistically significant factors associated with respectful maternity care during labor and delivery.

**Conclusion and Recommendations:**

This study indicates that the proportion of respectful maternity care during labor and delivery is low. Based on the identified factors, strategies should be designed and implemented to enhance the level of respectful maternity care during childbirth.

**Keywords:**

Childbirth, Ethiopia, Labor and Delivery, Respectful Maternity Care

**Communities Engaged in HIV Advocacy and Prevention Research.**

**Authors:**

**Pearson Malisau, Executive Director, Centre for Girls and Interaction (CEGI)**

**Description:**

Meaningful community engagement (CE) in HIV prevention research is crucial for successful and ethically robust study implementation. We conducted a qualitative study to understand the current CE practices in HIV prevention research and to identify both expressed and implicit reasons behind translational gaps highlighted by women, communities, and researchers. For this exploratory qualitative study, we recruited a purposive sample of

participants from key populations recognized by CSOs, including men who have sex with men, transgender women, people who inject drugs, and female sex workers; as well as general population adults and adolescents/youth; and researchers. Participants reported that study communities, especially those from key populations, were primarily involved in data collection but not necessarily with optimal training. Involvement of communities before the start of the study (e.g., obtaining feedback on the study's purpose/design) or after the study's completion (e.g., sharing findings) were highlighted as priorities for meaningful engagement. Key areas for improvement were identified as follows:

**1. Before the Study:** Involving communities in finalizing the study design, drafting comprehensible informed consent forms and culturally appropriate data collection tools, and deciding on appropriate monetary compensation.

**2. After the Study:** Sharing draft findings to obtain community input and involving communities in advocacy activities to convert evidence into action, policy, or programs.

The findings highlighted translational gaps and priority areas for capacity building to strengthen CE in HIV prevention research. It is crucial not only to engage communities at various stages of research but also to understand that trust, dignity, respect, and reciprocity are fundamentally important for meaningful community engagement at all levels.

### **Community-Led Solutions: Improving IPTp-SP Utilization for Malaria Prevention in Pregnancy - insights from a qualitative study in rural communities of Bayelsa state, Nigeria.**

#### **Authors:**

**Patricia Ogba, PhD Candidate, McMaster University**

#### **Description:**

Malaria represents a significant global health threat, particularly affecting pregnant women and children in Nigeria. The World Health Organization recommends Intermittent Preventive Treatment with Sulphadoxine-Pyrimethamine (IPTp-SP) for malaria control during pregnancy. Despite IPTp-SP's recognized effectiveness, its uptake among pregnant women remains limited. Through an exploratory, descriptive qualitative study employing the Appreciative Inquiry approach, we investigated challenges to IPTp-SP uptake and participants' recommendations for enhancing its utilization among pregnant women. This study was conducted as part of a larger examination of community-level factors influencing IPTp-SP adoption in two rural communities in Bayelsa, Nigeria.

We used a thematic approach for data analysis, employing six focus group discussions with pregnant women and 17 individual interviews with stakeholders, including community leaders. Our findings identified deficiencies

in healthcare facilities, challenges with SP distribution and accessibility, and healthcare professionals' tendency to prescribe alternative antimalarials as barriers to IPTp-SP uptake. Participants proposed policy interventions such as strengthening healthcare facilities, ensuring free SP distribution, educating healthcare providers, conducting public awareness campaigns, implementing community-level interventions, integrating Traditional Birth Attendants (TBAs) into the formal healthcare system, and securing sustained government commitment. However, implementing these policies may face financial constraints, limitations in healthcare infrastructure, supply chain issues, and stakeholder resistance.

Despite these obstacles, the study underscores the importance of overcoming challenges through sustained government commitment at both federal and state levels and fostering community engagement for effective policy execution.

