

Columbia, Canada. The participants were 14 years of age or older, female including transgender women, and exchanged sex for money or resources within the last 30 days of the recruitment. WISH-Drop-In is a women-only and sex-work tailored service organization providing low threshold services such as hot meals, showers, harm reduction supplies and referrals to health services. After verbal and written informed consent, interview-administered questionnaires were completed and the results were stratified according to the use of WISH Drop-In Center. Descriptive, bivariate and multivariable logit regression analyses using Generalized Estimating Equations identified correlates of WISH utilization over a 30-month period. The study holds ethical approval through Providence Health Care/University of British Columbia Research Ethics Board, and is conducted according to the principles of the Declaration of Helsinki and Canadian Tri-Council Policy guidelines.

Findings: Of 547 SWs, 60% (n=330) utilized WISH services over the 30-month period. In longitudinal multivariable GEE analysis, use of WISH was independently correlated with older age (AOR 1.04, 95% CI: 1.03-1.06), Aboriginal ancestry (AOR 2.18, 95% CI: 1.61-2.95), accessing SRH services (AOR 1.65, 95% CI: 1.35-2.02), injecting drugs (AOR 1.67, 95% CI: 1.29-2.17) and exchanging sex directly for drugs (AOR 1.40, 95% CI: 1.15-1.71).

Interpretation: Results demonstrate high uptake of a sex work specific drop-in space for marginalized SW and suggest that women-centred and low-threshold drop-in services can effectively link marginalized women to SRH services. Given the substantial gaps in sexual and reproductive care for SWs globally, these findings suggest a critical need for policy and program support so scale up low-threshold and SW-specific models for integrated SRH, alongside community and social support models. Limitation to the study is the challenge of achieving a representative sample due to the isolated and marginalized nature of SWs. However, we used time location sampling and community mapping to ensure broad representation of SWs from all street and off-street venues.

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Combining human and livestock vaccination days in pastoralist communities: A feasibility study

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Program/Project Purpose: Currently, an estimated 180 million people are members of pastoralist societies worldwide, moving with their herds irrespective of country borders. Their nomadic lifestyle makes it difficult to reach human and animal vaccination rates that create population resistance against disease. The One Health framework advocates for increased collaboration between veterinary and human medicine in order to solve a variety of public health dilemmas. Coordinating the immunization days of children and livestock advances this idea and may be able to improve childhood vaccination rates while at the same time controlling the spread of highly infectious livestock diseases.

Structure/Method/Design: In order to understand the potential of combined vaccination campaigns, we reviewed the few past attempts using qualitative analyses. Results from the limited availability of previous trials showed that combined vaccination days led to better attendance and decreased overall vaccination costs when compared to

child-specific vaccine days, however with inconsistent documentation of vaccine recipients. Additionally, we compiled and compared human and livestock vaccination rates, schedules and needs in the target pastoralist populations.

Outcomes & Evaluation: Using the two main tools outlines above, we aim to better define the need and refine effective strategies for future trials. Verbal support of combined vaccination days has been received from multiple organizations, indicating that tangible support may also be available with innovative collaboration between federal and nongovernmental agencies.

Going Forward: More efficient discussions are needed between veterinarians and doctors about aligning livestock and human vaccine schedules. Pooling these resources will increase the overall health of pastoralist populations.

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Maternal and household characteristics as determinants of maternal health seeking along the continuum of care in rural Tanzania

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Background: Four antenatal care (ANC) visits, delivery in a health facility, and three postnatal care (PNC) visits are the global recommendations for mothers to optimize maternal health outcomes. [i] While these are each vital to maternal health, most existing studies analyze health seeking behavior for each level separately (ANC, health facility delivery, and PNC), without assessing health seeking along the full continuum of care. This study aims to characterize what determines a mother's achievement of the recommended maternal health visits in three districts of rural Tanzania to illuminate strategic programmatic interventions to improve maternal health. [ii] WHO. (1998). Postpartum care of the mother and newborn: a practical guide. Geneva: World Health Organization, Maternal and Newborn Health/Safe Motherhood Unit.

Methods: Data for this study were extracted from a cross-sectional household survey conducted between May and July 2011 by the Connect Project—a randomized cluster trial implemented by Columbia University and Ifakara Health Institute in Rufiji, Ulanga, and Kilombero districts of Tanzania to test the impact of paid community health workers on maternal and child health. 2,183 households yielded 915 women who were eligible for analysis since they had given birth within two years preceding the survey. Univariate, bivariate, and multivariate multinomial logistic regression analyses were utilized to assess relationships between maternal and household-level characteristics and maternal health seeking behavior. The outcome of interest was defined into three categories: highest (recommended): 4+ ANC visits and delivery in health facility and 1+ PNC; lowest: 0-3 ANC and delivery outside of health facility and 0-1 PNC; middle: all other care patterns.

Findings: Preliminary findings indicate that 19.1% of women achieved the highest level, 67.9% achieved the middle level, and 13.0% achieved the lowest level. Multivariate analysis revealed parity as a significant predictor of care-seeking with women in their first pregnancy being 5.73 times (95% CI: 1.99-15.96; $p < 0.001$) more likely to achieve the recommended level of care and 3.49 times (95% CI: 1.37-9.38; $p < 0.01$) more likely to achieve the middle level of care than the lowest level. Wealth Index was also a significant predictor of