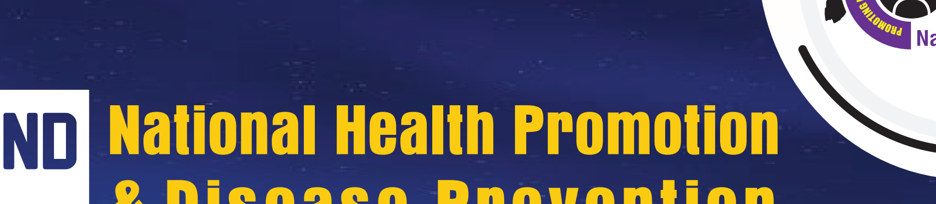
THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

PREVENTING DISEASES
PROMOTING HEALTH
Health Promotion
National Conference



2ND National Health Promotion & Disease Prevention Conference

ABSTRACT BOOK

THEME:

"Strengthening Primary Health Care through Sustainable Health Promotion and Disease Prevention Approaches"

23rd-24th Nov. 2022

Welcome Remarks from the Minister of Health

I welcome you to the 2nd National Health Promotion and Disease Prevention Conference held under the theme "Strengthening Primary Health Care through Sustainable Health Promotion and Disease Prevention Approaches." It gives me pleasure to host you once again as we strive to advocate for more investments in disease prevention interventions, as well as align implementation in a sustainable manner.

The timeliness of this conference is extremely relevant as the world continues to respond to COVID-19 pandemic, Monkey Pox among others; while nationally, we are responding to all these including an Ebola outbreak. These multiple disease outbreaks have enlightened the need to focus on health promotion and disease prevention.

To address the health-related challenges in the country, health promotion engages and empowers individuals and communities to practice recommended healthy behaviors and make behaviour changes that reduce the risk of developing preventable diseases. Health issues can be effectively addressed by adopting a holistic approach by empowering individuals and communities to take action for their health, fostering leadership for public health, promoting intersectoral action to build healthy public policies in all sectors and create sustainable health systems.

As the health sector, we are cognizant that it is important to have national and international platforms to deliberate and make commitments to pave way for protection of the population from the dire consequences of these outbreaks. Health Promotion and behaviour change interventions have long been useful to improve health outcomes in Uganda, with most notable success in the reduction of HIV and AIDS infections, and adoption of behavior change in response to COVID-19 as well as the quick tracking and elimination of Ebola during outbreaks.
It is the mandate of my Ministry to facilitate the attainment of a good standard of health for all people in Uganda, with the specific goal to reduce morbidity and mortality as a contribution to poverty reduction as well as economic and social transformation in the country.

Finally, I appreciate all those who are involved in organizing this conference, more so, my team at the Ministry of Health under the department of Health Promotion, and all partners. This is an achievement for all of us.

For God and my Country

Dr. Aceng Jane Ruth Ocero,
MD, MMed, MPH

Welcome Remarks from the Permanent Secretary

I am pleased to welcome you to this conference. It has come at a time when there is growing need and interest to invest in health promotion to sustain the gains that have led to the health outcomes in the country, but also to address the double disease burden, which is a challenge in the country. These and many others always trigger us to keep engaging key stakeholders in such a forum to jointly deliberate and share experiences on how best we can advance the Health Promotion and Disease Prevention by addressing the existing challenges, and also how to make our country healthier. The conference discourse will provide you with access to the latest contextual Health Promotion research, policy, and practice from various health disciplines. We hope that the outcomes of the conference will result into stakeholder consensus towards development of other national declarations on strengthening PHC through sustainable approaches.
In our inaugural conference in 2019, we made a number of commitments, and I am glad that we have achieved over 90% of what we committed as a sector. Further, as we become continuously challenged to search for more up-to-date sustainable solutions in improving health outcomes, we need to combine efforts for a common cause, as this will foster learning and adaptation of best practices that will advance our efforts geared towards preventing diseases, and promoting health in our communities. It is our duty to advocate for better health, and this can be done through strengthening our Primary Health Care efforts.

I thank the team I have worked with in ensuring that the conference is a success. We thank members of Top Management of Ministry of Health, for the technical guidance and the passion to change the narrative. Our sincere appreciation to all partners and sponsors to this conference.

I wish you nice deliberations in this Conference.

Dr. Diana Atwine, MD, MMed, F.A.I.P.H

Remarks from the Director General Health Services

The two-day second National Health Promotion and Disease Prevention Conference is a great platform to share best practices, successes, lessons learnt and challenges in implementing Health Promotion in our country, more so at a community level. Uganda has made good progress in ensuring mainstreaming of Health Promotion at different levels of service delivery.

For instance, one key achievement since 2019 is the piloting of the Community Health Extension Workers (CHEWs) strategy in a few districts to gather evidence at the community level and analyze the outcomes. The CHEWs will go a long way in promoting good health among our communities contributing to better health outcomes. They will be trained to plan, implement and manage community health activities, such as conducting home visits and outreach services to promote preventive health actions, refer cases to health centers, follow up on referrals, identify, train, and collaborate with volunteer community groups, and provide reports to the HCIII and parish chief. We have also prioritized human resources that are responsible for this function in our current restructuring, and we hope this will enable us have enough professionals to push the agenda. Promoting health and preventing diseases should be of interest to everyone, more so, to all our health managers at all levels of healthcare.

Therefore, this conference is timely and appropriate for us, and given the previous outbreaks and on-going outbreaks, there is no more reason for us not to focus on committing to this good cause as it is a collective responsibility for all of us.

Thank you.

Dr. Henry G. Mwebesa, MD, MPH

Remarks from the Conference Convener/Ag. Commissioner Health Services – Health Promotion

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Dr. Richard Kabanda,
MPH-HP, MBA, PhD, F.A.I.P.H

THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

Conference

23rd-24th Nov. 2022

THEME:

"Strengthening Primary Health Care through Sustainable Health Promotion and Disease Prevention Approaches"

Conference Program

DAY 1: 23rd November 2022

TIME	ACTIVITY	FACILITATOR / SPEAKER	SESSION CHAIR
8:00-9:00am	Arrival, Registration & Breakfast		
9:00-9:10am	Taking up of seats by Participants	Event Host	Andrew Kyamagero
9:10-9:30am	Arrival of Guest of Honor Official Opening of the Health Promotion exhibition space (Showcase Health Promotion Approaches, Materials and Tools)	Dr. Richard Kabanda Conference Convener	Dinnah Kwarisiima Armstrong Mukundane Tracy Ahumuza
9:10-9:20am	Conference Objectives	Chairperson Organizing Committee - Venansio Ahabwe, Technical Advisor, USAID/SCBA.	Dr. Daniel Kyabayinze Director Public Health Ministry of Health.
9:20-9:30am	Progress update on key resolutions from the first Health Promotion conference	Conference Convener Dr. Richard Kabanda, Commissioner, Health Promotion, Education and Communication - Ministry of Health.	
9:30-9:40am	Opening Remarks from the Director General Health Services	Dr. Henry G. Mwebesa - DGHS, MoH	

9:40-10:00am	Cost Implication of Delivery of Curative Services: Perspectives from National Medical Stores.	Moses Kamabale, General Manager - National Medical Stores	Dr. Henry G Mwebesa- Director General Health Services, MoH
10:00-10:30am	**Keynote Address:** Strengthening Primary Health Care through Sustainable Health Promotion and Disease Prevention Approaches.	Dr Nanthalile Mugala, Chief of Africa Region - PATH	
10:30-11:20am	**Opening Ceremony**	• WHO Country Representative • Permanent Secretary • Chief Guest - Hon. Minister of Health	
	Launch of Key National Health Promotion Strategies and Plans **1.** Comprehensive Health Communication Strategy. **2.** The Community Health Education Handbook. **3.** Advocacy Strategy for Family Planning. **4.** Plan for Promotion of Antenatal Care. **5.** Uganda Compass for Health Promotion.	❖ Dr. Diana Atwine ❖ Hon. Margaret Muhanga ❖ Hon. Dr. Jane Ruth Aceng Ocero	
11:20- 11:30am	**Official Photograph**	**Event Host**	**Emmanuel Ainebyoona SPRO, MoH**
11:30 -12:10pm	Strengthening Systems for a resilient Health Promotion and Disease Prevention agenda.	Richard Nelson – US Mission Director, Uganda. **Joint Discussions:** Prof. Francis Omaswa, ED - ACHEST Dr. Juliet Kiguli, Senior Lecturer, SPH Makerere University Dr. Richard Mugahi, MD, MPH Assistant Commissioner Reproductive & Infant Health, MoH	Hon. Margaret Muhanga Minister of State for PHC
12:10-1:00pm	Putting people at the center for sustainable Health Promotion & Disease Prevention.	Dr. Munir A. Safieldin Country Representative – UNICEF, Uganda. Panel Discussion - Experience sharing Dr. Ocen Patrick Buchan, DHO – LIRA DLG Emmanuel Kayongo, Senior Advisor Social Behavior Change, SBCA Bonny Natukunda, District Senior Health Educator, Wakiso DLG	Dr. Patrick Tusiime Commissioner National Disease Control

1:00pm-2:00pm	**Lunch**	**Hotel**	**Venansio Ahabwe**
2:00 – 3:00pm	Understanding the Community Health Extension Workers Pilot in Uganda. Insights from the Baseline Survey. **Panel Discussion:** Institutionalizing & Operationalization of Community Health Workers in Uganda	Dr. Richard Tweheyo – Presenter Dr. Alfred Kato Tumusiime, DHO, Bukomansimbi DLG Dr. Ronald Ocaatre, VHT/CHEWs National Coordinator, MoH Dr. Richard Idro, Assoc. Professor - Makerere University Nesterio Twesigye, DHE, Ntungamo DLG	Dr. Diana Atwine Permanent Secretary, MoH
3:00-5:00pm	**Breakout sessions:** **Room 1: Victoria Hall** **Track 1:** Strengthening systems for a resilient health promotion and disease prevention agenda.	1. Knowledge and perceptions of primary healthcare providers towards integration of ART services at departmental levels at selected health facilities Lira district, Uganda, Emmanuel Asher Ikwara. 2. Health system responsiveness for people with disability attending HIV/AIDS treatment and care services in Southwestern Uganda, Emmanuel Kibet. 3. Improving community engagement through localized Interpersonal Communication (IPC) interventions: Lessons learnt from COVID-19 vaccination campaigns, Catherine Kanyesigye. 4. Strengthening antimicrobial stewardship programmes: lessons from mentorship of lower-level health facilities in Wakiso district, Uganda, Suzan Nakalawa. 5. Enhanced systematic primary Tuberculosis screening among outpatients: A case of QI initiative at Masafu general hospital- Uganda, Edward Mawejje.	Dr. Faith Nakiyimba DHO, Masaka DLG
	Breakout sessions: **Room 2: Albert Hall** **Track 1:** Strengthening systems for a resilient health promotion and disease prevention agenda.	1. Health worker's perspectives on the barriers and facilitators to ART adherence following intensive adherence counseling in rural northern Uganda using the COM-B framework: a qualitative study, Humphrey Beja. 2. Preventing and controlling diseases through workplace health & safety structures & systems in business operations, Esther Kabakwonga. 3. Strategic health communication key in disease prevention: case study HIV/AIDs s in Uganda, Ssentongo Crissy. 4. The role of hospital linen management in health promotion and disease prevention, Jjuuko Jude Thaddeus.	Dr. George Upenytho, Commissioner Community Health

	Breakout sessions: Room 3: Sheena Hall **Track 3:** Putting people at the center for sustainable Health Promotion & Disease Prevention.	1. Engaging Village Health Teams for integrated Inter-Personal Communication sessions for service provision at the health facilities in Eastern Uganda, Aaron Musimenta. 2. Targeted demand creation and redistribution of COVID-19 vaccines lessons from Mbale district, Irene Mirembe. 3. Adopting quality improvement collaborative approach to improving Child Health Quality of Care – Lamwo District, Northern Uganda, Emmily Abalo. 4. Leveraging trained Village Health Teams and community volunteer workers to improve access to cancer care and palliative care, Natuhwera Germans. 5. The role of religious leaders on the use of HIV prevention strategies among young people (15-24) in lira district, Uganda, Murungi Tom.	Benjamin Sensasi Health Promotion and Social Determinants of Health Advisor, WHO
	Breakout sessions: Room 4: Meera Hall **Track 3:** Putting people at the center for sustainable Health Promotion & Disease Prevention.	1. Uptake of HIV awareness campaigns towards stigma and discrimination and associated factors among HIV positive pregnant women in Oyam district, Jonathan Ogena. 2. Hepatitis B vaccination completion status and factors associated with non-completion among adults in Arua central division, Peace Draleru. 3. "This is just Malaria;" Lessons learnt from the Covid-19 sensitization programs amongst Ugandan rural fishing communities, Lazaaro Mujumbusi. 4. Using community barazas to generate demand and utilization of integrated health and nutrition services in Karenga HC IV, Karenga district in the Karamoja region, Natyang Mariana. 5. Using social listening to inform the design of behavior change interventions on breastfeeding: Lessons from the 2021 World Breastfeeding Week in Uganda, Pearl Kobusingye. 6. Strengthening Advocacy for uptake of sexual reproductive health services by adolescent and young people though partnership with community structures and implementing partners, Sam Cherop.	Dr. Judith Nalukwago, Senior Advisor Monitoring, Evaluation and Research - USAID SBCA
5:00pm	**Evening tea, Networking & Departure**	**Hotel**	**Venansio Ahabwe & Team**
6:30 – 8:30pm	Annual Engagement Dinner For Registered Professionals & Invited Guests	Society for Professional Health Educationists in Uganda	Hotel

DAY 2: **24th November 2022**

Time	Activity	Facilitator / Speaker	Session Chair
8:00-9:00am	Arrival, Registration & Breakfast	Event Host	
9:00-9:20am	Working with Young People in Institutionalizing & Sustaining Disease Prevention Initiatives.	Dr Richard Mugahi, Assistant Commissioner Reproductive and Infant Health.	Dr Jessica Nsugwa, Commissioner Reproductive & Child Health - MoH
9:20 -9:50am	Current insights in the prevention strategies of Malaria	Dr Jimmy Opigo- Assistant Commissioner Malaria Prevention & Control.	
9:50am-10:30am	Health Promotion and Disease Prevention: Perspectives in Preventing & Controlling Epidemics in Uganda.	Lt. Col. Dr. Henry B. Kyobe – COVID19 & EVD Incident Commander	Dr. Allan Muruta Commissioner Integrated Surveillance & Public Health Emergencies Ministry of Health.
10:30 -11:20am	Strategic Health communication for early detection of diseases drawing lessons from HIV response.	Dr. Joshua Musinguzi - Assistant Commissioner, AIDS Control Program Panel Discussion Insights on: Early Detection of TB – Dr. Stavia Turyahabwe, ACHS - TB Prevention of NCDs: Dr. Gerald Mutungi, ACHS – LSDP&C	Dr Olaro Charles - Director Curative Services, Ministry of Health.
11:20-1:00pm	**Break out session:** **Room 1: Victoria Hall** **2:** Building partnerships and expanding networks for a holistic health promotion.	1. Improving postpartum contraceptive uptake through male engagement in eastern Uganda A behavioral science intervention, Aaron Musimenta 2. Targeting malaria prevention and treatment interventions at the household level using geographic Information systems in West Nile Region, Uganda, Felix Manano. 3. Community health facility stakeholders' engagement Improves GBV case identification and service provision in the Lango Sub-Region, Silvester Okot. 4. Factors influencing maternal health care seeking behavior among women of reproductive age with disability in Busiro South, Wakiso district, Uganda, Bonny Natukunda. 5. Engaging indigenous community-based organizations can improve access to TB care services; Lessons from the Karamoja sub-region, North-eastern Uganda, William Kasozi.	Dr. Robert Mutumba Principal Medical Officer, MoH

	Break out session- room 2- Sheena Hall **Track 2:** Building partnerships and expanding networks for a holistic health promotion.	1. Improving uptake of Covid-19 vaccination through respected community elders in morulem sub-county, Abim district, in Karamoja region, Uganda, Natyang Mariana. 2. Client literacy improves the acceptability of COVID-19 vaccination among people living with HIV in the Acholi Region, Lonard Tumuhimbise. 3. Participatory transformation of faith leaders for better health outcomes the case of Channels of Hope in Uganda, Prisca Kalenzi Uwera. 4. Use of experiential marketing to increases uptake of self-inject contraceptives in 16 districts of Uganda, Nakazzi Gracie. 5. Using the Channels of Hope methodology to Improve MNCH service uptake in Kabeywa sub county- Kapchorwa district, Yusuf Twalla.	Glory Mukandawire Chief of Party, SBCA/ USAID
	Break out session: **Room 3: Meera Hall** **Track 4:** Strategic Health communication for early detection of diseases; drawing lessons from HIV response.	1. Community dialogues, focus group discussion, community sensitizations, community meetings on outbreak-prone diseases, identification, response, and referral of suspected cases, Andabati Sunday Monks. 2. Low-cost integrated phototherapy and monitoring device for treatment of neonatal jaundice, Martha Mackline Namayanja. 3. Screening and monitoring of non-communicable diseases among people living with HIV during the Ebola outbreak at Kiruddu National Referral Hospital, Promise Tumwebaze. 4. Factors associated with the utilization of HIV testing services among adolescents seeking care in faith-based health facilities in Lira District Northern Uganda, Deo Benyumiza. 5. Post-traumatic stress disorder and coping strategies among people with HIV in lira district, Uganda, Arebo Benedict. 6. Utilizing One Health Interventions in Disease Prevention: Evidence From Community Led Total Sanitation Model Around Rubaya Health Centre IV in Kabale District, Elicana Nduhuura. 7. Recurring rumours for the next pandemic: Lessons from the COVID-19 RCCE response in Uganda, Pallen Mugabe. 8. Continuous Quality Improvement, CQI Institutionalization to achieve optimal HIV Recency Testing Targets amidst COVID 19 resurgence: Busia HC IV Experience- Busia District, Edward Mawejje.	Tabley Bakyaita ACHS – Strategic Health Communication, MoH
1:00 - 2:00pm	**Lunch**	**Hotel**	**Venansio Ahabwe**

2:00-2:40pm	**Policy Dialogue:** Health Protection in Uganda: Implications for Health Care Worker Protection	Dr Ekwaro Obuku –Infectious Disease Institute, Makerere University **Discussants:** Dr. Olaro Charles, Director Curative Services- Ministry of Health. Dr. Sam LYOMOKI, Secretary General, Confederation of Free Trade Unions (COFTU). Dr. Scarlet MUBOKYI, Principal Occupational Physician, Ministry of Gender, Labour & Social Development	Dr. Herbert Nabaasa Commissioner Environmental Health, MoH
2:00-2:40pm	**Corporate Side Event:** **Room 4: Albert Hall**	Strategic Financing for Primary Health Care: A Focus on Health Promotion and Disease Prevention: An Advocacy Engagement with Members of Parliament - Primary Health Care financing Dr. Richard Kabanda, Ministry of Health Dr. Betty Mirembe, Country Director - PATH	Dr. Diana Atwine Permanent Secretary MoH
2:40pm-3:20pm	Building partnerships and expanding networks for a holistic health promotion.	**Panel Discussion:** Director Public Health Country Director Living Goods Dr. Isaac Kadowa	Andrew Kyamagero
3:20-3:30pm	Reading of commitments from the conference.	Conference Convener, Dr. Richard Kabanda - Ministry of Health.	
3:30-4:00pm	**Closing Ceremony**	• Conference Convener • Director General Health Services • Permanent Secretary • Hon. Margaret Muhanga - Minister of State for PHC	Dr. Daniel Kyabayinze Director Public Health
4:00PM	**Networking, Evening tea & Departure**	**Hotel**	**Venansio Ahabwe**

PROFILES FOR SOME OF THE KEY SPEAKERS

Hon. Dr. Jane Ruth Aceng Ocero

Hon. Aceng is the Minister of Health, a position she has held since 2016 and woman Member of Parliament for Lira City (2021-2026). Prior to being appointed as a Minister, Hon. Aceng served as a Director General Health Services, Director Lira Regional Referral Hospital, and as a Senior Consultant Pediatrician among others. In her tenure, she has focused on building strong and resilient health systems to be able address the burden of diseases in Uganda. She is known for building partnerships with Development Partners, the Civil Society, and the private sector for delivery of health services.