### **Creating an environment where menstruation is inclusive, understood and included in the sexual reproductive health and rights platforms and spaces.**

**OBJ:**

#### **Authors:**

**Ruth Maluwa, Executive Director, Mphatso Zathu Foundation**

#### **Descriptions:**

Menstruation is a fundamental aspect of human life, yet it remains a taboo topic, often excluded from discussions on sexual and reproductive health and rights (SRHR). This omission perpetuates stigma, discrimination, and health inequities, particularly for marginalized individuals. To address this gap, it is crucial to create an environment where menstruation is inclusive, understood, and integrated into SRHR platforms and spaces. This requires a multifaceted approach involving education, policy reform, and community engagement. By normalizing menstruation and addressing its intersections with gender, sexuality, and disability, we can promote a culture of inclusivity and empathy. This, in turn, will enable individuals to access safe and affordable menstrual products, receive comprehensive reproductive healthcare, and exercise their full range of human rights. Ultimately, a menstruation-inclusive environment is essential for achieving gender equality, social justice, and human well-being. Furthermore, individuals with disabilities face unique challenges in accessing menstrual healthcare, including inaccessibility of healthcare facilities, lack of accessible menstrual products, and inadequate training for healthcare providers. By prioritizing disability inclusion in menstruation-inclusive initiatives, we can ensure that all individuals, regardless of ability, can exercise their reproductive rights and live with dignity. This includes providing accessible menstrual products, adaptive menstrual management strategies, and inclusive healthcare services that address the specific needs of individuals with disabilities.

## **Optimizing Resource Mobilization Among Multi-stakeholders: The Impact of the PPIA Model on Healthcare Integration in Myanmar Amidst Political Turmoil.**

### **Authors:**

**Kyaw Zin Thann, Program Manager, PATH**

### **Description:**

Myanmar faces significant public health challenges, including limited healthcare access, a high burden of communicable diseases such as tuberculosis (TB) (where it is one of the top 30 countries in terms of TB burden), and nutritional deficiencies. Political instability has disrupted essential healthcare services, shifting demand from the public to the private sector and highlighting the need for an innovative, collaborative health system-strengthening approach.

PATH has introduced the Private Provider Interface Agency (PPIA) model to leverage resources from diverse stakeholders in both the public and private sectors. This innovative model has successfully engaged private healthcare providers to create a comprehensive patient support system for TB and integrated care. It includes HIV testing, bidirectional screening for TB and diabetes mellitus (TB-DM), mental health assessments, nutritional support, and referrals. The model also enhances community empowerment by synergizing existing community-based programs supported by the Access to Health Fund.

Collaborative efforts with entities such as the World Food Programme, other NGO-led clinics, and the national TB program exemplify the PPIA's integrated approach to strengthening Myanmar's healthcare infrastructure. In its initial eight months, the PPIA model has engaged over 350 private providers and trained 40 private doctors. It facilitated chest X-ray (CXR) screening for 4,089 individuals, identified 401 TB cases (including 46 TB-diabetes cases), conducted 295 mental health assessments, held 6 community engagement meetings, and organized 21 TB awareness sessions led by TB survivors. This model exemplifies how multi-stakeholder collaboration can markedly improve health outcomes amid political challenges.

## **Community Health Worker Compensation and Benefits in Vitamin A Supplementation Programs in Burkina Faso and Côte d'Ivoire.**

### **Authors:**

**Dr. Melissa Baker, Regional Research Manager, Helen Keller International**

### **Description:**

In Sub-Saharan Africa (SSA), community health workers (CHWs) play a critical role in delivering health interventions, including vitamin A supplementation (VAS). This study evaluates the costs and benefits of compensating CHWs for distributing VAS in Burkina Faso and Côte d'Ivoire.

### **Methodology:**

Surveys were conducted among 154 CHWs in Burkina Faso and 69 CHWs in Côte d'Ivoire to assess expenses incurred and income earned from VAS activities. Data were collected from December 2021 to January 2022 in Burkina Faso and from July to December 2023 in Côte d'Ivoire.

