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Quality education in rural public schools by post graduate students in higher education

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Background: In developing countries most of the top rank students take up carriers in Medicine, Law and Business. Very few opt for teaching profession and the number of quality teachers in public schools is gradually diminishing. Students from higher education centers are asked to teach in these schools at least for 4 weeks as an internship project.

Methods: The Post Graduate Students from Sri Siddhartha Academy of Higher Education, Tumkur, India taught their core subjects for 4 weeks, in 20 rural public schools without adequate qualified teachers. The students in the engineering stream taught mathematics, science and computers. A group of 4-6 students were sent to each school. Apart from travel and accommodation funds, sufficient academic credentials were given to the participating student teachers, by the Academy/ University.

Findings: The outcome of this initial pilot project is: 1.Significant increase in the number of teachers in rural public schools especially in 5th-10th standard. 2. Quality teaching by post graduate student teachers, with innovative teaching methodologies in rural schools. 3. Empowerment of higher education students with responsibilities in Rural Education, Health and Social Reforms.

Interpretation: The scope of this project for global implementation is enormous. It is cost effective, implementable and sustainable.

Funding: None.

Abstract #: *2.037_MDG*

International cancer control leadership forum program

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Program Purpose: The goal of the International Cancer Control Leadership Forum Program is to increase the capacity of participating countries to initiate or enhance cancer control planning and implementation through a multi-sectoral approach. National Cancer Control Plans (NCCP) comprise an important part of a country's non-communicable disease (NCD) plan and can help countries meet NCD targets outlined in the WHO Global NCD Action Plan. A comprehensive NCCP is a strategic plan based on data and developed by diverse partners, including government and non-governmental organizations, to guide efforts within a country to decrease the burden of cancer. The Forum is an opportunity for countries and individual country representatives (ICRs) in the region to exchange challenges, successes, experiences and ideas about creating and implementing comprehensive cancer control plans.

Program Design: The Leadership Forum Program is a three-part process spanning approximately 18 to 24 months. Prior to the Forum, country team leads assemble a multi-sectoral country team and conduct a situation analysis of current cancer control efforts. This guides the agenda, tailoring each Forum to region-specific priorities. Some of the main priorities identified by countries include expanding cancer early detection efforts, implementation and evaluation of cancer control plans, strengthening cancer research, improving the quality of population-based cancer registries, and assessing the impact of cancer control plans.

During the 2.5-day Forum, country teams participate in learning modules, special topic presentations, and engage in facilitated action planning sessions.

Follow-up calls are conducted 3, 6, and 12 months after the Forum to assess progress on action plan implementation and provide technical assistance.

Outcome & Evaluation: Over the past two years, forums have been held in Africa, Southeast Asia, the Pacific, the Caribbean, Middle East-North Africa, Latin America, and Central Asia regions, engaging 38 full country teams and 23 ICRs.

Going Forward: Forums will be conducted in more regions. Technical assistance will be strengthened through follow up calls and regional meetings. Key metrics will be identified and collected in order to evaluate and improve the program.

Abstract #: *2.038_MDG*

Barriers to the use of pre-exposure prophylaxis (PrEP) among heterosexual serodiscordant couples in Western Kenya: Stigma and misconceptions

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Background: Nearly 40% of new HIV-1 infections occur among serodiscordant couples. Pre-exposure prophylaxis (PrEP) has the potential to significantly decrease the transmission of HIV within discordant couples. The Partner's Demonstration Project is offering antiretroviral therapy (ART) and PrEP to HIV-discordant couples in Kisumu, Kenya. However, 8% (n=22) of the individuals qualifying for PrEP in this trial declined it. Very little is known about the reasons for PrEP refusal among individuals in heterosexual serodiscordant partnerships in resource-limited settings.

Methods: We conducted semi-structured in-depth interviews with selected individuals (n=63) in HIV-discordant couples enrolled in the Partners Demonstration Project. The interview guide covered perceptions of ART and PrEP, benefits and disadvantages of each, and factors influencing the decision to decline treatment. The interviews were conducted in Dholuo, transcribed, and translated into English. Grounded theory was used to code and analyze the data. Here we present the results from a subset of HIV-negative participants who declined PrEP (n=10) or initiated PrEP (n=9).