Dr. Jane has spear headed the health sector's response to Public Health Emergencies such as Covid-19, Marburg, and now Ebola among others. Her stewardship has enabled the country be recognised as a role model in prevention and control of infectious diseases, more so in building the capacity of districts and communities to quickly respond to health threats.
Dr. Jane is passionate about strengthening Primary Health Care systems as the only way the country will be able to address the current health challenges.

She holds a Bachelor of Medicine and a Bachelor Surgery; a Master of Medicine Pediatrics; a Master of Public Health; and a Diploma in Health Systems Management

Dr. Diana Atwine Kanzira, MD, MMed, F.A.I.P.H

Dr. Diana Atwine is the Permanent Secretary in the Ministry of Health of the Republic of Uganda, and she is charged with technical leadership as well as stewardship of all financial resources. Diana is currently focused on strengthening the introduced reforms in culture, ethics and values in the sector, which she believes will increase quality and access to health care. She is a staunch crusader against corruption in the health sector. She is also the Personal Physician to the President of the Republic of Uganda.

Prior to joining Ministry of Health, Diana worked as the Director of Health Monitoring Unit under Statehouse whose role is to ensure a responsive and accountable national healthcare system through access to care; The Joint Clinical Research Centre where she gained rich experience in Clinical Trials and bio-ethics especially in the area of HIV/AIDS; and St. Francis Hospital Nsambya among others. She is a strong advocate for integrity, transparency, and results oriented performance.

Diana holds a Bachelor of Medicine and Bachelor of Surgery, Master of Medicine in Internal Medicine, and Post Graduate Diploma in Project Planning and Management. She also trained in 'Improving the quality of Health Services' from Harvard T.H Chan School of Public Health.

Diana is married with 3 children.

Dr. Richard Kabanda, MPH, MBA, PhD, F.A.I.P.H

Richard is a Public Health Specialist with expertise in Health Promotion and Disease Prevention. Currently, he heads the Health Promotion, Education and Health Communication Department, Ministry of Health, Uganda. Prior to joining Ministry of Health, Richard worked with Uganda Martyrs University where he has supervised and mentored over twenty (20) Master of Public Health students to completion; Masaka & Rakai Districts Local Governments, St. Francis Hospital - Nkokonjeru, and Vision for Africa International among others. He has practiced Dentistry, Health Education and Public Health. He has authored and co-authored a number of papers in Peer Reviewed Journals on different Health Issues within the areas of Disease Prevention and Control; Health Education; Public Health Risk Communication, and Community Health Systems Strengthening. Richard represents the 14 Eastern Africa countries to the Africa CDC – Public Health Risk Communication & Community Engagement Community of Practice technical committee.

He holds a Doctor of Philosophy (PhD) in Public Health, a Master of Public Health specializing in Health Promotion and a Master of Business Administration from Uganda Martyrs University, and University of South Wales, United Kingdom respectively. Prior to pursuing Public Health, Richard trained and attained qualifications in Dentistry, Health Education, and Health Management. He is a Fellow of Public Health at the African Institute of Public Health; and a Member of International Society for Global Health (M - ISoGH), Edinburgh, UK.

Dr. Nanthalile Mugala
Chief of Africa Region - PATH, Lusaka, Zambia.

Nanthalile Mugala is PATH's Chief of the Africa Region. She is responsible for providing strategic leadership and guidance and overseeing program activities in the region.

Dr. Mugala is a seasoned leader and public health expert with more than 25 years of experience leading and implementing programs and services related to HIV, malaria, reproductive health, child and newborn health, and nutrition. Prior to assuming this position, she served as country director for PATH's Zambia program.

Previously she worked in senior management and leadership roles within the public health sector, as a pediatrician at a hospital in Lusaka, and served as president of the National Pediatric Association. She has contributed to research that has resulted in key policy and strategy change and is a member of various national and international technical and advisory committees and boards.

Dr. Mugala holds Bachelor of Science, Bachelor of Medicine and Surgery, and Master of Medicine degrees from the University of Zambia. She also has a Certificate in Epidemiology and Biostatistics from the Institute of Tropical Medicine in Antwerp, Belgium

Richard Nelson

Richard is the Mission Director for USAID/Uganda. In that role, he oversees an expansive assistance portfolio encompassing health (HIV/AIDS, TB, malaria, reproductive health, infectious diseases), economic growth, education, democracy/governance, and humanitarian programs. Prior to Uganda he was the Deputy Coordinator for the US government's Power Africa initiative based in South Africa, supporting US government agencies and companies working on expanding power throughout sub-Saharan Africa. Richard was a USAID legal officer in Pretoria, Bangkok, Baghdad and Washington before his assignment with Power Africa.

Prior to joining USAID as a Foreign Service Officer, Richard worked at Dell Inc in Austin, Texas, where he helped lead global site selection efforts. Before joining Dell, he was a Vice President at Wachovia Securities, an investment bank in Charlotte, North Carolina, where he managed a $1B portfolio of syndicated credit in the aerospace, health and government contracting sectors. Prior to joining the bank he was an attorney with McGuire Woods, a major US law firm, where he primarily focused on capital markets debt transactions.

Richard is a graduate of Harvard Law School (JD '98) and Brigham Young University (BA '95). He and his wife, Diana, have three daughters.

Dr. M. Munir A. Safieldin
UNICEF Representative

Dr. M. Munir A. Safieldin UNICEF Representative Dr. Mohamed El Munir A. Safieldin (Munir Safieldin) is the UNICEF Representative to the Republic of Uganda, having joined the country office in January 2021. Dr. Safieldin is a public policy analyst, economist, and strategist with over 30 years of experience in the UN and with NGOs. Recently, he served as UNICEF Representative to the Maldives and to the Islamic Republic of Iran, and as UN Deputy Humanitarian Coordinator in Nigeria, where he oversaw and facilitated the international humanitarian response to over five million civilians affected by the violence triggered by Boko Haram. Within the UN system, he has also served in Sudan, Yemen, Oman, Pakistan, Jordan, Tanzania, and Turkey (for Syria cross-border operations). In Jordan, Dr. Safieldin served as the Regional Chief of Programme and Planning for the Middle East and North Africa, where he provided technical support and guidance to 20 UNICEF country offices in the areas of programme design, monitoring, and social policy analysis. Earlier in his career, Dr. Safieldin was the founding Executive Director of Sabah for the Assistance and Rehabilitation of Street Children and Youth, a leading non-governmental organization in Sudan, and the Deputy Representative of Oxfam (UK and Ireland) to Sudan. Dr. Safieldin holds a doctorate in public policy analysis from Walden University in the United States, a Master's in Business Administration from the University of Hull in the United Kingdom, and a Bachelor's in Economics and Social Studies from the University of Khartoum in Sudan. He was awarded a fellowship in Public Administration at the Woodrow Wilson School of International Affairs at Princeton University, and has completed post-graduate courses at Maastricht University in the Netherlands and at the Institute of Development Studies at Sussex University in the UK.

Prof. Francis Omaswa

Prof. Francis Omaswa is the Executive Director of the African Centre for Global Health and Social Transformation (ACHEST), an independent Think Tank and Network that works to stimulate the growth of African rooted capacity for leadership and excellence in health and to make Africa a stronger player in global health. His is the President, African Platform on Human Resources for Health (APHRH), the African Health systems Governance Network (Ashgovnet) and Co-Chair of the Global Policy Council on Health Worker Migration. He co-chairs the Independent Advisory Group to the WHO Director for the African Region. He has served as Chancellor of Busitema University in Uganda, Special Adviser to the World Health Organization (WHO) Director General and founding Executive Director of the Global Health Workforce Alliance (GHWA), Director General of Health Services in Uganda and founding Director of the Uganda Heart Institute. He was Head of Cardiothoracic Surgery at University of Nairobi and Kenyatta National Hospital in Kenya, and founding Director of the Uganda Heart Institute at at Makerere University, Uganda.

He is the founding President of the College of Surgeons of East, Central and Southern Africa. He has a keen interest in access of the rural poor to quality health services and spent five years at the rural Ngora hospital coordinating and testing various approaches. His current research interests are in Leadership and Governance Health Systems Governance, Health professionals education and training and Health Worker migration, retention and distribution. He is author of two books: “African Health Leaders, making change and claiming the future” and “Handbook for Health Ministers”.

At global level, he was chair of the GAVI Independent Review Committee, Senior Advisor to the Ministerial Leadership Initiative for Global Health, founding Chair of the Global Stop TB Partnership, Chair of the Portfolio and Procurement Committee of the Global Fund Board. He was a member of the steering committee of the High Level Forum on health-related MDGs. At the African Level, he has served on many committees and expert panels and he was the lead consultant in developing the African Union HIV Policy. Francis Omaswa is a graduate of Makerere Medical School, Uganda, a Fellow of the Royal College of Surgeons of Edinburgh and Ireland, the New York Academy of Medicine. He is an International Associate at the National Academy of Sciences of the USA and is a Senior Associate at the Johns Hopkins Bloomberg School of Public Health. He has several qualifications in health services management and medical education. His contributions have been recognized by multiple meritorious awards nationally and internationally the latest being the Hideyo Noguchi Africa Prize awarded by Japan government in August, 2019.

Dr. Jimmy Opigo

Dr. Jimmy Opigo is the Assistant Commissioner and Program Manager at National Malaria Control Program at the Ministry of Health for the past 7 years.
He is a medical doctor by training, specialized in public health, and a programs and systems specialist with 22 years of public health work spanning from district to national level.
He is very passionate about Disease prevention and health promotion. He has particularly initiated and led the "Chase Malaria Campaign" and the "Mass Action Against Malaria" and more recently, the "Under the Net" campaign. He continues to highly profile Malaria in the media space, donor and policy agenda.

He is credited for maintaining Malaria preventive service during the COVID 19 pandemic by advocacy efforts themed "Why Survive COVID and die of Malaria" and "Mosquitoes are not in a Quarantine."
His vision is to see Malaria Prevention owned by individuals, households and communities under "Malaria free Uganda is a personal responsibility"
What gives him sleepless nights is "How come people can't tolerate house flies, bedbugs, lies and cockroaches in their houses" but are comfortable dwelling with mosquitoes and being bitten every night. He wonders if mosquitoes are farming humans for their blood like we farm animals for milk. He seeks to use his experience to ensure that humans fight mosquitoes with all the tools possible.

Venansio Ahabwe

Bio: Venansio Ahabwe is the Technical Advisor for National Coordination at USAID's Social and Behaviour Change Activity (SBCA) implemented by the Johns Hopkins Centre for Communication Programs (CCP) in Uganda. Previously, he worked as SBC Technical Manager at Save the Children International, National Technical Assistance Advisor at FHI360, SBCC Coordinator at HealthPartners Inc. and Programme Officer at the African Network for Prevention against Child Abuse and Neglect (ANPPCAN) in Uganda, Tanzania and Malawi. An author of four books and hundreds of articles in newspapers and magazines in East Africa, Venansio Ahabwe started his career as a Teacher of English Language and Literature at Immaculate Heart Girls' School Nyakibale.

Chairman's Statement: It has been a great pleasure and an enriching opportunity being part of the planning and convening of the second National Conference on Health Promotion and Disease Prevention in Uganda. I am very grateful to all stakeholders for the support rendered in terms of time, effort, ideas, funds and other resources which the organising committee needed and received to make the conference a reality and successful. A vote of thanks goes to members of the planning committee as individuals and departments for the dedication and resourcefulness in conceptualising and executing this event. We are exceedingly grateful to the Ministry of Health Department of Health Promotion, Education and Communication, especially the Commissioner Dr Richard Kabanda, for the foresight and for graciously entrusting this responsibility to our committee. It is our hope that this conference will go a long way in rallying health promotion experts and all public health stakeholders to get even more focused and committed to building resilient systems with disease prevention at the heart of health programming.

Venansio Ahabwe, MA. SSPM (MUK), Dip. Emp. Law (ICS), B.Ed. (MUK), Dip. Ed. (ITEK).
Chairman Organising Committee, 2nd National Health Promotion and Disease Prevention Conference

Oral Presentations

TRACK 1: Strengthening systems for a resilient health promotion and disease prevention agenda.

Knowledge and perceptions of primary healthcare providers towards integration of ART services at departmental levels at selected health facilities Lira district, Uganda.

Emmanuel Asher Ikwara1, Syliviah Namutebi2, Lakeri Nakero1, Godfrey Mwesiga4, Rogers Isabirye3, Joy Acen3, and Maxson Kenneth Anyolitho2, & Sean Steven Puleh1*

Background: Investigations conducted among healthcare providers to assess their knowledge and perceptions towards the integration of anti-retroviral therapy (ART) related services in Sub-Saharan Africa are limited. This study explored the knowledge and perceptions of primary healthcare providers towards the integration of ART management services at departmental levels in health facilities in Lira district.

Methods: We conducted a descriptive cross-sectional survey that employed qualitative methods of data collection in four selected health facilities in Lira district. The study involved in-depth interviews with key informants and focused group discussions. The study population consisted exclusively of primary health care providers; however, those who were not full-time employees of the participating health facilities were excluded. Data was collected from January to February 2022.

Results: A significant proportion of staff (especially those who are not directly involved in ART) still lack full knowledge of ART services integration. Furthermore, whereas there is generally a positive perception about ART services integration, and some of the potential barriers to integration were limited knowledge and skills for providing all-round ART services, inadequate staffing and space, funding gaps, and inadequate drug supplies, coupled with increased workload arising from increased clientele, could pose a serious drawback to successful integration.

Conclusions and recommendations: Our study concludes that whereas healthcare workers are generally knowledgeable about ART services being provided by different health facilities and have some ideas about integration, their knowledge is only limited to partial integration. We recommend integration of staff in the ART clinics and, where necessary, recruiting more staff to address the issue of increased workload and demand for services. Finally, staff need to be well motivated if they are to be productive.

Keywords: ART services, Readiness, integration, departments, health facilities

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Health system responsiveness for people with disability attending HIV/AIDS treatment and care services in Southwestern Uganda.

Emmanuel Kibet1, D.Ayebazibwe1, A. Kyagera1, F. Namirimu1, F. Nakazibwe1 and B. Omech2*

Background: People with disabilities have inequitable access to HIV/AIDS Treatment and Care Services (HATCS), which is a barrier to ending the pandemic by 2030. The goal of this study was to evaluate the health system's responsiveness and associated factors for People with Disabilities attending HATCS at health facilities in Southwestern Uganda.

Methods: Mixed quantitative and qualitative cross-sectional study that excluding disabled male and females aged 12 and above who are HIV Positive and attending HIV/AIDS Treatment and Care Services in public health facilities in Bushenyi district and excluded severely ill patients. A total of 106 people were enrolled by purposive sampling, including 14 key informants, and data was collected using the WHO health responsive questionnaire. The distribution of the variables was determined using descriptive analysis, and the correlation of independent factors with the outcomes was assessed using binary and multivariable logistic regression. The significance level was set at 0.05, and odd ratios were calculated with a 95% confidence interval (CI).

Results: The overall Health system responsiveness (HSR) was 47.62% (40/84) acceptable. Across the domains, the best performance was reported in social consideration (68.57%) and autonomy (67.62%). The least performance was registered in dignity (2.83%), confidentiality (2.91%), prompt Attention (17.35%) and Choices (30.48%). Whereas, performance in communications (53.92%) and quality of basic amenities (42.27%) were average. There was no socio- demographics or disability variables that were predictive of HATCS responsiveness.

Conclusion: The Health System Responsiveness was comparatively low, with dignity, confidentiality, prompt attention, and choice ranking worst. To address the universal and legitimate requirements of PWDs in accessing care, urgent initiatives are required to create awareness among all stakeholders.
Key words: Disability, Health System Responsiveness, HIV/AIDS.

Strengthening antimicrobial stewardship programmes: Lessons from mentorship of lower-level health facilities in Wakiso district, Uganda

Authors: Suzan Nakalawa1, David Musoke1, Grace Biyinzika Lubega1, Filimin Niyongabo1, Jody Winter2, Michael Brown Obeng2, Claire Brandish3, Kate Russell-Hobbs3, Bee Yean Ng3, Ismail Kizito Musoke4, Linda Gibson2

Introduction: Antimicrobial stewardship (AMS) interventions have been prioritised globally to tackle antimicrobial resistance (AMR). Many AMS interventions are being carried out in hospitals but few in lower-level health facilities. To address this gap, mentorship has been found to improve performance of health workers in line with AMS particularly in lower-level health facilities.

Objective: To provide AMS mentorship to five lower-level health centres (HCs) spearheaded by Entebbe Regional Referral Hospital (ERRH).

Methodology: This mentorship comprised three visits to 2 HC IIs, 2 HC IIIs and 1 HC IV over a period of three months. The mentorship team consisted of project staff, ERRH pharmacist and pharmacy technician. The first visit was a pre-assessment visit where the team assessed the health workers' knowledge of AMR and observed AMS practises. During the second visit, the team educated and mentored the health workers about AMS following the gaps identified in the first visit. At the third visit, an evaluation of the mentorship was done using a post AMS assessment tool. The assessment and evaluation tools were adapted from the Commonwealth Partnerships for Antimicrobial Stewardship kit tool.

Results: At the end of mentorship, all the 5 HCs had selected members of AMS committees, and 4/5 of the HCs had drafted AMS work plans. All the HCs had pinned AMS awareness posters and carried out AMS education among the health workers on monitoring the dispensing and management of antimicrobials, as well as health educating the patients on proper use of medicine. In-charges of the HCs reported that health workers started using the AMS and Uganda Clinical guidelines more after the mentorship.

