

location, resources, and affordability, cultural beliefs present an additional barrier to healthcare access. Little is known about culturally-specific illnesses in which clinical treatment is often not sought. The aim of this investigation was to identify barriers to healthcare in the communities of Palajunoj and understand how individuals mediate between different health beliefs in treatment and education. We explored how illness and treatment are described by community members and identified how these health beliefs are transmitted and propagated throughout each community.

Methods: We conducted 30 interviews with women from 3 communities. Interviewees included participants in the Primeros Pasos Nutrition Program and other non-affiliated individuals in these communities.

Outcomes: We found that individuals distinguish between biomedicine and natural medicine. There are illnesses curable by clinical medicine and those that require the attention of a natural healer. The latter are considered unexplainable by biological causes and incurable by biomedicine. These culturally-specific illnesses include, but are not limited to, *mal de ojo*, its more advanced version *el chipe*, their relative *lombrices*, and *susto*. Community members do not seek clinical health services for various reasons. Many believe that clinical healthcare workers do not recognize culturally-specific illnesses and that they are unable to provide adequate treatment or may cause further harm. In addition, location and affordability often play a role in how community members decide between natural and biomedical treatment. Health beliefs surrounding these topics are transmitted through multiple systems: family and friends, schools, and outreach programs by aid organizations such as Primeros Pasos. We also found that amongst different communities there is wide variation in cultural health beliefs.

Going Forward: These results demonstrate a greater need for addressing existing cultural health beliefs and other non-biomedical health factors. We suggest communication with community healers as a starting point for generating greater collaboration between communities and aid organizations such as Primeros Pasos in order to augment clinical treatment and improve education programs.

Abstract #: 2.013_HRW

Investing in the future of Nigeria's health work force: Strengthening human resources for health through sustainable pre service HIV/AIDS training systems at nursing, midwifery & health technology training schools in SE Nigeria: A case study

T. Madubuko^{1,3}, A. Nwandu², E. Onu¹, N. Kehinde¹, A. Olutola¹; ¹Center for Clinical Care and Clinical Research Nigeria, ²University of Maryland School of Medicine-Institute of Human Virology Baltimore, MD, ³University of Nigeria

Program Purpose: Center for Clinical Care and Clinical Research Nigeria (CCCRN), in collaboration with local teaching institutions in Nigeria, sought to more closely align USG-funded HIV/AIDS efforts with the national programs through a program called Partnership for Medical Education and Training. The goal was to enhance capacity at the pre service training level in the management of HIV disease, by revising the HIV training curriculum to emphasize role specific core competencies that in turn ensure “practice ready” graduates.

Structure/Method: Multiple advocacy and consensus building meetings for stakeholders were held, followed by a comprehensive training needs assessment of five schools of nursing and 4 schools of midwifery, 3 schools of health technology in the South East of Nigeria.

Pre service faculty were assessed for teaching/mentoring knowledge and skills to identify capacity gaps as well as presence or absence of ongoing HIV related education for faculty and students using structured questionnaires and key informant interviews. The required infrastructure for effective implementation of these trainings in the institutions was also assessed.

This resulted in the following interventions-Curriculum review, Training of Trainers for faculty, refurbishing of the identified training halls and libraries, provision of teaching and training materials and books.

Outcomes: The completed documents from the curriculum review were formally submitted to the respective regulatory bodies for adoption and provisional concurrence for their implementation was sought. A total of 37 faculty received training to implement the new curriculum, 28 participants trained on training of trainers on managerial competence for health care providers and a total of 3,108 undergraduate students from the 12 institutions benefitted from the revised curriculum between 2013 to 2014. Pre and post test results indicated a significant increase in knowledge (65% mean pre-test to 89% mean post test score). Regular quarterly technical assistance visits to the institutions further strengthened the programme.

Going Forward: Strengthening pre-service education in tertiary level schools helps to provide a “practice ready” workforce that can assist in bringing the HIV/AIDS pandemic under control. The success of the program can be attributed to collaborative and participatory nature of the process with clear understanding and cooperation by all stakeholders.

Funding: PEPFAR (CDC).

Abstract #: 2.014_HRW

Understanding barriers to vaccination in an urban slum of Karachi, Pakistan

W. Mahmood¹, M. Baqai¹, A. Talib², N. Mahmood³, C. Sarnquist³; ¹Ziauddin University, Karachi, Pakistan, ²Stanford University School of Medicine, Department of Pediatrics, Stanford, CA, ³ChildLife Foundation, Karachi, Pakistan

Background: Immunization is one of the most cost-effective public health initiatives regarding disease control and is an indicator of health-seeking behavior. Despite freely available vaccinations provided by GAVI and the national EPI program, Pakistan is one of two countries in the world with wild polio virus circulating. Has a vaccination rate of only 54% according to the Demographic Survey (2012–2013). Urban slums with poor sanitation and housing density pose the highest risk of disease spread, yet few studies have surveyed this population.

The objective was to determine the vaccination status amongst the population of 50,000 in an urban slum in Karachi, Pakistan and to analyze the knowledge, attitudes and practices towards immunization, which may be limiting vaccine acceptance and uptake.