Findings: We interviewed four female and 15 male participants who were offered PrEP; of these, one woman and nine men refused

PrEP. The median age of these participants was 31.5 years (range 21-57). Both participants who declined or initiated PrEP identified similar reasons to decline PrEP. The leading reasons to decline PrEP were its perceived side effects, such as skin rash and nausea, and anticipated logistical barriers to adherence, such as transportation costs to obtain refills. Another major reason to decline PrEP was the perceived social stigma associated with its use, including PrEP's association with promiscuous behavior. Participants were concerned that if they were seen taking PrEP, this would reveal that they had an HIV-positive partner. Furthermore, many felt that using PrEP was redundant with other HIV transmission prevention tools, such as condoms or male circumcision.

Interpretation: Among serodiscordant heterosexual couples enrolled in an HIV prevention trial, misconceptions of PrEP's side effects and adherence requirements, as well as stigma associated with its use are significant barriers to its initiation. While we are optimistic that PrEP has the ability to drastically reduce HIV transmission, successful efforts to roll-out PrEP in resource-limited settings need to address these important barriers.

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Abstract #: *2.039_MDG*

Community life center: Strengthening primary care in Africa (learnings from 1st pilot in Kenya)

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Program/Project Purpose: The Community Life Centre (CLC) is a community-driven integrated primary care intervention. Most primary care interventions are limited by their ability to scale or sustain the growing demand for clinical services. The aim of Community Life Centre is to co-create a self-sustainable community health hub that improves primary health outcomes.

Structure/Method/Design: The program has three goals: (1) improve primary care outcomes, (2) implement community-engagement strategies to enable financial sustainability, and (3) achieve economies of scale.

A solar-powered Community Life Centre (CLC) has five components

1. Co-designing a primary care facility with the community
2. Community-led commercial services to supplement income-generation by the CLC
3. Strengthen skilled-human resource capabilities
4. Empowering Community Health
5. Operational monitoring and evaluation

The first CLC pilot was implemented in Kenya in partnership with a local County Government. An existing Level-II facility was upgraded to a Level-III Health Centre. The stakeholder map for the CLC includes the community, the existing health ecosystem, the governance and administrative structures (formal and informal).

Outcome and Evaluation: Our short-term outcomes are based on improvements in clinical service-utilization. In this regard, we have observed increase in service utilization (20 times increase in OPD footfall, 3 times increase in ANC footfall, and nearly 600 deliveries over a 15-month period). The current facility is equipped to provide services for 24-hours with minimal power-outage.

In the long-term, we expect improved effectiveness of service delivery and self-sustainability of the CLC based on community-driven strategies including commercial services.

Going Forward: There are three ongoing challenges: (1) devolution of primary care services has negatively impacted operational and supply-chain mechanisms; (2) disconnected key performance indicators that affect care—coordination between community health and primary health systems, and (3) informal mechanisms that are not fully-integrated into the health ecosystem (church, TBA, etc.)

Moving forward, one of the key goals is to translate improved outcomes to policy-level dialogues to improve primary care readiness. An additional goal is to demonstrate clinical and cost-effectiveness of the CLC program in extremely low-resource and marginalized settings in partnership with global organizations including UNFPA.

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Abstract #: *2.040_MDG*

The adequacy of antenatal care services among slum residents in Addis Ababa, Ethiopia

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Background: Maternal mortality has been shown to be lower in urban areas than in rural areas. However, disparities for the fast-growing population of urban poor who struggle as much their rural counterparts to access quality healthcare are masked by the urban averages. This paper aims to report on the findings of antenatal adequacy among slum residents in Addis Ababa, Ethiopia.

Methods: A quantitative and cross-sectional community based study design was employed. A stratified two-stage cluster sampling technique was used to determine the sample and data was collected using structured questionnaire administered to 837 women aged 15-49 years. Binary logistic regression models were employed to identify predictors of adequacy of antenatal care. A single overall ANC adequacy indicator was constructed using three indicators i.e., timing of first visit, number of visits, and adequacy of service content.

Results: The majority of slum residents did not have adequate antenatal care services i.e., only 50.7%, 19.3% and 10.2% of the slum resident women initiated early antenatal care, received adequate antenatal care service contents and had overall adequate antenatal care services. Pregnancy intention, educational status and place of ANC visits were important determinant factors for adequacy of ANC in the study area. Women with secondary and above educational status were 2.9 times more likely to have overall adequate care compared to those with no formal education. Similarly, women whose last pregnancy was intended and clients of private healthcare facilities were 1.8 and 2.8 times more likely to have overall adequate antenatal care compared to those whose last pregnancy was unintended and clients of public healthcare facilities respectively.