Conclusion: This mentorship activity led to implementation of new and improvement of old AMS practices within the selected health facilities, hence strengthening AMS programmes. More mentorship of lower-level HCs should be adopted in order to enhance sustainability of the interventions.

Enhanced systematic primary Tuberculosis screening among Outpatients: A case of QI initiative at Masafu General Hospital- Uganda.

Author: Edward Mawejje. Co-Authors: Micheal Chesagit, Ezekiel, Nandera Eseza, Akello Doreen, kasega Victo.

Introduction: Global fund replenishments between aligned to accelerate reduction TB cases and deaths by 27% (8.5 million -6.2 million) and by 59% (1.4 million – 570,000) as well as reduce TB incidence and mortality rate by 34% and 63% respectively by 2026, (Baluku et al, 2022). In Uganda, it is estimated 223 people daily are infected with active TB mounting to an annual incidence of 196 per 100,000 more among the HIV co-infected. Ministry of Health Uganda, NTLP working with regional partners have built resilient capacity of respective facilities to ensure 100% systematic screening to enhance optimal primary active TB presumption, however Masafu Hospital had only screened 62% by April 2022. Route cause analysis earmarked client stigma not to disclose COVID like symptoms to the screening staff, inactive QI work improvement committees, structures and processes, data and documentation quality gaps, inconsistent monthly data performance review meetings, poor client flow guidance and management supervision, staff knowledge gaps in TB presumption and detection key performance indicators. This sparked off re-vitalization of Hospital QI structures to spearhead integrated improvement surge interventions targeting OPD the main entry point to accelerate TB case identification, notification and prompt management in addition to Isoniazid prophylaxis and IPC, 3I's by WHO.

Methods: Integrated COVID 19 myths reduction messages into routine client health education, OPD focal persons routinely monitored client presumption and referral processes. Held Mutlidisplinary facility QI team capacity building sessions on TB Key performance indicators, focal person role re-structuring and accountability for teamwork initiatives. Established robust enabling systems and processes especially TB screening stamp, QI journal initiated and tracked monthly improvement trends, and intensified data weekly performance review meetings, DHIS2. Established robust data management and performance tracking mechanisms; bi-weekly TB data reviews, QI journals and run chat displays, focal person weekly reports, performance timely data entries into National TB collaboratives.

Results: Proportion of OPD attendees screened for TB improved from 62% (April 2022) to 86% (September 2022).

Discussion and conclusion: Properly implemented QI collaboratives focusing on teamwork and reduction of COVID 19 client myths greatly improves systematic screening at OPD facility entry points. Integration of Health Facility QI initiatives is critical and feasible to enhance consistent TB screening at OPD service point hence early case notification and detection.

Lessons Learnt: QI principals applied in an integrated manner enhances consistent health service outcomes. Best practices harvested will be adapted and further scaled up to other health facilities in the Region.

Preventing and controlling diseases through Workplace Health & Safety Structures & systems in business operations.

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G Tamale, Federation of Uganda Employers, Workplace Health Specialist, Kampala, Uganda

Introduction: A workplace or place of employment is a location where people perform tasks, jobs and projects for their employer. Workplaces vary across industries and can be inside a building or outdoors. Workplaces can be mobile, and some people may work in different locations on various days.
Health promotion in the workplace especially during disease outbreaks and pandemics is best done by occupational safety and health (OSH) committees which are established at the workplace and are assigned to various functions intended to ensure cooperation between the employer and workers so as to achieve and maintain safe and healthy working conditions and environment. In every workplace, employers have the legal obligation of protecting the health, safety and integrity of their workers. This applies to a very wide range of workplaces not only factories, shops and but also schools, hospitals, hotels and places of entertainment etc.

Description: With support from the Global Fund through TASO, a joint activity on capacitating OSH Committees in the fight against HIV&AIDS, tuberculosis, malaria, COVID-19, and gender-based violence at the private sector workplace and business communities in Uganda was implemented by the Federation of Uganda Employers (FUE), the One Dollar HIV&AIDS Initiative (ODI), the Uganda Manufacturers Association (UMA), and the National Organization of Trade Unions (NOTU) from September to October 2022. The activity was aimed at empowering and equipping OSH Committees in selected business enterprises with the necessary skills, knowledge, competencies, and right attitude to identify workplace hazards like HIV, TB, malaria, COVID-19, and gender-based violence and control risks for the benefit of the staff, employers, and other third parties.

Lessons learned: Training 24 National trainers in TOTs, which were drawn from FUE, ODI, UMA, and NOTU on OSH and COVID-19, the trained teams were used to conduct training for OSH committees for sustainability purposes. Training 50 workplace trade union leaders from NOTU affiliates on COVID-19, HIV&AIDS, TB, malaria, and GBV management. Engaging 86 human resource managers from private sector firms allowed for ownership, acceptability, commitment, and leadership to make worker wellness a top priority for business. We conducted 14 trainings for OSH committee members from private sector companies affiliated with NOTU, UMA, and FUE, and those with very large volumes of employees in the districts of Hoima, Arua, Gulu, Mbale, Jinja, and Mbarara, Fort Potal, and the districts surrounding them, and in the central region (Namave Industrial Park, Central Business District, Kawempe, Luwero, Entebbe, Lugazi, and Kalangala). We reached up to 189 private sector companies

and business communities with trainings on disease prevention, treatment, care, and intervention services. We reached up to 396 OSH committee members, including 290 women and 106 men.

Conclusions: Workplace structures are a community system that has not been tapped when it comes to fighting HIV, TB, malaria, COVID-19, and GBV. There is an assumption that companies and their employees are knowledgeable due to the high academic qualification of the employees and have sufficient information when it comes to HIV, TB, malaria, GBV, and COVID, which is not true. There is still a significant gap because workplaces do not understand the role of OSH committees in disease prevention due to several myths, misconceptions, and misinformation about these diseases. The overflow of participants during the human resource managers' meeting, with some attending virtually, indicated that as key stakeholder groups and decision makers in the private sector, they welcomed the program and its impact in the business world.

The Role of Hospital Linen Management in Health Promotion and Disease Prevention

Mr. Jjuuko Jude Thaddeus (Laundry Supervisor)1, Mr. Ika Eddy (Risk and Environmental Health & Safety Officer)1 Sr. Ruth Nkwangu (Hygiene & Quality Control Officer)1 Dr. Sam Orach (Executive Secretary)2

Introduction: Linen (including patient beddings and gowns, staff uniforms) in healthcare facilities can harbor notable levels of potentially pathogenic microorganisms. If handled without appropriate precautionary measures, linen can cause a high risk of infection to healthcare patients, workers and visitors. Therefore, adequate provision of well laundered and safe linen to patients and staff plays a significant role in preventing and controlling the spread of Healthcare Acquired Infections (HCAIs) with in the facility and its surroundings. To achieve quality healthcare, linen must meet clinical and laundering properties. It should be non-toxic, non-carcinogenic, non-allergic, non-irritant, capable of being sterilized without suffering chemical or physical change, durable and very absorbent. Quality linen management necessitates having and managing processes systematically. These must be guided by well documented policies, guidelines and SOPs. Technical skills, experience and adherence to routine trainings are needed in identifying, selecting and sustaining linen of right quality during the procurement and laundering processes. Therefore, well skilled and competent personnel who are willing to learn and adapt to new ways of doing things are very pivotal in effecting appropriate linen management practices needed to contribute to sustainable health promotion and disease prevention.

Methods: Recruitment of skilled, competent and flexible human resource. Developing of manuals, SOPs and guidelines precise to linen management and adherence to training staff on these documents. Utilization of linen management checklists to ensure that all procedures are duly followed. Supportive supervision of staff regarding linen management. Selection and procurement of quality linen fit for healthcare facilities. Laboratory Surveillance of linen for potential pathogens. With reference to a regular schedule, Microbiological culture and susceptibility testing was performed on laundered linen.

Results: There were no organisms isolated for all the laboratory surveillance activities done on linen. No Healthcare Acquired Infections (HCAIs) stemming from linen management were registered.

Discussion:

The findings indicated that appropriate linen management processes resulted into safe linen for patient and health workers use.

Conclusion and lessons: Active laboratory surveillance, deploying competent personnel, adoption and adherence to manuals, SOPs, guidelines and trainings, the use of checklists, and support supervision were highly imperative in controlling and preventing Healthcare Acquired Infections (HCAIs) in Lubaga Hospital. Linen management in healthcare facilities need competent and experienced persons if sustainable health promotion and disease prevention is to be achieved. For, there are very instrumental in effecting appropriate linen management practices hence ensuring prevention and controlling of Healthcare Acquired Infections (HCAIs) in hospitals. Effective and efficient linen management provides a sense of quality care & satisfaction among clients, wins their trust, improves institutional aesthetics, and reflects a positive hospital image.

Health worker's perspectives on the barriers and facilitators to ART adherence following intensive adherence counseling in rural northern Uganda using the COM-B framework: a qualitative study

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Background: Intensive adherence counseling (IAC) was introduced by the Ministry of Health of Uganda as enhance adherence to antiretroviral therapy (ART) among HIV clients with non-suppressed viral load (VL). There has been sub-optimal VL suppression among HIV-positive clients enrolled in IAC in Uganda. Literature is scarce on the barriers to successful IAC. We aimed to explore the health worker's perspectives on the barriers and facilitators to successful IAC among HIV-positive clients in northern Uganda.

Methods: This was a descriptive qualitative study among purposively sampled health care workers at the ART clinics of Amach and Ogur Health Center IV. We conducted 15 face-to-face in-depth interviews (IDI) using IDI guides based on the Capability, Opportunity, Motivation, and Behavior (COM-B) framework. Data were analyzed using deductive thematic analysis based on the COM-B framework.

Results: Most participants were females (53%), diploma holders (40%) and nurses (40%). Barriers were: Capability- alcohol and drug abuse, multiple sexual partners, knowledge gap among health workers. Opportunity- Stigma, heavy workload, Lack of parental support for the children. Motivation-Declining health and Domestic violence. Facilitators were: Capability-Knowledge on good management of ART schedules. Opportunity-Social support and good counseling. Motivation-Desire to stay alive and home visits.

Conclusions: Individual level and health facility-based barriers to ART adherence still exists amidst the intensive adherence counselling intervention aimed at improving ART adherence.

Impact assessment: A multi-sectorial and a multidisciplinary approach is required solve the barriers to ART adherence coupled with improvement in the implementation of the IAC for IAC to realize its full potential.

Improving community engagement through localized interpersonal communication (IPC) interventions: Lessons learnt from COVID-19 vaccination campaigns.

Catherine Kanyesigye 2022 (USAID SBCA)

Introduction: Creating demand for COVID-19 vaccines requires concerted efforts of partners and strategic mobilization campaigns. The USAID Social Behavior Change Activity (SBCA) supported Ministry of Health to develop and roll out a campaign named "WE SHOULDN'T GO BACK". This involved human-centered approaches to suit the communities using localized Interpersonal Communication (IPC).

Purpose: The implementation purpose was to "dominate spaces" and "create a siege" to awaken interest and increase COVID-19 risk perception.

Methods: Intensive IPC countrywide campaigns were in 67 districts between June-July 2022. SBCA trained mobilizers including VHTs, and audience influencers like religious and cultural leaders in IPC interventions customized to their audience needs. Approaches used included adaptation of messages into folk (music, dance, and drama), home visits, talking points in places of worship and drives in busy areas such as markets and bus / taxi parks.

Results: We reached over 16,129,510 people with COVID-19 vaccine-related messages through mass and social media. Our campaigns supported the shifting of vaccination coverage from 45% to 57% fully vaccinated. First dose uptake moved from 74% to 81%.
Conclusion: The IPC activities provided a supportive environment for the uptake of COVID-19 vaccines through enabling wide understanding of the importance of vaccination.

Impact of findings on health promotion: A key lesson from the campaign is that successful rollout of SBC interventions requires a mix of coordination from National to sub-national level and direct implementation to reach the desired intensity and saturation.

Increasing uptake of self-inject contraceptives through Experiential Marketing among communities in 16 districts of Uganda.

Authors: Nakazzi Gracie. Co-authors: Justine Namakula, Stephen Alege.

Issue: Limited awareness and low uptake of self-inject (SI) contraceptive due to limited promotion and social norms. SI is a self-administered FP Method that protects a woman against pregnancy for 3months.

Methodology: Using Experiential marketing agency, 108 rig track community activations and drives were conducted a day before and during to attract clients to service points; Trained FP ambassadors interacted with clients; moved with MC and DJ playing music and pre-recorded Family Planning messages. Also used VHTs, megaphones, audio towers, satisfied users, played SI demonstration videos and testimonies to build self-efficacy. Provided internet to women to access SI content through chatbot; SI clients were given extra doses to self-inject after three months hence putting women at the Centre for sustainable HP & disease prevention.

Results:

- 7,187 of 15,190 (47%) women reached with FP information took up SI.
- 532 took up LARCs.
- 1566 other methods.

Lessons learned: EM creates a unique, dynamic and memorable emotional connection with a client and draws attention to service points thus increasing FP awareness, interest and uptake. Multiple channel approaches support clients to move along the stairway of change.

Recommendations: Experiential marketing is attractive, informative and edutaining; hence can be scaled up to promote health campaigns like COVID-19 vaccination awareness. Brand ambassador should be community members to sustain health promotion.

TRACK 2: Building partnerships and expanding networks for a holistic health promotion.

Improving postpartum contraceptive uptake through male engagement in Eastern Uganda: A behavioural science intervention.

Author: Dr Susan Tino. Co-Authors: Aaron Musimenta, Irene Mirembe.

Background: Social norms about Family Planning decision-making continues to be a strong determinant of contraceptive use. Formative research found that men felt they should be the decision-makers about FP yet felt ill-equipped to bring up the conversation with their partners. Men were often open to considering FP and wanted to learn more, even if they had hesitations.

Methods: A Behavior Science intervention was designed targeting men that involved an Interactive game and child spacing planning card. This was scaled up in six districts in eastern Uganda (Serere, Kibuku, Pallisa, Amuria, Kapchorwa and Kween) from October 2021-February 2022. The catchment area included 26 health facilities across 15 sub-counties. Trained village health teams mobilized men in the target groups (has a child under two years of age, or whose wife is currently pregnant) and put them in a cohort of 13 men to play two game sessions. Each game was facilitated by a pair of male village health teams and child spacing planning cards were given to the men at the end of the first game session. Game players were invited to use the planning card to discuss child spacing with their partner and visit a health facility for a FP counseling session.

Results: Of individuals who brought a card to a health facility, 92.0% received a FP method. The number of individuals who brought in planning cards and received a method increased from 84.1% in October 2021 to 97.1% in January 2022. Among those that brought child spacing planning cards back to a health facility, 71% were brought by a woman alone, 20% brought by a couple, and 9% brought by a man alone. Two percent of cards were brought back by pregnant women. When compared to data from DHIS2, the project contributed 53.4% to postpartum contraceptive uptake in the scale-up health facilities between October and December 2021. The most common methods received were Implanon (29.6%), Sayana Press (28.8%), and Depo-Provera (22.6%).

Lessons/ conclusion: The intervention improved men's communication with their partners and increased their acceptance and use of modern contraceptives.
Men have specific behavior barriers to Family Planning and addressing these helps increase the uptake of postpartum family planning

Impact Statement: Using Behavior Science to develop intervention targeting men is key in improving their engagement in Reproductive Health services.

Targeting Malaria Prevention and Treatment Interventions at the Household level Using Geographic Information Systems in West Nile Region, Uganda

Authors: Felix Manano, Irene Ochola, Richard Opio Ongom, Robert Abiriga, Angela Katemu, Edward Mugwanya, Benjamin Binagwa

Background: Uganda has one of the highest annual death rates from malaria in Africa and reported malaria transmissions in the world[1]. Malaria is widespread in approximately 95% of the country, affecting over 90% of the population. The West Nile region, comprising 13 districts and an estimated population of 3,404,800, has one of the highest malaria prevalence rates in Uganda at 22%. The region also hosts one of the largest refugee populations in the country mainly from neighbouring South Sudan and Congo, posing unique vulnerability to malaria and other diseases[2]. Improving risk perception, building structures, and implementing targeted malaria prevention interventions to empower communities to own the response process requires real- time community surveillance, community engagement, case identification and management. Geographic information systems (GIS) can integrate, arrange, analyze, and visualize geographically referenced information to improve malaria response and coordination to the lowest administrative unit.

Description: We describe how leveraging GIS technology improved targeting and coordination of malaria prevention activities across districts in the West Nile region supported by the USAID President's Malaria Initiative (PMI) funded Uganda Malaria Reduction Activity (MRA). MRA aims to strengthen malaria prevention and treatment efforts by improving ownership at local government, community, and household levels. This is done through various approaches, including by targeting high malaria burden villages and households with tailored malaria interventions. GIS was used to inform the identification of households most at-risk for malaria and to assess coverage gaps in interpersonal communication activities through converting location data into category and intensity maps. This abstract is based on the analysis of activity reports and discussions with stakeholders involved in malaria response activities in West Nile region.

Results: GIS spatial and non-spatial data was instrumental in improving the targeting of malaria prevention interventions in malaria high burden communities in West Nile region. GIS enabled the real-time documentation of interventions, visualizing 321 malaria high burden sub counties based on malaria incidence, 292 hotspot villages, and mapping 779 drug shops and 269 clinics to inform malaria programming at the different levels. These visualizations enabled stakeholders to harmonize interventions and implementation approaches, contributing to more effective resource allocation for the malaria response.

Lessons Learnt: Visualizing malaria information through GIS technology plays a significant role in improving the planning, targeting, implementation, and monitoring of prevention and treatment interventions. Moreover, GIS maps can aid stakeholder coordination – especially important in risk communication activities – by visualizing coverage gaps and overlaps in easy-to-understand formats, helping partners to avoid duplication and make effective resource allocation decisions.

Community-Health Facility sakeholders' engagement improves GBV case identification and service Provision in the Lango Sub-Region

Silvester Okot1, Gilbert Elijah Sangadi1, Geofrey Kasumba1, Herbert Kisamba1, Mary Namubiru1, Esther Nkolo2, Richard Oyugo3.

Introduction: Community referral is critical for effective post Gender Based Violence (GBV) services access. Hotspot mapping conducted in the Lango sub-region in January 2022 indicated only 20 out of 59 high-volume healthcare facilities offer appropriate Post GBV services. Providers had no community-health facility stakeholders' interface, limited knowledge of GBV management, lacked standard operating guides, and had poor referrals for GBV survivors. By January 2022, only 24% (24% of 4,097 annual Targets) of all GBV cases had been reported. Interventions that improve community-health facility leaders' engagement to strengthen GBV referrals, case identification, knowledge, and skills for post-GBV service management are key.