Methods: Four hundred and forty-seven households were randomly surveyed in an urban slum in Karachi Pakistan using a cross-sectional design survey with pre-tested and coded questions following an informed consent. The surveys were analyzed for vaccination use, and the current knowledge attitudes and practices towards vaccinations. Data was collected and entered in Excel, then analyzed using SPSS Version 2.0.

Findings: According to the analysis, only 49.7% of people heard about vaccinations through their doctors. Attitudes towards vaccinations are positive 82.1% of respondents know vaccinations prevent against diseases However, only 65.3% of people have ever vaccinated their child and individual vaccination rates range from 47% to 5%.

Interpretation: Knowledge of vaccinations is limited by poor communication by doctors and health workers. Recommendations include increasing campaigns to increase awareness of vaccinations utilizing media and health workers. Further research is needed into what non-financial barriers prevent high vaccine uptake in this population.

Funding: The household survey was funded by ChildLife Foundation, Pakistan.

Abstract #: 2.015_HRW

Nurse educators in Haiti: A quality assurance review

A. Mahon¹, R. Valcourt², L. Merry¹, F. Dieudonne², J. Tuck¹; ¹McGill University, Montreal, Canada, ²Zanmi Lasante, Hinche, Haiti

Background and Aims: Nurses provide over ninety percent of health care services worldwide, however training and licensure standards for these professionals, especially in low-resource settings, vary. As populations and health needs grow, empowering and educating those at the bedside must be a top priority. Unfortunately, there is limited understanding of professional development and continuing education for nurses in low and middle resource settings. In this review we: 1) describe an initiative launched by Zanmi Lasante to implement nurse educators in two tertiary care centres in the Lower Artibonite and Central Plateau regions of Haiti; and 2) highlight barriers and facilitators experienced by the nurse educators in this role.

Methods: We used a quality assurance framework with qualitative description. Data were collected through participant observation, document reviews, and semi-structure interviews with four nurse educators and three support staff.

Findings: The educator positions were created as part of a larger plan to improve the health infrastructure at one hospital site. With the success of the implementation of the first educators at this site, additional positions were added in a second hospital and plans made to expand to other hospitals. Educators were tasked with assessing learning needs, training and mentoring nursing staff, and performing skill evaluations. Barriers included: little specialized training for educators; limited resources; poor attendance at trainings; disparate education and skills among staff; and high expectations and ambiguous role definition. Facilitators included: previous management experience; peer support; value placed on continuing education by staff; and a perception that care was improving.

Conclusion: As the educator role continues to develop, additional studies are needed to assess the merit and feasibility of this intervention in other low and middle resource settings. Initial outcomes suggest this is a promising initiative for improving nursing in Haiti.

Funding: Institute for Health and Social Policy, McGill Faculty of Medicine.

Abstract #: 2.016_HRW

The knowledge and perceptions regarding the role of family physicians among patients in primary care clinics in Nairobi

G. Mohamoud¹, M. Merali¹, A. Gilani², M. Mahoney^{1,2}; ¹Aga Khan University East Africa, Nairobi, Kenya, ²Stanford University, Stanford, USA

Background: Family Medicine is recognized by the Kenya Ministry of Health as a way to provide high quality and cost-effective care at the population level and address the fragmentation of the current health care system. Understanding the current perception of Family Medicine, while the specialty is in its nascent stage, is a crucial step in promoting, marketing and planning the delivery of family medicine services.

Methods: The aim of this study was to identify gaps in primary care patients' knowledge about the role of family physicians in Aga Khan University clinics in Nairobi. The study is a questionnaire based cross-sectional survey of patients visiting selected primary care clinics in Nairobi. Convenience sampling was used; all consenting English-speaking adult patients were included in the study. Ethical approval was obtained from the Ethics committee of the Aga Khan University Hospital, Nairobi. SPSS Software and Excel spreadsheet were used for the data entry and analysis.

Findings: One hundred sixty-two participants were surveyed (n = 162). The majority of participants were between the ages of 18 and 45 years, with 54% being female, 61.3% employed, 83.8% university graduates, 69.1% had children, 65.4% resided in Nairobi and 34.6% were from the periphery of Nairobi. Sixty-eight percent (68.5%) had heard about family physicians. Regarding family doctor services, 45.1% of participants were unsure or didn't believe that family doctors could provide pediatric, ante-natal care, pap smear tests, family planning services and circumcision. While the majority of participants thought the family doctor can treat small babies, a comment noted "Infants are supposed to be treated with a pediatrician." There was more variance in results regarding FP treating chronic illnesses and other noncommunicable diseases, and performing common procedures.

Interpretation: Based on the findings of this study, a campaign that raises more awareness on the role of the family physicians in Nairobi will be developed in partnership with the Kenyan Association of Family Physicians.

Funding: None.

Abstract #: 2.017_HRW

Improving care for patients with epilepsy in rural Sierra Leone: A replicable model for low-resource settings

S. Jalloh¹, K.P. Barron², K.L. Dierberg², J. Cooper¹, R.H. Marsh^{2,3}; ¹Partners In Health, Sierra Leone, ²Partners In Health, Boston, MA, USA, ³Harvard Medical School, Boston, MA, USA