### **Results:**

In Burkina Faso, CHWs received approximately \$33 USD for a 4-week rural distribution and about \$5 USD per day for a 4-day urban distribution. Personnel costs comprised about 20% of total VAS program costs, with CHW salaries constituting around 70% of this proportion. Transportation and communication expenses for CHWs accounted for about 15% of total program costs, which were significantly higher in rural areas compared to urban areas (15.2% vs. 4.2%). In Côte d'Ivoire, 72% of CHWs received an average daily income of approximately \$4.70 USD for VAS participation, exceeding the \$4.60 USD per day earned from other economic activities. Personnel costs made up about 75% of total VAS program costs, with CHW salaries comprising over two-thirds of these expenses. Transportation costs were notably higher in areas with extensive community outreach.

### **Conclusion:**

Adequate compensation for CHWs represents a modest proportion of VAS distribution costs and supports their continued crucial roles in improving child health outcomes in Burkina Faso and Côte d'Ivoire.

## **Leveraging Community Participation and Ownership to Strengthen Health Systems: Learning from USAID MOMENTUM Responses to COVID-19.**

### **Authors:**

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### **Description:**

Between 2020 and 2023, USAID MOMENTUM projects supported partner countries in combating COVID-19, maintaining or improving essential services, and strengthening health systems' resilience. We extracted insights from three MOMENTUM project responses to understand the extent to which and how they used health system strengthening (HSS) approaches, and to identify factors that facilitated or inhibited their implementation and outcomes. In India, the responses focused on addressing gender-based violence and increasing COVID-19 vaccination rates among vulnerable populations.

The MOMENTUM responses demonstrated that increasing community participation and ownership in the health system, as well as leveraging community health workers (CHWs), were promising HSS strategies that strengthened outcomes. Enhancing response ownership first among community leaders and influencers, followed by the broader community, helped mitigate mistrust and maintain or increase demand for health services during the pandemic. Community feedback also informed strategies that improved the responsiveness of the health system itself. CHWs were critical in addressing misperceptions, reaching vulnerable populations, and increasing demand for essential services.

All responses emphasized the importance of training and supporting community-based influencers, such as CHWs, who could boost service demand by improving knowledge and supporting health behaviour change. Our analysis highlighted a range of factors contributing to an HSS response and provided evidence-based recommendations for future pandemics. We will share how lessons learned and recommendations from MOMENTUM's COVID-19 response activities could enhance future efforts to integrate HSS into outbreak and pandemic responses.

### **“I am proud to be a midwife because I save a lot of lives”: International Medical Corps’ midwifery education program in South Sudan.** [OBJ]

#### **Authors:**

**Shiromi Perera, Senior Research Specialist**, International Medical Corps

#### **Description:**

Long-term socio-political instability has contributed to South Sudan having one of the highest maternal mortality rates in the world, with an estimated 1,223 maternal deaths per 100,000 live births. Skilled birth attendants are critical for reducing maternal mortality. International Medical Corps co-managed and supported three midwifery schools to address this shortage.

#### **Methods:**

We conducted a cross-sectional mixed-methods assessment of the midwifery education program. This included a survey of 314 graduates, in-depth interviews with graduates, their supervisors, faculty, and Ministry of Health officials, and focus group discussions with clients of graduate midwives.

#### **Results:**

Participants identified several strengths of the schools, including being well-equipped with trained and competent faculty, a competency-based curriculum, and practical training. Most graduates were currently working as midwives (76.4%), and nearly half (47.5%) were working in rural areas. Overall, they reported feeling well-prepared for their work. They felt most competent in providing antenatal care, skilled delivery, and short-acting contraceptive methods, and least competent in providing prevention of mother-to-child

transmission (PMTCT) and long-acting reversible contraceptives. Inadequate infrastructure, supplies, and insecurity were among the frequently mentioned challenges. Midwives were largely respected by the community, and graduates expressed pride and satisfaction, as well as noting the positive impact they have had in providing critical services to their communities.

**Conclusions:**

Overall, the midwifery education program appears effective, with graduates reporting high satisfaction, feeling largely prepared for their roles, and taking pride in their profession. Sustained investment in midwifery education, along with health system strengthening, is critical to reducing high maternal mortality and morbidity in South Sudan.