Methodology: Between April-September 2022, the Activity mapped 59 health facilities/hotspots and mirrored health facility leadership with community leaders. Conducted community-facility leaders' dialogues that generated actions for implementation. Trained health workers and community leaders on basic gender issues affecting the uptake of health services and equipped them with GBV service job aids. Disseminated and mentored health workers on GBV registers, screening tools, and minimum service care lists.

Results: A sharp increase in GBV case identification across all 59 health facilities from 24% in January 2022 to 119% in September 2022.

Lessons learned: Community-Facility stakeholders mirroring dialogues helps strengthens GBV case identification and improves community-health facility coordination and understanding of their key roles in addressing GBV cases.

Recommendation: Implementing partners, and district leaders should regularly mirror community-health facility key stakeholders through meaningful engagement to act on key roles in strengthening GBV service provisions.

Factors influencing maternal health care seeking behaviour among women of reproductive age with disability in Busiro South, Wakiso district, Uganda

Natukunda Bonny

Background: In Uganda, 14.5% women are disabled (UBOS, 2016). Those in reproductive age are more
susceptible to poor pregnancy outcome due to their anatomical nature coupled with negative perceptions by the community (Ganle et al., 2016). Mortality among disabled women due to pregnancy related causes is not well documented (WHO,2018).
Objectives: Assessment of individual, community and health facility factors that influence access to maternal health care services by women with disability.

Methods: Cross-sectional study conducted in 2018 in Wakiso district. Snowball sampling, data

collected using semi-structured questionnaires, focus group discussions, key informant interviews. Chi-square was used to test for differences, and logistic regression to determine factors associated with maternal health-seeking behaviour at 5% level of significance. Content analysis was used to analyze qualitative data.

Results: 182 women enrolled. 82.3% had attended ANC, 80.8% delivered their babies at health facilities. Poor maternal health care seeking behaviour among disabled women was associated with high parity (0.269), long distance to the facility (AOR 2.308) rudeness of health workers, (AOR .393)
and negative community perceptions on disabled women ($p < 0.001$).

Conclusion: Poor maternal health care seeking behaviour among women with disability is influenced by various factors.

Impact statement: Need to increase awareness to multi-parous disabled women, health workers, community and increase health facilities to lessen on distance travelled by disabled women.

Engaging indigenous community-based organizations can improve access to TB care services; Lessons from the Karamoja subregion, Northeastern Uganda.

William Kasozi1,2, Joyce Lilly3, Calvin Ochen1,2, Alfred Etwom1,2, Tadeo Nsubuga1,2, Stella Zawedde-Muyanja1,2, Beatrice Aber1,2, Mary G. Nabukenya-Mudiope1,2

Issue: Community based active case-finding interventions increase the scope of TB care services by reaching key vulnerable populations with limited access to healthcare services. Engaging indigenous organizations to provide care to communities increases acceptability and ownership of healthcare services. We aimed to document the contribution of an indigenous community-based organization to TB care in Nakapelimoru Subcounty, Kotido district, Karamoja subregion, North-eastern Uganda, targeting conference track 03.

Method: The Warrior Squad Foundation (WSF) is a community-based organization serving the indigenous population of Nakapelimoru subcounty, one of the sub-counties with the lowest TB case detection rates in the region. In order to improve case detection in this sub county, the Program for Accelerated Control of TB (PACT) in Karamoja funded by the United States Agency for International Development (USAID) trained and supported members of WSF to carry out community dialogues to educate the community about TB; to engage in community-based active case finding activities including door-to-door TB screening and contact tracing; and to provide support for linkage to treatment and retention in care to patients diagnosed with TB.

Results: From July 2021-January 2022, the WSF had carried out community dialogues with over 9,000 community members. In addition, the organization screened 8499 patients for TB and referred 296 presumptive TB patients for sputum examination. A total of 39 TB cases were identified and started on TB treatment went up from 7 during the previous six months (Figure 1). In addition, the WSF carried out home-based contact investigation for 14/18 patients with bacteriologically confirmed TB and referred 21 eligible household contacts for initiation of TB preventive therapy.

Lessons Learnt: Engaging a local community-based organization resulted in an exponential increase in the number of patients diagnosed with TB in Nakapelimoru Subcounty. This intervention increased Quarterly TB case detection from 4 to 15 among pastoralists and therefore can be used to contribute to achievement of the END TB target and to prevent further spread of TB among pastoralists.

Next steps: This intervention should be scaled up to other local community based organizations to maximize its benefits in health promotion.

Improving uptake of Covid-19 vaccination through respected community elders in Morulem subcounty, Abim District, Karamoja subregion.

Authors: Omara Godfrey1, Richard Oundo2, Akello Lucy[2], Natyang Mariana2, Achom Vicky2, Namulundu Juliette[2], Denis Ogwang2, Jerry Ictho[2], and Lochoro Peter[2]

Background: The government of Uganda in April 2021 initiated COVID-19 vaccination as a key strategy in containing the COVID-19 Pandemic. However, due to myths and misconceptions (such as the vaccine is a mark 666 from the devil, that the vaccine makes you infertile, that COVID-19 is only for people leaving in town and not rural areas, etc.), the uptake of the vaccination was low especially for communities in the Karamoja region found in north-eastern Uganda. The Karimojong are still deeply rooted in their culture and not easy to change what they believe in. We write on the actions taken at the community level in Morulem sub-county, Abim district to improve uptake of the COVID-19 Vaccination.

Description of the Intervention: To improve the response to the COVID-19 Pandemic, Abim district activated sub-county-based Risk Communication and Community Engagement (RCCE) committees composed of 10 members at all the subcounty levels. In Morulem subcounty, through a regular review of performance data, the uptake of COVID-19 vaccination was noted as very low. With only 22 individuals vaccinated against an estimated target of 529 by end of April 2021 despite the use of SBCC tactics like sensitizing and mobilizing the community through radio talk shows, community drives among others. The committee, through brainstorming, came to the conclusion that there was a need to change the strategy of sensitization and mobilizing the community for vaccine uptake. The RCCE members initiated the use of influential and respected persons in the community mainly elders, to undertake village-level mobilization using megaphones (Culturally in Karamoja, elders are still highly respected and listened to). The elders identified included among others retired civil servants, kraal leaders, opinion leaders, village heads, etc. The committee tasked the Health Facility in-charges to identifying 2 elders per parish and using megaphones with pre-packaged messages, the identified individuals walked through the villages, educating people about COVID-19, and countering the myths and misconceptions about the vaccine, answering questions raised by some community members, etc.

Results: Before the exercise, the COVID-19 vaccination ranged between 22 and 109 people from April to August 2021. But after employing the new tactic of mobilization, 597 people were vaccinated in September 2021.

Conclusion and lessons learned: Involvement of influential, respected, and knowledgeable elders from the community to take lead in Risk Communication and Community Engagement promotes behaviour change in the community. The use of native elders, trusted, respected and knowledgeable

of the culture of that community to counter myths and misconceptions, influences behaviour change positively. A well pre-packaged message eases mobilization and sensitization of the community.

Using the Channels of Hope Methodology to Improve MNCH Service Uptake in Kabeywa subcounty, Kapchorwa district.

Author: Yusuf Twalla, Co-Author Lydia Pedun Aisu.

Background/objectives: The Channels of Hope (CoH) is a methodology used to empower faith leaders with information and skills to address barriers to health service uptake and mobilize communities to take up healthy behaviors. As one of the avenues to foster ownership and leverage religious structures, USAID/SBCA rolled out the CoH methodology across 15 faith groups in Kabeywa sub county - the learning site in Kapchorwa district. This was also to allow the demonstration and collection of evidence of CoH as an SBC approach. The leaders were specifically trained on MNCH and HIV priority issues and interventions. The faith leaders and Congregation Hope Action Teams (CHATs) were linked to the Kabeywa health center III for partnership from August 2021.

Description of the intervention: USAID/SBCA worked with Kapchorwa district and USAID/ RHITES-E to select faith leaders across 15 denominations to be trained under the CoH methodology in Kabeywa subcounty. The training was conducted in three phases: orientation, catalyzing and strategizing workshops from March to August 2021. The orientation was intended to introduce the concept to the district and faith leaders, the catalyzing was intended to trigger understanding of the day-to-day barriers of health service uptake within the community and the potential of faith leaders to tackle these. Meanwhile, the strategizing workshop was intended to provide insights to draw congregation specific roadmaps. Key issues highlighted in the roadmaps were priority health issues, community resources to leverage and approaches to strengthen the congregation - health facility linkage. For every congregation, five people - CHATs were assigned to implement the action plans from mid-August 2021. Vaccination was one of the priority health areas identified across the congregation action plans. Therefore, the faith leaders were highly supportive of the COVID-19 vaccination. The CoH faith leaders invited the health facility vaccination team to their respective faith related meetings such as Sunday services and congregation members got vaccinated. Others were able to support community mobilization more than before upon realization of their ability to influence health related behaviors during the CoH workshops.

Results: In the first round of COVID-19 vaccination, Kabeywa sub county had 75 % coverage of vaccination uptake vs 40% district average (UNEPI, MoH, Feb 2022). Also, Kabeywa HCIII noted a 30 % increase in male participation in ANC between September - December 2021. Between September 2021 to March 2022, a 16% and 47% increase in early ANC and FP uptake respectively was noted. Furthermore, there was a quarterly decrease in the number of teenage pregnancy cases reported at the facility from 22, 18 to 11 respectively. (Facility data Sept 2021 to March 2022).

Lessons learnt: 1) Faith leaders feel recognized as key influencers and gain more confidence to tackle health issues when engaged intentional. 2) Linkage with the health facilities is key for better outcomes. 3) While, the CoH methodology is promising, it is key for the faith leaders to be reminded to integrate the SBC related interventions in the already existing platforms to address expectations of financial support in the implementation of the methodology.

Discussions and implications for the field: The CoH methodology goes a long way in addressing faith based and gender related barriers of HIV-MNCH service uptake in a highly context specific manner. It also provides a platform to infuse the recommended MNCH practices as a new norm among young congregation members starting families.

Participatory transformation of faith leaders for better health outcomes: the case of Channels of Hope in Uganda

Prisca Kalenzi Uwera, Vastinah Ndahura, Venansio Ahabwe, Glory Mkandawire, Nalukwago Judith.

Background: Faith leaders are recognized ass as potential influencers in transformational efforts for social and development purposes. And yet, they also can negatively affect behavior to be undesirable for specific health outcomes during public health interventions. SBCA used the Channels of Hope, a participatory faith-based methodology, to meaningfully engaging these champions in a systematic and sustainable approach.

Methods: We used Channels of Hope (CoH), to equip faith leaders with health knowledge and facilitate them to examine their perceptions about taboo community issues and norms. Through a series of four-day sessions we engaged multi-denominational faith leaders across Mityana, Kapchorwa, Fort portal and Kalangala districts in Uganda. We focused on the following: 1) faith leaders discovering their own limited knowledge and potential harmful attitudes on reproductive, maternal, newborn, child, and adolescent health 2) imparting technical information on the same and 3) facilitating faith leaders to discover the real struggles pregnant mothers, newborns, and children and adolescents face and 4) apply their strengths and opportunities to improve the situation.

Findings: Between March 2021 and July 2022, we engaged 62(F-19, M-62) faith leaders from six main. Emerging issues from faith leaders work included 1) Struggle with engaging on family planning and encouraging access to and use sexual reproductive information and services for youth, 2) Faith leaders still struggled and 3) faith leaders own gender biases against role of women in a home. And yet, the values clarification process revealed that faith leaders view themselves as the catalysts of health and social development in their community, beacons of morality, confidants and support system for those in need. As a follow up to the commitments in the months of March 2021 to date, we found that almost half of the faith leaders had engaged their congregations using varying ways to package of the health information.

Conclusion: Transformation of faith leaders from bias to being open-minded and progressive for health outcomes, is possible especially for maternal newborn and child health areas is well supported to change their own internal gender and social values.

Client Literacy improves the acceptability of COVID-19 vaccination among people living with HIV in the Acholi Region.

Lonard Tumuhimbise1, Richard Jjuuko Kyakuwa2, Noah Kasunumba2, Agatha Angwech3, Anna Lawino3

Background: Uganda embarked on COVID-19 vaccination in March 2021 as a lasting response to the COVID-19 pandemic. High-risk populations, including people living with HIV (PLHIV), were prioritized for COVID-19 vaccination. However, COVID-19 vaccination uptake among PLHIVs was only 16% in Sub Saharan Africa and uptake among people with co-morbidities in Uganda was suboptimal at 5% by April 2021. The sub-optimal performance was associated with low literacy levels among PLHIVs on myths and misconceptions, fear of side effects, perceptions and, interactions between the vaccines and ARVs.

Methodology: In July 2022, with guidance from PEPFAR and MoH, USAID LPHS Ankole & Acholi Activity - Acholi sub- oriented project staff and health workers from 10 selected sites on COVID-19 vaccination and verification for PLHIV. The line lists of eligible PLHIVs were generated using EMR; provided client literacy, verified vaccination, referred for services. Client literacy was coupled with client interviews, service provision, triangulated data using EPIVAC system, weekly reviews meetings.

Results: As of September 2022, 4,173 PLHIVs eligible for COVID-19 vaccination were reached, 3,749 (90%) were offered COVID-19 vaccination related information and verification, and 3,354 (89.5%) were vaccinated against COVID-19. First dose uptake was 59%, 41% had fully vaccinated, and 27% had received booster doses.

Conclusion and recommendations: Client literacy among PLHIV improves the acceptability and uptake of COVID-19 vaccines and other healthcare services. Stakeholders and facilities should embrace the various approaches in COVID-19 vaccination verification and referral for the non-vaccinated.

Leveraging partnerships to address barriers to accessing sexual reproductive health services among young people in two districts of Uganda.

Stephen G. Alege, Denis Chemonges, Bashir Kabuye

Issue: About 8 percent of maternal deaths in Uganda are due to unsafe abortion. More than one in ten pregnancies end in an abortion, and 34% of all unintended pregnancies occur among women aged 15-24 years., an SRH voucher scheme targeting female youth aged 15 - 24 years was initiated in Jinja and Buikwe districts for 12 months. This included FP methods (LARCs and STMs), pregnancy screening, and post abortion care in 12 partner private health facilities; ten drug shops situated within various hotspots characterized with risky sexual behaviors were linked to the YoSpace centers, partner facility trained in provision of youth friendly health services, FP provision and post abortion care.

Results: 7,918 young people were reached with SRH information, of these 6,052 bought the voucher and 5,381 redeemed them at the facility receiving comprehensive SRH services. Of those that received services, 1,748 received PAC, 1,355 received short term FP, and 1,324 long term FP. 7,320 vouchers were distributed and of these 6,052 had been sold to individual clients, and, 5381 had been redeemed

at the YoSpace centers- indicating a 49.8% uptake for FP and 32.5% PAC services. In particular clients were reported as having accessed implants (1,152); IUDs (172); injectables (1,235); 120 pills; 1,748 PAC services.

Lessons learned: Working with the private sector alongside existing community structure increases access to SRH to young people; due to accessibility and conveniency. Use of VHTs, peer mobilizers coupled with linkage and referral systems and targeted capacity building of facilities all play a synergetic role towards better and increased SRH service towards young people who would otherwise not easily access the same services.

Recommendation: There is need to prioritize building a technical and service delivery ethic that promotes privacy, nonjudgmental counselling and reassurance, as well as address cost barrier by investing in a voucher system to ensure affordable SRH services to the young people.

TRACK 3: Putting people at the centre for sustainable health promotion and disease prevention.

Hepatitis B vaccination completion status and factors associated with non-completion among adults in Arua central division.

Author: Peace Draleru

Background: Complete Hepatitis B vaccination is essential for at-risk populations to prevent new infections and achieve the global health sector on hepatitis B aims 2030. In Arua, free mass vaccination was introduced since 2015 due the high prevalence of hepatitis B in the area. However, a proportion of people who started the vaccination did not finish their stipulated subsequent dozes. This study examined the hepatitis B vaccination completion status and factors associated with non-completion among adults in Arua central division.

Methods: This was a descriptive cross-sectional study that enrolled 148 adults by cluster sampling from Arua central division between November-December 2021. Data was collected using a structured questionnaire in English and Lugbarati and analysed using Microsoft excel 2013 and SPSS 20.

Results: The proportions of complete and non-complete vaccination status were 53.38% and 46.62% respectively. Being female, low perceived susceptibility and forgetting return dates were the individual factors associated with non-completion whereas vaccine not unavailable and long lines at health facility were the health system factors associated with non-completion.

Conclusion: The proportion of complete vaccination status among adults in Arua central division is low and non-completion is associated with both health system and individual factors.

Impact statement: Health education campaigns on risk communication of hepatitis B, written alerts to clients and phone calls/messages can help increase the vaccination compliance. Community outreaches in the vaccination program and constant supply of vaccines is necessary.

Engaging Village Health Teams for Integrated Inter-Personal Communication sessions for service provision at the health facilities in Eastern Uganda.

Author and Presenter: Aaron Musimenta. Co-Authors: Irene Mirembe, Joanita Nakazi, Dr Susan Tino, Dr Damasco Wamboya and William Mubiru.

Background: The VHTs Program was established to link communities with health services. VHTs support to bring health services closer to the community. In Uganda, VHTs serve as the first point of contact for various health-related issues. Working in a voluntary capacity, VHTs are ordinary community members selected by the health facility with the community and provided basic health care trainings to provide home visits and health management services.

Methods: RHITES-E trained 1,852 VHTs selected from HCIII and 15 for a HCIV and above across 30 district to support bridge the gap. They were trained on home visits, referrals, linking community services to the health facility, documentation of registers, basic information RMNCH. The VHTs conduct door-to-door community mobilization home visits which provide an opportunity for integration of health

services. During these visits, the champions/VHTs identify and recruit new clients for HTS; pregnant women are provided with basic health information; parents of children under 5 years are educated on benefits of good nutrition and immunization; an assessment of WASH indicators is done; community Family Planning provided; gender-specific dialogues are held; and malaria prevention discussed.

Results: From the baseline Facility based deliveries rose from 161,433 to 181,517 in PY2 to 186,165 in PY3 to 229,662 in PY4. For FP New users from 174,544 at base line to 188,466 in PY2 to 389,787 in PY3 to 481,887 in PY4. Fully immunized by 1 year from 186,095 at baseline to 201,610 in PY2 to 253,038 in PY4, Households with hand washing facility from the baseline of 118,919 to 242,252 in PY2 to 673,450 in PY3 and 802,405 in PY 4

Lessons and conclusion: With one home visit we can have VHT interventions integrated in nature and with one home visit a VHT can follow up on other several health thematic areas if they are well guided.

Impact Statement: For continuity of the gains, there is need to have these VHTs facilitated to conduct their work by availing the reporting tools and ensuring that the health facility in-charges keep in constant touch with them through the monthly or quarterly meetings together with the Health Assistants.

Using community barazas to generate demand and utilisation of integrated health and nutrition services in Karenga HCIV, Karenga District in the Karamoja subregion.

Authors: Omona Amos 1, Kodet Magdalene, Natyang Mariana2, Namulundu Juliette, Achom Vicky2, Denis Ogwang2, Jerry Ictho2 and Peter Lochoro2.

Background: Doctors with Africa CUAMM in partnership with UNICEF and the District Local Government is implementing a Health Project in the Karamoja region in north-eastern Uganda titled 'Health Systems Strengthening for Improved Access and Use of Quality Integrated Maternal, Neonatal, Child and Adolescent Health, Nutrition and HIV services in Karamoja'. One of the project's key outputs is; 'Improved community engagement for behavioral change, demand generation, and utilization of integrated health and Nutrition Services. The rural community in Karamoja has poor health seeing behaviors, e.g. poor attendance of ANC & PNC, Health Facility deliveries are very low, etc. Community Barasas is one of the behavior change tactics the project uses. Selected Health Facilities were supported to organize community Barraza (open days), which provides for social accountability and enables free interaction and honest feedback between the health facility staff, management, and the community concerning health service, uptake, barriers, and possible solutions.

Description of the intervention: Karenga HCIV was one facility supported to organize a Community Barraza in Dec 2021. The activity began with a joint planning session involving the staff of CUAMM, Health workers, the DHE, and the Community Development Office. The Village Health Team (VHT) mobilized the communities in the health facility catchment area three days before the open day. On the day of the Baraza, the Healthfacility-in-charge made a presentation detailing health service offered at the health facility, challenges, and the gaps (poor indicators) which formed the basis for discussion. Key issues presented included poor attendance of ANC and PNC, mothers preferring to deliver at home with Traditional Birth Attendants (TBAs)), and few children were brought for immunization, for example, in November 2021 there were only 24 children immunized in Polio 3, and in December

only 28 children were vaccinated and that was far below the monthly target of 63. The Baraza was moderated by the Community Development Officer. There was open discussion and feedback by the community, the health facility staff, and health unit management regarding the gaps and challenges The Community, on the other hand, gave their honest feedback as well, that the health facility staff were frequently absent from the health facility, the midwives were rude, and had a poor attitude towards patients among others, which discouraged them from coming to the health facility. Action points for the improvement of service delivery were developed by both parties and responsible persons were assigned to follow up on the action points.

Results: With the implementation of action points, positive changes were noticed within a short time; the attitude and behavior of Health Workers towards patients changed, they became more cautious when dealing with patients; their time management improved; The health facility registered a steady increase of people coming to seek and utilize health services. For example, the approximate daily attendance increased from 86 in November 2021 to 146 by January 2022. There was increased knowledge of services offered at the health facilities. (e.g. during one of the Barazas a man testified that he hid some red tablets his wife was given on one of her ANC visits, suspecting his wife to have contracted a deadly disease and was hiding it from him but secretly taking drugs. He however returned the tablets when in the Baraza he was told the tablets were iron & folic acid supplementation given to pregnant mothers to reduce the risk of low birth weight, maternal anemia, and iron deficiency).

Conclusion and Lesson learned: Involving/engaging the community in discussing issues affecting them and finding solutions together rather than imposing ideas/solutions from outside yields positive results when promoting health-seeking behaviors among the community members.

Strengthening Advocacy for uptake of sexual reproductive health services by adolescent and young people though partnership with community structures and implementing partners.

Authors: Sam Cherop (Amref), Peter Kwemboi (DHE Kween), Michael Muyonga (Amref),

Justification for the issue: In Uganda, more than one out of four adolescents (15–19years) become pregnant with the rates being higher 27%in rural than urban Uganda 19% thus raising public health concerns (UBOs 2016). Increased teenage pregnancies in Uganda are attributed to high fertility rates, risky sexual behaviours, low contraceptive use, peer pressure into early sex and cultural norms and practices among others (WHO 2004). Amref in collaboration Kween district rolled out advocacy approaches such as community curriculum-based learning among teenagers; dialogue sessions with cultural and religious leaders, quarterly district committee meetings on Adolescent health, radio talk-shows and tailored community health sensitization meetings through integration with other services.

Results: Contributing factors to increased teenage pregnancies in Kween were identified and used to inform programming at both district and organization level. Over a period of 12 months (FY 2021/2022), Teenage pregnancies have reduced from 25.7% to 18.4% (Data source-DHIS2).

Lessons learnt: For meaningful advocacy, the target group must be involved in the process. Through curriculum-based learning for adolescents aged 15-19 under program Y, 1806 have completed sessions (Data source-Amref dashboard). Advocacy through curriculum-based learning reinforces Sexual reproductive health knowledge, which influences desired behaviour within a short time.

Recommendations: Advocacy is an aspect that can be integrated in on-going activities thus, a separate budget may not be needed. Strengthening partnership with community structures is critical in identifying and addressing contributing factors to teenage pregnancies.

Using social listening to inform the design of behavior change interventions on breastfeeding: Lessons from the 2021 World Breastfeeding Week in Uganda.

Pearl Kobusingye[1]*, Natasha Umuhoza[2], Louis H Kamulegeya[2], Pallen Mugabe1, Musa Kimbowa1, Isaac Musoke1, Emmanuel Kayongo1, Venansio Ahabwe, Ruth Musekura1, Samalie Namukose3, Richard Kaband3, Glory Mkandawire1, Judith Nalukwago1

Introduction: Uganda has low breastfeeding rates. The 2016 demographics health survey indicates that nearly half of new-born are not exclusively breastfed within the first hour of birth. Factors such as perceptions of not having breast milk, and socio-cultural barriers to breastfeeding were noted as possible causes of the low trends. The USAID funded Social Behavioral Change Activity (USAID SBCA) applied a social listening approach through its digital health platforms to collect insights and develop messages on breastfeeding as part of the World Breastfeeding Week (August 1-7, 2021) activities in Uganda.

Objective: To understand the perceptions of mothers and the community support system on breastfeeding through a synthesis of data in the digital health platforms including hotline and SMS.
Methodology: USAID SBCA in partnership with the Ministry of Health designed audience engagement scripts for media dissemination of health messages. The project's digital health platforms (hotline and SMS) were promoted within audiences for remote consultations and collection of feedback on breastfeeding. Quantitative data on the key behavioral determinants of breastfeeding were analyzed using Microsoft Excel.

Results: The hotline and SMS platform data showed that a total of 33 (Males-15, Females-18) inquiries were handled during the breastfeeding awareness week. The majority of inquiries were from the age group of 20-24 years, and they were focused on understanding the effect of COVID-19 vaccines among breastfeeding mothers. The feedback through the media platforms revealed three key barriers to breastfeeding including low self-efficacy due to low breastmilk supply, untreated medical conditions for both mother and baby, and inadequate knowledge on breastfeeding and its importance. Using these insights we designed above the line and below the line interventions the following interventions using these insights; including; visuals, radio and TV scripts as well as testimonial videos for the audiences that fall in the different life stages including young adults, pregnant couples, caregivers of children under 5 to promote the benefits of early initiation of breastfeeding. The below the line included a community engagement protocol that provides guidance on engaging the different influencers of the primary audiences

Conclusions: Digital platforms offer access to diverse and unfiltered information that provides a lens into the life of the mothers and their support system which is key in designing user centered behavior change interventions to promote good breastfeeding practices.

This is just Malaria...;" Lessons learnt from the Covid-19 sensitization programs amongst Ugandan rural fishing communities.

Lazaaro Mujumbusi, Catherine Kanyesigye, Sande Slivesteri, and Lucy Pickering-2022

Introduction: Exploring how people make sense and construct ideas around a new disease has the potential to inform interventions around health-promotion. During Covid-19 emergency, the government introduced health-promotion programs to sensitize communities. These included sensitization on mass-media. In 2021, research was conducted on people's perceptions about the government health-promotion measures used during Covid-19.

Purpose: Exploring how people construct ideas around a-new disease and draw lessons from perception of health-promotion programs.

Methods: The study was conducted in Bwondha landing-site, Mayuge-District, between July-August-2021, using 12 in-depth interviews and 8-observations of Covid-19 prevention-practices. Data were transcribed and analyzed thematically.

Results: We found that Covid-19 was mainly considered as common malaria/flu, a-disease far-away from community, money-making, political-disease and Covid-19 death was doubted. Such perceptions were informed by health-promotion programs in media and security deployments. Covid-19 deaths were doubted because on TV, the deceased shown were on life-support which wasn't the Covid-19 death in the community, they were not buried by the established burial-team in white-overalls as they saw on TV in other areas. Some mentioned following Covid-19 guidelines only to avoid arrest but not preventing Covid-19.

Conclusion: Message packaging and presentation in media impacted how communities perceived health-promotion programs and what they did to prevent transmission.

Impact on Health-Promotion: Findings indicates the need to represent all symptoms of new-diseases when communicating, doing contextualized community-level health-promotion programs that respond to community needs, and proper differentiation between overlapping symptoms of a new disease with existing diseases.

Uptake of HIV awareness campaigns towards stigma and discrimination and associated factors among HIV positive pregnant women in Oyam District.

Author: Jonathan Ogena

Background: HIV related stigma is still a reality with about 44% reported, it is a stumbling block to HIV treatment access and prevention. HIV awareness campaigns is a means of battling HIV related stigma. This has been widely implemented though, much is not known about its uptake.

Objectives: To determine the uptake of HIV awareness campaign and its associated factors among HIV positive pregnant women in Oyam District.
Methods: This was a cross sectional quantitative study conducted among 422 pregnant women living with HIV attending ART clinic in Oyam district, data collected using an interviewer administered

structured questionnaire, data analyzed using SPSS version 23 using chi square and logistic regression at 95% confidence interval.

Results: 422 participants interviewed with mean age of 27.7, (SD±6.6). prevalence of uptake of HIV awareness campaign was good at 86.3%, factors that were statistically significant were; prior knowledge on HIV awareness campaign, channel of communicating the awareness messages, presence of community linkage facilitators and behavior change messages in the community.

Conclusions: Uptake of HIV awareness campaign was good, this was possible if there were prior knowledge on HIV awareness campaign, channel of communicating the awareness messages being health talks, presence of community linkage facilitators and behavior change messages in the community. There is therefore a need to strengthen community health education talks targeting HIV related stigma, community linkage facilitators and behavior change messages at community level.

Leveraging trained village health teams and community volunteer workers to improve access to cancer care and palliative care.

Author: Natuhwera Germans.

Introduction: Village Health Teams (VHTs) and Community Volunteer Workers (CVWs) play a big role in Uganda's community healthcare system. This is because of their close link with the community.

Objective of the project: To train 13 VHTs/CVWs from Bunyoro region, with the aim of empowering them with knowledge of cancer and palliative care needs in the community. The overall aim was to enhance community awareness, early health-care seeking behaviors, referral and follow up of patients, in particular those with cancer and palliative care (PC) needs.

Approach: This mini-pilot project was conducted at Little Hospice Hoima in Hoima City Mid-western Uganda. 13 VHTs/CVWs were purposively selected from five districts of Hoima, Kikuube, Kakumiro, Masindi, and Kyankwanzi) in Bunyoro region for a 5-day intensive training. A total of 11 course units were covered; Introduction to Hospice and Palliative Care, Basic Information on Terminal/Chronic Illnesses (Cancer and HIV/AIDS), Pain, Symptoms, and Opportunistic Infections, Basic Communication and Counseling Skills, Practical Aspects of Nursing Care at Home, Other Related Issues (Nutrition, Gender and Sexuality Issues, and Disability in PC), Will Making, Dying, Death, Funeral, and Bereavement in PC, Traditional and Complementary Medicine, Referral and Networking, and Emotional Support for Carers.

Results: In the July-September analysis of the project, the CVWs/VHTs had identified 325 patients for care and support, of whom 20 new patients were referred to Little Hospice Hoima and 10 (50%) of these had cancer and other Palliative Care needs, they had identified and were following 212 patients in the community, made 110 referrals to other facilities for other healthcare services, had conducted 88 health education talks.

Conclusion: The CVWs/VHTs play a number of roles including health education to increase awareness of good health-seeking behaviors (such as early testing for cancer), basic health care (e.g. wound care), identification, linking referrals and follow-up of patients within the communities.

Adopting Quality Improvement Collaborative approach to Improving Child Health Quality of Care – Lamwo District, Northern Uganda

Authors: Abalo. E. O1, Arach. P1, Soyekwo. S. W2

Introduction: The Ministry of Health (MoH) continues to prioritize efforts aimed at improving the uptake of child health services and outcomes. According to the 2020/21 health annual report, 25.0% of children under 5 years were stunted, 3% were wasted and measles coverage was only 86%. Vitamin A coverage in the region was 60% and only 45 % were assessed for nutrition. In Lamwo district's performance is in rhythm with regional scores. Improving the quality of care among children to better service uptake and outcomes was critical. Lamwo district joined the national quality of care (QoC) collaborative.

Method: Data review to identify high-volume facilities for child health, 3 sites were selected. Identifying and training QoC coaches. Coaches conducted monthly coaching visits. Baseline assessment, gap identification and setting up facility QI teams. Introduced and increased uptake of key child health care tools like admission and monitoring forms. Weekly review of data capture tools and implementation agree on intervention.

Results: Medical records package for children increased from 36% in September 2021 to 68% by May 2022. Care Package for a Child with cough and /or Difficulty in breathing improved from 20% to 90%. Care package for a child with severe Pneumonia improved from 16% to 92%. Care package for a Child with a fever improved from 23% to 97%.

Discussion: Having trained district-based coaches who routinely visit the sites to build capacity was essential in guiding the site teams and sustaining progressive improvement. Routine meetings and data reviews by facility quality improvement committees were also I helpful.

Conclusion: The quality improvement approach was an effective tool. Data analysis enabled teams to identify gaps and through brainstorming, root causes and viable changes were invented. A remarkable achievement was made proper management of children and record keeping.

Lesson Learnt: District-based coaches form essential human resources that cause improvement within. Adoption of child health monitoring tools improves data capture and record keeping. Weekly committee review meetings improve tracking of progress and timely intervention.

Targeted demand creation and redistribution of Covid-19 vaccines lessons from Mbale district.

Author and Presenter: Irene Mirembe. Co-Authors: Aaron Musimenta, Emmanuel Khaukha Wangote, Agnes Masagwai.

Background: USAID and the Government of Uganda started accelerated COVID-19 vaccination campaigns to increase COVID-19 vaccine uptake in the eastern region. In eastern Uganda, RHITES-E worked with district COVID-19 task forces to plan vaccination drives and create more demand for COVID-19 vaccines.

Methods: Working with the district data team, the districts use data to identify the 5 low performing sub counties of Bufumbo, Bunghokho, Busano, Busiu and Bukeiende in Mbale district. Using this information USAID RHITES-E worked with the District Health Team to plan for demand creation activities. They oriented and engaged 66 subcounty community mobilizers for COVID-19, 282 VHTS, 6 health assistants and 104 Local councils from the 5 sub counties. The orientation focused on their roles and how badly they were performing against their neighboring sub counties that were doing great, this motivated them.

Results: Mbale District pivoted from 33% (43,568) full doze vaccination in June to 67% (101,278) in July because of these concerted efforts.

Lessons and conclusion: It's crucial that all teams and health facilities administering vaccines regularly plan, monitor, and account for vaccine use continuously. The demand for vaccines should be commensurate with the supply. This reduces waste and ensures everyone is vaccinated.

Impact Statement: Using data and engaging all stakeholders in the district with the planning and execution of vaccination drives in the target sub counties and villages saw more community people receive their jabs leading to improved COVID-19 Vaccine uptake.

Engaging Village Health Teams for Integrated Inter-Personal Communication sessions for service provision at the health facilities in Eastern Uganda.

Aaron Musimenta, Irene Mirembe, Joanita Nakazi, Dr Susan Tino, Dr Damasco Wamboya and William Mubiru.

Background: The VHTs Program was established to link communities with health services. VHTs support bringing health services closer to the community. In Uganda, VHTs serve as the first point of contact for various health-related issues. Working in a voluntary capacity, VHTs are ordinary community members selected by the health facility with the community and provided basic health care trainings to provide home visits and health management services.

Methods: RHITES-E trained 1,852 VHTs selected from HCIII and 15 for a HCIV and above across 30 district to support bridge the gap. They were trained on home visits, referrals, linking community services to the health facility, documentation of registers, basic information RMNCH. The VHTs conduct door-to-door community mobilization home visits which provide an opportunity for integration of health services. During these visits, the champions/VHTs identify and recruit new clients for HTS; pregnant women are provided with basic health information; parents of children under 5 years are educated on benefits of good nutrition and immunization; an assessment of WASH indicators is done; community Family Planning provided; gender-specific dialogues are held; and malaria prevention discussed.

Results: From the baseline Facility based deliveries rose from 161,433 to 181,517 in PY2 to 186,165 in PY3 to 229,662 in PY4. For FP New users from 174,544 at base line to 188,466 in PY2 to 389,787 in PY3 to 481,887 in PY4. Fully immunized by 1 year from 186,095 at baseline to 201,610 in PY2 to 253,038 in PY4, Households with hand washing facility from the baseline of 118,919 to 242,252 in PY2 to 673,450 in PY3 and 802,405 in PY 4.

Lessons and conclusion: With one home visit we can have VHT interventions integrated in nature and with one home visit a VHT can follow up on other several health thematic areas if they are well guided.

Impact statement: For continuity of the gains, there is need to have these VHTs facilitated to conduct their work by availing the reporting tools and ensuring that the health facility in-charges keep in constant touch with them through the monthly or quarterly meetings together with the Health Assistants.

TRACK 4: Strategic health communication for early detection of diseases; drawing lessons from HIV response.

Strategic Health Communication key in disease prevention: Case study HIV/AIDs s in Uganda.

Author: Ssentongo Crissy.

Background: Uganda is among 8 countries that fully achieved the 90–90–90 targets (UNAIDS). Effective, efficient Monitoring and Strategic Health Communication (MSHC) promoted relevant behavior changes resulting in a shift from reaching high numbers to eliminating new HIV infections. MSHC plus surveillance system has played a role in detecting, responding to suspected HIV cases, according to Babalola, " to achieve this goal new infections have to be diagnosed early, initiate treatment, adhere to treatment to achieve undetectable viral load". There was a need to determine the contribution of MSHC in strengthening primary care.

Methodology: Review of literature and extracting data from DHIS2 was used to determine the contribution of (MSHC) to behavior change towards HIV critical area, testing, treatment, enroll and adherence to treatment and contribution to put in place a sustainable and resilient structures to continue testing, care, support, adherence in case of outbreaks of epidemics like COVID 19 and Ebola.

Results: MSHC has focused on monitoring, sharing and communicate on targeted communities using appropriate methods. Community Directed Responses(CDR) i.e., use of VHTs, peers, mass media, local, religious, cultural and opinion leaders as critical partners have had a positive behavior change towards HIV/AIDS testing and elimination. CDR created confidence resulting into high uptake of HIV testing, PMTC, couple, self-testing and outreaches to hard-to-reach communities. Sharing of testing out comes, index testing, regular data reviews identified gaps, space of improvement and increased uptake of HIV testing, in Iganga testing went up from 14% to 32% (Urc-Chs.com/Uganda. MSHC enabled linking to care and treatment. Pre-ART care helps eliminate delayed enrollment on care and treatment, (Stella Babalola). MSHC provided ART related knowledge, information that reduced stigma, correct information on side effects, benefits of ART resulted into disclosure step to enrolling on care, treatment. Social, community support initiated, self-esteem, adherence counselling, addressing fear for treatment and stigma. Clinical level, friendly, trained peers contributed to enrollment, adherence and retention resulting into viral suppression to reduce morbidity and risk of transmission. MSHC in Uganda contributed to a resilient HIV/AIDs strategy for continuous HIV/AIDS services in epidemics like COVID 19 and Ebola. During COVID 19, Outcries, data from DHIS2 reported drop for HIV testing none adherence to ARVS, increased missed appoints. Communication and sharing outcomes was new innovations to ensure continuous service delivery, self-testing and message props, mobile phone counselling, and ART adherence.

Recommendation: The presentation highlight evidence of MSHC contribution to public health. Knowledge information and behavioral change are the determinants of HIV testing, treatment outcomes and adherence. Key, venerable groups have been targeted separately with critical information resulting into positive behavior change. It will highlight MSHC contribution to strengthening a resilient Uganda, to provide HIV/AIDs care and support in case of outbreak of epidemics like COVID 19 and Ebola.

Key words: EMTCT-Elimination of mother to child transmission of HIV.
ART: Anti-retroviral therapy

Community dialogues, focus group discussion, community sensitizations, community meetings on outbreak-prone diseases, identification, response, and referral of suspected cases.

Andabatsi Sunday Monks, CHO

Executive summary: Uganda hosts more 1.4 million refugees, mostly from S.S and DRC. Uganda Open and progressive Refugee Policy is currently under pressure due to Corona Pandemic and prone to disasters and epidemics like Ebola, Yellow Fever, Rift Valley Fever etc. ECHO then looks to address the issue of Outbreaks or Vulnerability to any disaster through Primary Health Care by engaging the Refugee Community in Bidibidi through orientations, Meetings, FGDs, Sensitizations etc. on IDSR packages. The need to formalize a commitment to prevent disease outbreak interventions has been emphasized through Dialogues, Focus Group Discussion, sensitizations etc. Participants have aligned on the need to extend the scope of the new Global Strategy to matters relating to prevention of outbreaks in the community, expanding our focus on case identification, response and referrals.

Objective: To equip the VHTs and Refugee Leaders with knowledge on how to identify, report and monitor the diseases under Surveillance in the settlement.

The results of the discussion: Persisting COVID-19 disease, and outbreak of EVD especially in healthcare settings. This creates barriers to access to services for contracting the disease and loss of life. Burden of co-morbidities especially those with HIV/AIDS, TB, Asthma, Hep B, etc. Psychological impact of being diagnosed and living with COVID-19 and EVD. Social repercussions of COVID-19 and EVD – Persons with COVID-19 are more likely to live in communities that face discrimination and/ or economic hardship, thus affecting their well-being. Limited donor support for community driven programs. Inadequate facility preparations to handle Outbreak-prone diseases

What constrains our ability to achieve our goals: Lack of drugs for COVID-19 treatment and EVD Supportive Treatment. Lack of Community support on prevention and control services. Lack of involvement of VCTFs communities in HBC. Lack of patient-centered, multidisciplinary approach to care. The Global COVID-19 pandemic and EVD outbreak.

What we should continue doing: Focusing on Community Sensitizations, Dialogues, FGDs, meetings on Epidemic Prone diseases in the settlement. Pressuring the community members to improve health seeking behaviors. Reactivating of the VCTFs to monitor HBC. Continues referrals of Cases or Alerts. Case identifications and reporting.

Recommendations: Involving communities in Case management in the community. Data collection and taking onboard community-led responses. Addressing structural inequalities i.e. Involving religious leaders, opinion leaders etc. Going beyond bio-medical care, emphasizing preventive ways. Addressing co-morbidities and mental health issues. Focusing on (access to) primary care. Monitoring Health Related Quality of Life through prompt health seeking practices.

Low-cost integrated phototherapy and monitoring device for treatment of neonatal jaundice.

Namayanja Martha Mackline, Kigenyia,c, Kworekwaa,c, Lenonb,c, Cherkasb,c .
Kampala, Uganda

Introduction: Neonatal jaundice results from the liver's inability to metabolize bilirubin for excretion. 60% of newborns in low-income nations experience jaundice, and 5% of them need urgent treatment with either phototherapy or blood transfusion. The high prevalence can be attributed to countries' poor diagnostic and treatment infrastructure.

Methodology: We followed the guidelines for human-centered design through a rigorous design process. This includes steps such as needs finding, needs screening, needs selection, solution (concept) generation, rapid prototyping, and prototype testing. Among other challenges, it was discovered that more than two newborns use a single phototherapy system, which places them at risk for disease transmission and under-dosing. The team innovated a fit-for-purpose design solution, which has undergone several iterations until the development of a functional prototype.

Results: A low-cost phototherapy device with a layout for a single infant, suitable for use in resource-constrained environments. The infant mask is equipped with a light sensor that serves as a feedback mechanism and a light intensity adjustment knob that allows the medical professional to specify the required intensity.

Conclusion: We anticipate that integration of the device into the NICU will subsequently reduce the infant mortality and morbidity rate in Uganda.

Screening and monitoring of noncommunicable diseases among people living with HIV during the Ebola outbreak at outbreak at Kiruddu National Referral Hospital

Promise Tumwebaze1, Samuel Kawuma1, Caroline Birungi1, Charles Kabugo2, Darius Owachi2, Fred Semitala1 and Timothy R Muwonge3

Background: Three weeks after onset of the September-2022 Ebola virus disease (EVD) outbreak in Uganda, Kampala the capital registered a positive test result at Kiruddu National Referral Hospital (KNRH).
In a cohort of People Living with HIV (PLHIV) at Kiruddu National Referral Hospital (KNRH), 15% have at least one non-communicable disease (NCD) which is comparable to findings at Joint Clinical Research Centre at 20%. Like COVID-19, Ebola is associated with a lot of stigma and fear from health workers (HW) and PLHIV, resulting in reduced quality of screening and monitoring of NCDs. We described continuity of integration of NCDs among PLHIV amidst EVD outbreak.

Processes: All HWs at KNRH are trained on prevention, and care of an EVD suspect, and CMEs are ongoing.
HWs are provided with PPEs and screened for symptoms of EVD. Following the MoH standard operating procedures, counselors and peer-educators offer general information on HIV and EBV to the PLHIV in the waiting area where IEC materials on EVD have been pinned and at many other different stations around the clinic. Using the queuing system every PLHIV is screened for both EVD and NCDs

with no direct contact with healthcare worker. Multi-month-drug-dispensing is emphasized for stable PLHIV to minimize clinic congestion.

Lessons learnt: Safely maintaining Integrated HIV and NCD services to PLHIV is feasible during an Ebola outbreak through training, CMEs, and following SOPs for HWs and PLHIV.

Conclusion and recommendation: Provider training and sensitization are important to ensure service continuity of NCD screening and monitoring amidst EVD outbreak.

Factors associated with the utilization of HIV testing services among adolescents seeking care in faith-based health facilities in Lira district Northern Uganda

Author: Deo Benyumiza

Background: HIV testing is a cornerstone in the fight against HIV. However, there is scanty literature on the utilization of HIV testing services by adolescents. This study is aimed at determining the level of HIV testing services and associated factors among adolescents aged 10-19 years in Lira District, Northern Uganda.

Methods: This was a cross-sectional study done among 277 randomly selected adolescents aged 10-19 years in three hospitals. Data were collected using an interviewer-administered structured questionnaire. Data analysis consisted of descriptive statistics, cross-tabulations, and logistic regression at a 95% level of significance in SPSS version 25.

Results: The uptake of HIV testing services was 43% (119/277) among the study participants. Adolescents who had completed primary education (aOR: 5.47; 95% CI: 1.07-28.15;), are employed (aOR: 2.77; 95% CI: 1.16-6.60;), had used a condom in the last sexual intercourse (aOR: 4.46; 95% CI: 1.78-11.15;), and are involved in HIV testing outreaches (cOR: 10.86; 95% CI: 3.81-30.93;) were more likely to uptake HIV testing services compared to those who had tertiary education, are unemployed, and had never used a condom.

Conclusion and recommendation: Utilization of HIV testing services by adolescents aged 10-19 in Lira District, Northern Uganda, is generally low. The Ministry of Health should strengthen HIV testing services targeting adolescents to increase uptake of HIV testing services.

Post-trauma stress disorder and coping strategies among people with HIV in Lira District, Uganda.

Arebo Benedict, Gracious Faith Ewach, Jacob Omara, Pamella Oyella, Ruth Aciro Lucky.

Background: The burden of the HIV pandemic remains a complex reality. HIV is associated with PTSD. PTSD is a trauma-related disorder. PTSD is prevalent among PWH in Uganda. Notably, this study focused on the prevalence of PTSD and not coping strategies. PTSD is likely to be higher in northern Uganda. There is little evidence of the prevalence and how PWH cope with PTSD in northern Uganda. Thus, this study assessed PTSD and coping strategies among PWH in Lira district, Uganda

Study setting: This study was conducted at ART clinics in the health Centre IVs the Lira District. A facility-based cross-sectional research design. PWH seeking care in Lira district health center IVs.

Methods: English version of PTSD Checklist Civilian Version (PCL-C-5) was used to measure PTSD symptoms among PWH. Coping strategies were assessed using researcher-developed items. Descriptive statistics, were used. Chi-Square test was used to test for association. Binary logistic and multiple regression analyses were used to predict PTSD.

Results: Out of 390, 45.6% were aged between 40 years and above. 68.7% were females. 55.1% were married. 53.1% had no formal education. 65.1% had PTSD. PTSD was higher among the females 75.2%), those with no formal education 56.3%), aged 40 years and above 47.6% and, married 50.0%. PTSD symptoms were associated with (planning activities (AOR: 2.43; 1.26–4.70; P = 0.008); Emotional support (AOR: 2.94; 1.74–4.98; P ≤ 0.001); Spirituality (AOR: 4.40; 1.83–10.46; P = 0.001).

Conclusion and Recommendation: A considerable burden of PTSD among PWH attending health center IVs in Lira District was notably higher. Early screening of PTSD among PWH. There is also a need to include PTSD treatment services in the treatment programmes of HIV care services.

Utilising One Health Interventions In Disease Prevention: Evidence From Community Led Total Sanitation Model Around Rubaya Health Centre IV In Kabale District

Nduhuura, E[1]1; Arinaitwe, I[1]1; Atukwatse, R[1]; Akampumuza, D[2]; Ashaba, C[3]; Agaba, K[1]; Tumuhimbise, A[1]; Arishaba, A[2]; Mwebembezi, G[2]; Agaba, M[1]; Abaho, D[3]; Muhimbura, B[2]; Ntaro, M4; Asiimwe, F[4]; Owakuhaisa, J[2]; Ruzaaza, G[4]1

Introduction: Community Based Education and Research Service (COBERS) program strives to equip health care students in training with the necessary knowledge and skills required to operate and lead community-oriented health interventions with focus in low resourced settings. One health is a multi-sectoral, multi-disciplinary and trans disciplinary collaborative undertaking to attain optimal health for people, animals and environment at all levels. Community-led total sanitation (CLTS) is a widely used, community-based approach to tackle open defecation and its health-related problems

Objective: To engage individuals in action to eliminate open defecation and recognize health as a common good, worth fighting for as a whole community

Methodology: Pre-service healthcare students were selected from four disciplines were selected to form a team and undertaken through an intensive mandatory training on one health leadership and infectious diseases management. These were later attached to Rubaya HC IV as a demo-site. Home based health needs assessment was established through a transect walk around the health facility with Village Health Team, Local leaders and key interview with medical superintendent.

Results: Using a fish bone model for root cause analysis four problems were identified and a priority matrix identified open defecation as a community challenge. The team operationalized an intervention of triggering 25 villages and followed them up. The trigger sessions induced shame, disgust and fear upon individuals which reduced open defecation in most of the villages in Rubaya Sub County. This

later reduced the level of open defecation in the community from 25 villages to 1 village. During post-triggering follow-up, most homes had put in practice use of key hygienic materials including drying rack, a permanent door and cover on pit latrine.

Conclusion: Multi-disciplinary preservice students play an active role to promote participation of community members during one health activities and this helps break silos. The intervention included complementary activities such as constructing hand washing facilities, latrine lid covers and making door mats.
Keywords: One health, Total sanitation, open defecation, Rubaya.

Recurring rumours for the next pandemic: Lessons from the COVID-19 RCCE response in Uganda.
Presenter: Pallen Mugabe

Introduction: In April 2021, USAID Social Behavior Change Activity supported the Ministry of Health to create a rumor monitoring system that integrates reporting of misinformation and rumors for COVID-19 and other diseases. The system captures and identifies rumors that require urgent attention for social and behavior change programming. We conducted a study to understand the most recurring rumors with potentially lethal consequences to health interventions. The data is retrieved from the system and analyzed on a weekly basis to obtain misinformation and myths at the community level. The data analyzed in this study reflects the period between August 2021 to January 2022. A total of 1,510 COVID-19 rumors were submitted; urban areas had the most rumors (42%), more males (40%) submitted rumors while 59% of rumors were submitted by those aged 20 – 29 years old. Rumors regarding vaccination were 51%. Most recurring rumors included rumors about the suitability of the vaccine for pregnant and lactating women and babies; fears of the vaccine causing infertility, affecting woman's periods and man's sexual activity; rumors that the vaccine is harmful, kills after 1 - 5 years; negative effects of the vaccine to people with underlying infections. Information from the rumors has been used to update the frequently asked questions (FQA's) bulletin by the MoH and disseminated to the public.
There is a need to address the concerns about the vaccines in a timely and technical manner; and interpersonal communication that deploys positive deviants, to promote desired behavior and targeted mobilization approaches.

Goal: With the ever-increasing health threats brought about by pandemics such as COVID-19, there has been widespread misinformation and rumors at a time when facts are crucial for health behavior change and potentially lifesaving. In April 2021, USAID Social Behavior Change Activity supported the Ministry of Health to create a rumor monitoring system that integrates reporting for COVID-19 and other diseases. The system captures and identifies rumors that require urgent attention for social and behavior change programming. We conducted a study to understand the most recurring rumors with potentially lethal consequences to health interventions.

Methodology: The study applied retrospective mixed methods using topic models and trend analysis on COVID-19 rumors data extracted from a rumor monitoring system. The USAID Social Behavior Change Activity (USAID/SBCA), supported the Uganda Ministry of Health and implementing partners to set up a rumor monitoring system and centralizing the capturing, processing, and tracking of rumors. The system is part of the MoH Risk Communication Pillar that collects rumors and community feedback

through various platforms such as call centers (hotline), SMS, radio, and social media managed by MoH and implementing partners. The system has a central repository built on a DHIS2 platform. The rumors and community feedback received through these platforms are documented by the data assistants of organizations using a standard data collection template designed by USAID/SBCA and are submitted to the Activity's data analyst who collates and enters the data into the DHIS2 central repository. The data is retrieved and analyzed on a weekly basis to obtain misinformation and myths at the community level. The data analyzed in this study reflects the period between August 2021 to January 2022.

Results and lessons learned: A total of 1,510 COVID-19 rumors were submitted; urban areas had the most rumors (42%), more males (40%) submitted rumors while 59% of rumors were submitted by those aged 20 – 29 years old. A frequent source of rumors was SMS (39%). Rumors regarding vaccination were 51%. Of the vaccination rumors – 68% were about vaccine safety, side effects, or negative outcomes of the vaccine. Most recurring rumors included rumors about the suitability of the vaccine for pregnant and lactating women and babies; fears of the vaccine causing infertility, affecting woman's periods and man's sexual activity; rumors that the vaccine is harmful, kills after 1 - 5 years; negative effects of the vaccine to people with underlying infections. Information from the rumors has been used to update the frequently asked questions (FQA's) bulletin by the MoH and disseminated to the public.

Conclusion: Fears of negative effects of vaccines are especially critical regarding maternal, newborn, and child health, sexual reproductive health, and underlying non-communicable diseases. Whereas information has been shared through the FQA bulletin by MoH, the above rumors are recurrently requiring specific interventions. There is a need to address the concerns about the vaccines in a timely and technical manner; interpersonal communication can deploy positive deviants, credible messengers like leaders, and peers, nested within electronic and print media channel mixes that promote desired behavior and targeted mobilization approaches.

Continuous quality improvement (CQI) institutionalization to achieve optimal HIV recency testing targets amidst COVID 19 resurgence: Busia HC IV Experience, Busia District.

Authors: Edward Mawejje. Co-Authors: Salimah Nabbowa

Introduction: The Joint United Nations Programme on HIV/AIDS (UNAIDS) set national wide ambitious 95-95-95 targets by 2025 however, Uganda HIV status awareness among adults >15 years living with HIV remains suboptimal at only 90% (UNAIDS, 2020). UNAIDS goal of ending the AIDS epidemic by 2030, requires surveillance scale up to detect new HIV infections, introduction of HIV recency testing that combines verification of HIV diagnosis, differentiation between recent and long term infections in one testing device. Individuals infected approximately within the past 12 months ('recent infections') have high levels of viral load, making them more likely to transmit the virus to their sexual partner(s) and babies. March 2022, facility performed at only 67% hence route cause analysis earmarked; client hesitancy, staff prioritizing COVID 19 activities, recency supplies stock outs, suboptimal CQI initiatives, inconsistent data management, knowledge gaps in the HIV recency testing therefore, immediate integrated change package through CQI institutionalization.

Methods: Multidisciplinary facility QI team capacity building on HIV recency indicators, assigned focal person, account and populate weekly reports, robust teamwork mechanisms. Integrated HIV

recency testing demand creation into pre, post- counselling and baseline line tests, client centered myths reduction messages, focal persons-client service tracking, referral and accountability. Enabling systems and processes; Support supervisions, mentorships and coaching's and efficient stock management.

Robust data management; quality register and consent form completions, data reviews, QI journals, run chat-trend displays, timely data entries into PIRS and EMR data synchronization.

Results: HIV recency testing improved from 67% (March 2022) to 100% (September 2022) at Busia HC IV.

Conclusion: Properly implemented QI collaboratives focusing on teamwork and reduction of COVID 19 client myths greatly improves systematic screening at OPD facility entry points.

Lessons learnt: Institutionalization of resilient CQI processes enhances accelerated progress towards the UNAIDS first 95 target aimed at achieving HIV epidemic control by 2030.

POSTER PRESENTATIONS

TRACK 1: Strengthening systems for a resilient health promotion and disease prevention agenda.

Prevalence and factors associated with preeclampsia among pregnant women at St Mary's Hospital Lacor in Gulu District, Uganda.

Author: Eunice Akello. Co-Author & Supervisor: Joachim Ssenkaali.

Introduction: Preeclampsia is a pregnancy-induced hypertension occurring after 20weeeks of gestation accompanied by new-onset proteinuria, maternal organ or utero-placental dysfunction. It remains among the leading cause of maternal mortality and perinatal morbidity worldwide.

Objective: The objective of this study was to determine the prevalence of preeclampsia and the factors associated with preeclampsia among pregnant women at St. Mary's Hospital Lacor.

Methods: A descriptive cross-sectional study utilizing the quantitative approach was carried out in October 2021. A total of 89 participants were selected using convenience sampling technique from both maternity and Antenatal Unit. Used pretested structured interviewer administered questionnaire to collect data. Data was analysed using Statistical Package for Social Sciences (SPSS) version 23. Analyzed using frequency distribution tables, pie charts and cross-tabulation reporting the Pearson's chi-square result and 95% Confidence Interval (CI).

Results: out of the 89 participants, 31.5% were diagnosed with preeclampsia based from the 28 participants who had blood pressure measurement of more than 140/90mmHg and at least 2+ urinalysis results from proteinuria.

Conclusion: the overall prevalence of preeclampsia was moderately high among pregnant the participants. This could be explained due to the high number of preeclampsia referral cases from the surrounding health facilities.

Recommendation: There is therefore need to strengthen and improve the obstetric care gaps identified mainly from the referral facilities and during Antenatal in order to reduce the prevalence of preeclampsia.

Key words: prevalence, factors associated, preeclampsia, pregnant women, St. Mary's hospital Lacor.

Using telehealth to support 3500 community health workers in rural Uganda much needed support during an elusive pandemic.

Authors: Tosca Terra, Maarten Kok, Marinka van der Hoeven Raymond Tweheyo, Elizeus Rutebemberwa.

Background: At the beginning of the COVID-19 pandemic, many low-income countries were confronted with a difficult challenge: with little resources and while implementing a stringent lockdown, they had to rapidly train thousands of Community Health Workers (CHW) in rural and remote areas about the new virus and then find a way to continue to support them in providing health services and

products. Shortly after the first COVID-19 case was confirmed in Uganda, Healthy Entrepreneurs developed a telehealth approach that aimed to inform 3500 CHWs about COVID-19, support them in identifying, referring and caring for possible COVID-19 cases and help them to continue to provide basic health services and products.

Objective: To assess the functioning of the telehealth approach that was set up to support community health workers in rural communities in Uganda with sustaining basic health services and dealing with the COVID-19 pandemic.

Methods: For this mixed-method study, we combined analysis of 1) consultation data from the call-center that supported a network of 3500 CHW in 23 districts in rural Uganda, 2) 24 in-depth interviews with purposively selected CHWs and health professionals working at the call center, and 3) two surveys of 150 active CHWs.

Results: Between March 2020 and June 2021, a total of 35,553 consultations took place via the call center. While the CHWs made extensive use of the call center, they rarely asked for support for potential Covid-19 cases. The CHWs said there were no signs that people in their communities were suffering from severe health problems due to COVID-19. Because COVID-19 appeared to cause no visible health problems, many people were skeptical about the danger of COVID-19. At the same time, people in rural areas were afraid to report relevant symptoms and get tested for fear of being quarantined and stigmatized. The telehealth approach did prove useful in supporting CHWs in providing regular health services and products in rural communities. The health professionals at the call center supported CHWs in diagnosing, referring and treating patients, adhering to infection prevention and control practices, and communicating product needs. The CHWs felt more informed and less isolated and said the support helped them provide better care and improve the delivery of essential health products.

Conclusions: The telehealth approach, launched at the start of the COVID-19 pandemic, provided useful support to thousands of CHWs in rural communities in Uganda. The telehealth approach could be quickly set up and scaled up and offers a low cost strategy for providing useful and flexible support to CHWs in rural communities.

Barriers and facilitators to utilisation of community drug distribution points among adolescents aged 10 - 19 living with HIV in Lira District, Northern Uganda – A Qualitative Study.

Presenting Author: Humphrey Beja, Department of Nursing & Midwifery, Faculty of Health Sciences, Lira University, P.O Box 1035, Lira, Uganda.

Background: Community Drug Distribution Points (CDDPs) model was adopted as a strategy to decongest HIV clinics and decentralise HIV care services closer to stable clients. Despite the creation of CDDPs, their utilization remains low. There is scanty literature on the barriers and facilitators to the utilization of CDDPs among Adolescents Living with HIV (ALWHIV) in Uganda. This study explored the barriers and facilitators to utilization of CDDPs among ALWHIV aged 10-19 years in Lira District, Northern Uganda.

Methods: It was an exploratory descriptive study. 29 interviews were conducted among purposively selected ALWHIV aged 10-19 years, caregivers of minors and expert clients at the CDDPs of Amach

Health Center IV and Ogur Health Center IV. Data was collected using in-depth interviews, focus group discussions and key informant interviews. Data was audio recorded, transcribed, and coded manually. Thematic analysis was done, and findings narrated verbatim.

Results: Barriers were individual level (Lack of privacy, fears and worries, long waiting hours and distance), family related (insults, heavy workload) and health system related (lack of reliable transport means). Facilitators were ease of access to ART services, shorter waiting time, desire to remain healthy and peer support.

Conclusion and recommendations: CDDPs seem to be serving the underprivileged population with low education and income levels. We recommend that venues for the CDDPs should be re-defined to improve privacy. The Ministry of Health should Provide reliable transport means to community health workers to ease transportation of pre-packed ART refills. Community engagement and sensitization to eliminate HIV related stigma.

Developing a contextualized health education program to reduce persistent Schistosomiasis transmission in Ugandan rural fishing-communities.

Author: Lazaaro Mujumbusi-2022

Introduction: Schistosomiasis is a Neglected Tropical Disease (NTD) (WHO, 2012). In Uganda, Schistosomiasis is included in the national treatment program only through annual Mass-Drug-Administration, with-no accompanying national health-education program. This leaves affected communities with poor knowledge about Schistosomiasis and its control. In 2017, an MRC-Glasgow-funded project about Schistosomiasis transmission in Mayuge-District that I worked on as a research-assistant found misperceptions and messaging gaps about schistosomiasis which affected control measures (Ssali 2021, Mujumbusi et al 2022). This necessitates creating clear messaging by engaging all stakeholders. I have received an early-career research grant to develop and pilot a contextualized health-education program.

Purpose: To develop, pilot, and evaluate a contextualized participatory health-education program to sensitize community members about Schistosomiasis.

Methods: This will be carried out in Bugoto Landing-site Mayuge-district. The health-education program will involve SBCC by showing videos of Schistosomiasis life cycle, how parasites penetrate, affects the intestines, liver, cause stomach swelling and death. Also, drama-plays, pinning murals, community meetings, training-VHTs, and community radio. A process evaluation will be done to document the feasibility and acceptability.

Expected outcome: Showing how schistosomiasis causes holes in the intestines, damages the liver, stomach swelling, and death will demystify the misperceptions about Schistosomiasis. It may increase prevention practices, understanding of risk leading to behavioral change.

Expected-Impact on health promotion: This project will inform health-promotion practitioners of the feasibility of developing contextualized participatory health-education programs tailored to community needs. It will help WHO to achieve the elimination of NTDs by 2030.

Predictors of shared decision making among health care service providers and patients in health facilities within Kampala Central Division, Kampala City.

Author: Aminah Kabuye

Background: This abstract is aligned to putting people at the center for sustainable Health Promotion and disease prevention. The study assessed predictors of shared decision making (SDM) among health care service providers and patients in health facilities within Kampala central division, Kampala city. Shared Decision Making is one of the pillars of patient centered care, and one of the health promotion related cornerstones of achieving sustainable development goal for health, in its entirety. With SDM between patients and service providers, medical errors and adverse drug events can be prevented whilst uplifting patient satisfaction with and retention in health care. The challenge however was that, despite the imperativeness of SDM in health promotion, it was still reportedly sub optimal, for reasons that hadn't been extensively studied in the Ugandan context.

Methods: The study was cross sectional, including a dual population of both patients and the health care service providers in hospitals and health centers within Kampala central. Simple random sampling was used to sample facilities and patients, with a purposive sample of service providers. Structured interviews were used to collect data that was analyzed descriptively and inferentially.

Results: More than three quarters of the patients (82%) were involved in SMD. Speaking a language that HCW could understand (aPR = 1.210), being educated (aPR = 1.126), employed (aPR = 1.122), and privacy (aPR = 1.162) increased SDM. The perception by providers that patients are informed (aPR = 0.931), provider motivation (aPR = 1.220), heavy workload (aPR = 0.852) reduced SDM.

Conclusion: Shared decision making is high among health care providers Kampala central, but not universal. It is concurrently predicted by patient, health care worker and institutional characteristics; patient characteristics show slightly greater predictive importance.

Impact statement: This study calls for further strengthening of SDM in Kampala, and perhaps even more in rural settings where SDM could be lower. This can be done through staff development programs organized by the respective district leaders, with support from the MOH.

Caregiver's perspectives on the central nervous system infection illness trajectory among older persons with dementia in Northern Uganda.

Author: Deo Benyumiza

Background: Few studies have explored the Central Nervous System (CNS) infection illness trajectory among older persons with dementia in sub-Saharan African settings. This study explored the Caregiver's perspectives on the Central Nervous System infection illness trajectory among the older persons with dementia in Northern Uganda.

Methods: This was a qualitative study conducted amongst purposively selected 20 caregivers of the older persons aged 50+ years with history of CNS infection and later life dementia. Data were collected using an in-depth interview guide with CNS infection illness trajectory data from onset to the current demented state of the older persons. The audio-recorded interviews were transcribed

verbatim before manual reflective thematic analysis.

Results: Older persons with a positive history of CNS infection illness and later life dementia presented with symptoms of early life CNS infection illness. There were also manifestations of comorbidities particularly traumatic injury to the head, neck and spine, and their medications in the older person's trajectory to later life dementia. A plurality of healthcare which included both formal and informal healthcare was sought and utilized for the treatment and care of the CNS infection illness and dementia by the older persons amidst improper diagnosis and mismanagement.

Conclusion: Older persons with early-life CNS infections illness and later-life dementia were reported to present with symptoms including neck pain, back pain, chronic headache, and high blood pressure, which were intertwined with co-morbidities.

Recommendations: Integration of routine screening of older persons for the history of CNS infections, dementia and early treatment.

Leveraging partnerships to address barriers to accessing sexual reproductive health services among young people in two districts of Uganda.

Authors: Stephen G. Alege, Denis Chemonges, Bashir Kabuye.

Issue: About 8 percent of maternal deaths in Uganda are due to unsafe abortion. More than one in ten pregnancies end in an abortion, and 34% of all unintended pregnancies occur among women aged 15-24 years., an SRH voucher scheme targeting female youth aged 15 - 24 years was initiated in Jinja and Buikwe districts for 12 months. This included FP methods (LARCs and STMs), pregnancy screening, and post abortion care in 12 partner private health facilities; ten drug shops situated within various hotspots characterized with risky sexual behaviors were linked to the YoSpace centers, partner facility trained in provision of youth friendly health services, FP provision and post abortion care.

Results: 7,918 young people were reached with SRH information, of these 6,052 bought the voucher and 5,381 redeemed them at the facility receiving comprehensive SRH services. Of those that received services, 1,748 received PAC, 1,355 received short term FP, and 1,324 long term FP. 7,320 vouchers were distributed and of these 6,052 had been sold to individual clients, and, 5381 had been redeemed at the YoSpace centers- indicating a 49.8% uptake for FP and 32.5% PAC services. In particular clients were reported as having accessed implants (1,152); IUDs (172); injectables (1,235); 120 pills; 1,748 PAC services.

Lessons learned/ Program implication: Working with the private sector alongside existing community structure increases access to SRH to young people; due to accessibility and conveniency. Use of VHTs, peer mobilizers coupled with linkage and referral systems and targeted capacity building of facilities all play a synergetic role towards better and increased SRH service towards young people who would otherwise not easily access the same services.

Recommendation: There is need to prioritize building a technical and service delivery ethic that promotes privacy, nonjudgmental counselling and reassurance, as well as address cost barrier by investing in a voucher system to ensure affordable SRH services to the young people.

Increasing the proportion of ANC mothers who are supposed to receive IPT3 that received it from 55% in April 2022 to 100% in October 2022

Issues: In a meeting at the facility, it was realized that IPT3 uptake was low (55%) yet MOH recommends 100% uptake of IPT. This was caused by; low antenatal visits by mothers, delay of mothers to start antenatal, health provider's inadequate knowledge about IPT and reluctance of the mothers to return to the facility for ANC and pill burden (big pills).

Methods: Conducting CME on IPT3 to equip health workers with new knowledge. Encouraging mothers to start ANC as early as they feel pregnant. Health education to mothers on the importance of IPT uptake.

Results: IPT3 uptake improved from 55% in April to 60% in May to 60% in June 88% in July and 93% in August 96% in September and 96% in October.

Lessons learnt: Health education of mothers on the importance of antenatal attendance improved low antenatal visits, education of mothers to start antenatal as soon as they miss their normal periods improved on the delay of mothers to start antenatal care. CMEs to health providers addressed the knowledge gap about IPT3. Practice of DOTs improved pill burden (big pills) where mothers were given 1 tablet at a time.

Recommendation: IPT3 uptake can best be achieved by utilization of the above methods.

TRACK 2: Building partnerships and expanding networks for a holistic health promotion.

Student-led water sanitation and hygiene (WASH) emergency response in Bunagana Town Council, Kisoro District, Southwestern Uganda.

Authors: Joseph Ngabirano1*, Paul Tumwesigye1, Umuhire Joanah1, Obiro Emmanuel1, Patience D Nalumaga1, Yahaya Matsiko1 Andrew Chris Wesuta1, Femus Agaba1, Angela Tushabe1, Moses Ntaro1, Gad Ruzaaza1, Peter Chris Kawungezi1, Edgar Mugema Mulogo1 1 Department of Community Health, Mbarara University of Science and Technology. * Corresponding author: njose502@gmail.com.

Objective: The team from MUST faculty of Medicine, Department of Community Health did an emergence response to support the Kisoro District in six villages in Bunagana Town Council after rapid analysis assessment and carried out sanitation and hygiene interventions.

Method: Using a community-led total sanitation (CLTS) model the following activities were carried out. Disinfection using 0.5% chlorine, spraying, deworming of children aged between 1-5years and health education aimed at behavior change in relation to the hygiene aspect where both hosting communities and refugees benefited. Using a simple questionnaire and observation, we were able to assess the hygiene status of the community.

Results/findings: The team managed to reach 290 households who were health educated, 532 children under five were dewormed, and six villages were disinfected. Through observation many hygiene and sanitation challenges like open defection, poor waste management were identified.
Conclusion: The war has had a great impact negatively on the way people are living both the hosting communities and the refugees around the Bunagana border and thus the government of Uganda working UNHCR should come in to render respective solutions for the prevailing challenges since most of them are workable.

Recommendations: The host community should adhere to the hand washing, avoid open defection, and ensure they receive deworming from nearby heath facility after every 3-6 months. The District Health office should advocate for cholera vaccine to vaccinate the host community in the affected areas. This will add protection of the people especially the vulnerable groups like pregnant mothers, children and the elderly against cholera and other diarrheal disease. To supply the Town Council with disinfectants for spraying the risky and host spot areas with poor hygiene existing because of overcrowding. The district should procure and the supply the town council refuse skips forb garbage collection to facilitate proper waste management in the refuge host communities and 'camps'. The DHO should strengthen disease surveillance around the border as they are hotspots for emerging and reemerging outbreaks due to the porous nature of the border. OPM To work with the UNHCR and other implementing partners to relocate the refugees staying in the host community to the Nyakabande transit Camp. To work with the locals in providing emergency services refugees as other subsequent formal integration processes take place. To extend Water supply pipes and increase on the number of water taps available since is water a basic nee and key hygiene practices. To work with the relevant partners in installing mobile or public toilets, emptying the few available ones and supporting the host communities in construction of the new ones.

Enrolment and retention of female sex workers in HIV AIDS care in health facilities in Mbarara City.

Author: Arinaitwe Bridget

Background: Female sex workers (FSWs) living with HIV in sub-Saharan Africa have poor engagement to HIV care and treatment, enrollment and retention into HIV care is a challenge has been a major contributing factor to increased new HIV infections UNAIDS 95-95-95 strategy to end HIV/AIDS has been elusive despite efforts to enroll and retain female sex workers (FSWs) into HIV care.

Methods: We conducted a cross sectional qualitative survey in three selected health centers in Mbarara City. 30 FSWs and 21 health workers were selected following snowball & purposive sampling techniques 0w. ATLAS-ti was used for data analysis.

Results: Findings revealedl high enrollment rates among FSWs after discovering their sero-status to be HIV positive. Facilitators to retention included availability of HIV clinics for key populations, aspiration to stay healthy, keep business, raising families. Barriers were identified for example high mobility, stigma, alcohol and drug abuse. Behavioral change was possible if flexible referral system were introduced to deal with high mobility, inclusion of peer support into healthcare and continuous education among FSWs.

Conclusion: There is HIV care in prequalified health centres. This gives FSWs access to obtain HIV care. However due to stigma associated with fear to lose their business most FSWs drop out of care which increases the adverse effects of HIV among FSWs or even death. Therefore, increased health education among FSWs that can improve further enrolment and adherence towards HIV care seeking behaviour.

Male involvement in the uptake of HIV services in Bugisu, Karamoja and Sebei.

Author: Kawanguzi Salim

Background: According to WHO,In 2019 an estimated 7.2 million people, 19% of all those with HIV, were undiagnosed. Men in high HIV burden settings and from key populations are consistently less likely to know their HIV status than women. In Uganda, an estimate of 1,300,000 million people are living with HIV and AIDS with average national HIV prevalence of 6.2% . HIV prevalence peaks at 14.0% among men aged 45 to 49 and 12.9% among women aged 35 to 39 and young adults. HIV prevalence is nearly three times higher in men and women aged 20-24 compared to those aged 15-19. The report indicates that only eastern Uganda registered increase in HIV prevalence from 4.1%- 5.1% according to UPHIA, 2017. In COP 18 a target of 300,000 men were to be tested but men have remained elusive towards HTS and this is because of myths and misconceptions; biased risk perception; most think that due to their risky behaviors, they are already “dead” (HIV +) hence no need to test, Lack of trust in test kits and test results leading to biased risk perception, some men use test results of female partners to “tell” their own status. In order to bring men on board, we participated in the identification of influential men in the villages who we oriented about HTS and also shared the burden of fellow men not turning up for HTS, but also let them understand how they can be part of the 95 95 95 journey.

Methods: The facility teams review HIV Testing Services (HTS) data at the facilities in the selected sub counties and map existing networks of men, three popular men were selected by their networks/ peers to act as male Drivers of Change to reach out to fellow men and peers, sensitize and mobilize them for HTS. These men will identify groups like; boda boda, brick layers, drinking joints. At community level we give a brief talk about HTS; the facility teams will follow up the male drivers of change on a weekly basis to identify the challenges and lessons. The sexual network game will be used to initiate discussion about risk perception and need for testing. Findings from each session were recorded and action points reviewed at the next meeting. Each male driver of change would mobilize and refer 5-10 men for HTS per week, data at the facilities would be reviewed to establish if men have been referred, tested and linked.

Results: Most men fear to turn up for testing at the health centers because they spend most of the time looking for survival, the youth(male) and some men, fear to test because of the sexual network , the distance to the health centers hinder men's involvement in uptake of HTS, myths about HTS and ignorance has also affected the uptake of HTS .
Conclusion: Health centers and all actors implementing HIV activities should come up with a male involvement strategy in the HIV activities, design messages that bring men on board, organize focused group discussions to target male involvement.

Exploring social and health support services for people living with HIV and mental illness in Southwestern Uganda.

Author: Atimango Lorna

Background: Failure to address the mental health disorders among people living with HIV is bound to exacerbate the many social and economic barriers to accessing adequate and sustained care, therefore increasing mortality and morbidity among people living with both HIV and mental illness. This study aimed to assess the social and health support services for people living with HIV and mental illness to navigate social and health care related barriers to services that can improve their quality of life and reduce mortality rate among them.

Methods: Cross sectional qualitative study employing a purposive technique of selecting study participants. Interviews were conducted with 18 people living with HIV and mental illnesses and 5 health care workers at health center IVs. Audio recordings were translated and transcribed. Thematic analysis using software Atlas T.1 version 7.

Results: The participants reported the presence of HIV care services in the health facilities. However, they complained of lack of routine mental health diagnosis and irregular supply of mental health medications at the health facilities. We also found a shortage of social support from health facilities and a lack of a structural social support for patients with HIV and mental illness within the community.

Conclusion: Living with HIV and mental illness as a co-morbidity increases burden on patients in accessing health and social support services

Impact statement: Health facilities need training of health personnel especially in lower health facilities in management and early diagnosis of mental illness in order to have an integrative treatment of mental illness in HIV to ensure improvement in quality-of-life people living with HIV and mental illness.

Health profession students against Ebola.

Authors: Ssewanyana Ernest, Mulundu Edgar Wandwasi, Tamale Elvis, Nkunda Mary Uwera, Lugaaju Charles, Malinga Paddy Derrick.

Issue: World Health Organization (WHO), by 2/11/2022, reports 131 confirmed cases of Ebola virus disease (EVD), including 48deaths, 54recoveries with at least 18 health workers infected of whom 6 died. Previous studies and the COVID-19 pandemic have shown that health-profession students have the capacity to support response to health catastrophes like this epidemic. Health-Profession Students at Mbarara University ran a five-day sensitization campaign in Mbarara City about the spread, presentation and prevention of EVD from 31/10/2022 to 4/11/2022 aimed at putting people at the center for sustainable health promotion and disease prevention. We also carried out a baseline survey about the community's knowledge and perceptions about EVD.

Results: 380people were interviewed (male=191, female=189). 94.7%(n=360) had heard about Ebola mostly from radios (75.3%). Most people did not know the ways EVD is spread, its first symptoms and prevention. 7.1%(n=27) never knew any sign of EVD. Only 51.05%(n=194) knew about the ministry of health toll-free line.

Lessons learnt: The best way to prevent disease is primary health care. Empowering Health-Profession Students can reinforce the heath-care workforce since they have good command of knowledge about disease and trust of their communities. The best way to empower communities against disease is by tailoring information to their first language.

Recommendations: Translate Ebola information to local languages. Continuing Medical Education for health-profession students about Ebola. Working with community leaders for mass sensitization about Ebola prevention.

Student-Led Anthrax Outbreak Response Using One Health Approach in Ibanda District Southwestern Uganda October 2022.

Authors: Joseph Ngabirano1*, Paul Tumwesigye1, Caroline Ashaba1, Valeria Namuwaya1, Edgar Kabigumira1, Prosper Katugume1, Ronnie Ndizeye1 Andrew Chris Wesuta1, Femus Agaba1, Angela Tushabe1, Catherine Atuhaire K2, Moses Ntaro1, Fred Bagenda1 Gad Ruzaaza1, Peter Chris Kawungezi1, Edgar Mugema Mulogo1.

Issues: in August 2022, an Anthrax outbreak was confirmed by the Ministry of Health in Kagongo Municipality, Ibanda district. One person died and more than 20 people were hospitalized. A team from the One Health club, Mbarara University Science and Technology (MUST) responded to health educate and sensitize the community on Anthrax and the dangers of eating meat from dead animals. This was done through a radio talk show, home-to-home visits and community meetings.

Results: 430 households and 750 people were sensitized and health educated on Anthrax through house-to-house visits. The team also built capacity of Community Health Workers, local leaders, religious leaders, among other stakeholders to health educate, detect and refer persons affected by Anthrax. This approach was nondiscriminatory which gave an opportunity to everyone in the community to participate.

Lessons: Community empowerment with one health approach is relevant for prevention of Anthrax disease. Student-led interventions can play critical role in emergency response. Stakeholder engagement is key to design and uptake of community level interventions. Inter-professional student-led interventions lead to better response outcomes.

Recommendations: Ongoing sensitization and health education needs to continue by the District Health Teams to create awareness among communities about Anthrax and dangers of eating meat from dead animals. Surveillance activities targeting Anthrax need to strengthen at community level.

TRACK 3: Putting people at the centre for sustainable health promotion and disease prevention.

***Innovations addressing Gender, Youth and Social Inclusion to improve nutrition-seeking behavior in maternal, infant, young child and adolescent Nutrition in Uganda. A Case of Kamwokya, Kawempe Division, Kampala District*.**

Author: Daniel, Kamara1 Student, Department of Nutrition, Mulago.

Introduction: Maternal and Child Health nutrition indicators for Uganda are characterized by high mortality rates, under-nutrition, and anemia in women and children, especially among the most vulnerable community members. In addition to early childbearing among the youth and its deleterious impacts, gender and social exclusion exacerbates pre-existing health issues for gender and youth. The lack of knowledge on the importance of nutrition and inclusion of the youth and gender negatively influence nutrition-seeking behavior.

Objective: To improve nutrition seeking behavior through knowledge enhancement by addressing issues regarding gender, youth and social inclusion.

Methods: Through the Nutrition Rehabilitation Centre, an outreach was conducted in Kamwokya from 14th to 18th Feb 2022 that involved 45 young mothers (15- 24 years) of children 0 to 59 months. Nutrition assessment and knowledge towards the practice of exclusive breastfeeding was done where VHTs and Peer mothers were involved in study groups, and which were able in identify the gender and youth exclusion and lacked minimum knowledge on nutrition seeking behavior.

Results: The prevalence of nonexclusively breastfeeding was high, 57.8% reported to have heard about EBF and were not practicing, 28.9% knew about EBF and were practicing it and 13.3% reported to have never had knowledge about EBF, below 18 years were young school drop outs and lacked support from their families, 19-24years were single mothers who take care of themselves and their children. Started up social groups, young peer group with the VHTs and community linkage facilitators, were able to identify such young mothers and form social peer groups for weekly meeting to discuss about childhood nutrition and enhancing the importance of 1000 days. This has improved the knowledge on nutrition seeking behavior.

Conclusion: The lack of social inclusion of youth and gender in improving the nutrition seeking behavior in maternal, infant, young child and adolescent nutrition was found to be a challenge among the young mothers.

Nothing about us without us. Using a Human centered approach to engage the CSOs in the design and roll-out of Time Up HIV campaign.

Author: Leonard Bufumbo, Mabel Naibele, Brian Asiimwe. Lead presenter: Edward Kagguma Kakooza

Background: Time up HIV communication campaign aims at contributing to the reduction of new HIV infections and increasing the proportion of PLHIVs adhering to HIV treatment guidelines. The campaign: was informed by insights from collaborative design workshops with key stakeholders, co-creation

session with audiences and addresses priorities across the HIV cascade: HTS, prevention, care, and treatment, and GBV prevention. Using a human centered design approach, SBCA involved the CSOs at different stages of campaign development including the human centered design workshops, co-creation sessions with the affected audience, pre-testing of medium phototype materials, campaign roll-out activities at the national and sub-national level.

Description of intervention: Civil Society organizations, with regional and district offices, were involved in the different stages of the campaign development and implementations: collating and review of the existing materials: human centered design workshops to prioritize audiences and issues to address; reviewed available SBC approaches being used by the different stakeholders; co-creation sessions with audiences to understand their psychographics and demographics, establish the barriers and enablers to utilization of services, create communicate materials; pretest the developed products; roll out activities at the national, regional and district levels. CSOs representatives participated in the above engagements as reviewers, session facilitators, mobilisers of participants- in all these ensuring that the views and aspirations of their constituencies are well integrated in the campaign.

Results lessons learned: Twenty CSOs, with regional and district offices, were involved in the different stages of the campaign development and implementations. The regions involved, East Central, Central, and Western Uganda. The CSOs were engaged over a period of nine months. CSOs represented the following audiences: Key population, People Living with HIV/AIDs, Cervical cancer and Tuberculosis survivors, adolescents, and young people. The immediate result was that the CSOs ensured the voices and aspirations of their diverse constituencies were integrated into the campaign. This is cognizant of the fact CSOs reach diverse groups, geographically and programmatically, and have a unique advantage of understanding the peculiar needs of their constituencies. Involvement of the CSOs facilitated their buy-in, capacity optimization in SBC processes, and ownership, thus ensuring potential sustainability and scale-up of the campaign. CSOs structures provided an opportunity to leverage interpersonal communication channel mixes for the campaign.

Discussion/Implications for the field: CSOs represent a diversity of audiences. CSOs represent an important link for promotion and prevention of HIV in communities away from health facilities. CSOs have advanced interpersonal communication structures that have offered leverage opportunities for the campaign. CSOs come with networks of audiences that inform campaign design and necessary structure for diffusion of behaviors at the community level. The sense of ownership by the comphrehensive involvement of the CSOs, coupled with capacity strengthening opportunities, during the process are critical for a sustained, locally led response to the HIV epidemic. Resilience and sustainability are ensured and strengthened.

Is a malnourished free generation possible? How co-creating with communities contributes to raising of healthy babies in Uganda.

Author (s): Musa Kimbowa1 and Glory Mkandawire1

Issues: Malnutrition remains the underlying cause in nearly 60% of infant deaths (UNAP I) and its reduction will further reduce the contribution of malnutrition to overall loss of lives in Uganda. Overall, there has been a reduction in stunting from 33% to 29% and wasting from 5% to 4% between 2011 to 2016. While progress has been made, these figures, particularly the 29% stunting level, are still poor

(UNAP II). The annual costs (losses) associated with child under nutrition are estimated at UGX 1.8 trillion (5.6% of Gross Domestic Product (GDP)) according to the Cost of Hunger report, 2012. In 2021, USAID Social and Behavior Change Activity (SBCA) supported MOH and partners to apply the Human Centered Design with community representatives to develop and integrated family health campaign that includes nutrition messages. The campaign addresses determinants for uptake of MNCH services, including but not limited to nutrition during pregnancy, exclusive breast-feeding, infant and young child feeding, childhood illnesses, full immunization, and early childhood development. SBCA worked with MOH and selected district local governments to conduct IPC interventions in 15 selected districts and intensify placement of nutrition messages on 30 radio stations. As part of SBCA's project monitoring and learning activities, data from the national DHIS2 system was used to assess changes in nutrition indicators for selected districts where the campaign was run among children under 5 years.

Results: Service data from the national DHIS2 showed positive trends; The percentage of children (Boys and Girls) aged 6-59 months assessed for nutritional status (MUAC) increased from 60% to 111% while the Proportion of Children with red MUAC decreased from 65% to 63% and the percentage of children under 5 years with Oedema, Red or Yellow MUAC referred to the health facility for care decreased from 22% to 17% between October to December 2021 and July to September 2022.

Lessons learnt: Human Centered Design (HCD) enables SBC practitioners to better understand the audience's needs, motivations, and concerns and makes for a more efficient, more flexible design process. Targeted health awareness/ SBC interventions result into a positive shift in uptake of nutrition behaviors among children under 5 years. Health awareness interventions that embrace networking and collaboration aid uptake of nutrition desired/promoted behaviors.

Recommendations: SBC practitioners should continue to apply HCD processes to co-create with communities specifically care-givers for children under 5 years during the design of nutrition SBC interventions. Continue increasing exposure to nutrition-related messaging to empower the community demand and utilize nutrition related services. Health awareness interventions to target community level to address social barriers to under five nutrition. Continue implementing targeted interpersonal communication and community dialogue approaches, like working through cultural leaders and VHTs, since these may be effective. Use a multi-sectoral approach and engage the private sector to provide nutrition services.

Prevalence and risk factors for SAM in children aged 5 years and below at Gulu Regional Referral Hospital.

Author: Eunice Akello. Co-Author & Supervisor: Joachim Ssenkaali.

Background: Malnutrition is one of the major development and public health concerns in children. It afflicts the poor in low- and middle-income countries like Uganda. Statistics show that 360000 children (2% naturally) are estimated to be acutely malnourished and nearly 12500(34%) of them have SAM.

Objective: This study aimed at assessing the prevalence and risk factors for SAM in children aged 5 years and below at GRRH.

Method: A total of 100 respondents were involved in the study, a cross sectional study was used and the respondents were selected using the simple random technique.

Results: The study findings indicated that most of the malnourished children 76% were introduced toothier feeds at an age < 6 months, (73%) attended ANC fully ,(53%) immunized children fully (55%) had more than 8 children in the household ,(65%) were single parents ,(53%)fed their children on more on carbohydrates and (%)attained primary education as their highest level of education.

Conclusion : The study revealed that major factors contributing to the SAM included : the large family size, low level of education of the care takers ,poor employment status, health education in ANC, breastfeeding practices and single parenthood .Therefore improvement should focus on household living conditions such as mother and child nutrition, family planning to reduce Numbers in the family household, Routine nutritional assessments should be done on every child at each level of the facility and nutritional health services and medicine like RUTF,F75,made available to the lower health facility. Health policies and programs should focus on nutritional interventions and further studies on the causes of SAM among immunized children.

Increasing adoption of healthy behaviours and positive child development practices.

Presenter: Aaron Musimenta. Co-Authors: Irene Mirembe, Joanita Nakazi, Dr Susan Tino, Dr Damasco Wamboya and William Mubiru.

Background: SBC in the USAID RHITES-E program focuses on increasing demand for health services or products, increasing correct use of services or products, improving health services provider-client interactions, and changing or positively influencing social norms to support sustainable behaviour change at the community level.

Methods: RHITES-E engaged, District Health Teams (DHTs), Key district-based opinion leaders including religious, district taskforces for COVID-19, CSOs other Implementing Partners. At Facility-Level: Health Facility in-charges, in-charges MNCH, Health Assistants, Health Inspectors while Community-Level: Health Unit Management Committees (HUMCs), Village Health Teams (VHTs), Local Councils, Chairpersons, Parish Chiefs, Health Inspectors, Positive Deviants, Politicians, Cultural leaders, Elders Associations, Community Development Officers, CBOs.

Results/key findings: From the baseline Facility based deliveries rose from 161,433 in 2018 to 229,662 in 2022 for FP New users from 174,544 in 2018 to 481,887 in 2022. Fully immunized by 1 year from 186,095 in 2018 to 253,038 in 2022, Households with hand washing facility from the baseline of 118,919 to 802,405 in 2022.

Lessons/ conclusion: Supporting the districts to identify their own strategies for mobilization creates ownership from the leadership at district level based on their past community engagements. Each district has its own dynamics and have their own strategies for community engagement that works for them like Engaging elders in community mobilization, Engaging Traditional Birth Agents as Referral using drama, and music by local drama groups, engaging positive deviants in giving testimonies during community mobilization events, and Using data to map hotspots, door to door mobilization.

Impact Statement: It is important to engage people in the planning and execution of community led activities for better health outcomes and sustainability of the changed behaviours.

Knowledge, attitudes and practices towards prevention of Hepatitis B infection among students of Gulu University, Uganda, January 2022.

Author: Moses Alindiri, Department of Biology, Faculty of Science, Gulu University.

Background: Hepatitis B virus (HBV) infection is a major public health problem worldwide affecting healthcare providers, students in institutions of learning and communities at large. HBV infection is seen to be highly prevalent in countries of sub-Saharan Africa such as Uganda. In many parts of Uganda like Northern Uganda, HBV is highly endemic. However there is little known about the knowledge, attitudes and practices towards prevention of HBV infection in institutions of learning. Therefore the aim of this study was to assess the knowledge, attitudes and practices towards prevention of HBV infection among students of Gulu University, Uganda.

Study objectives: to determine the knowledge of Gulu University students towards HBV infection, to assess the attitudes of Gulu University students towards HBV infection, to ascertain the preventive practices of Gulu University students towards HBV infection.

Research questions: What knowledge do Gulu University students have about HBV infection? What are the attitudes of Gulu University students towards HBV infection? What are the practices of Gulu University students towards HBV infection prevention?

Methods: An institution-based descriptive cross-sectional study was carried out from 20th January 2022 to 3rd February, 2022. A total of 300 students from six faculties were chosen for the study through the technique of systematic random sampling. Data was collected using self-administered structured questionnaires and analyzed by using SPSS version 25.

Results: Majority of the students had good knowledge on the different modes of transmission of HBV infection with over 90% having heard about HBV infection. The students also had positive attitudes with 84% agreeing that everyone should be tested before treatment and 73.3% believed in the HBV vaccine. More than half (66%) had vaccinated but only 25.7% had received all the three doses and over 65% had ever been exposed blood and body fluids from other people either accidentally through sharp instruments or through some form of body-to-body contact.

Conclusion: This study therefore revealed that students in institutions of learning are at very high risk of contracting HBV infection due to the knowledge gap that exists from one faculty to another on the modes of transmission and the low vaccination uptake among students in the different faculties. Therefore there is need to bridge the knowledge gap through health education as this may affect students' ability to seek better HBV prevention practices.

Keywords: Hepatitis B virus (HBV) infection, knowledge, attitudes, practices, Gulu University students, Northern Uganda.

Psychosocial experiences of mothers caring for children with cancer - A study at Mobile Hospice Mbarara.

Author: Kabigarire Miriel (RN, PCN) BSc: Mobile Hospice Mbarara. Co-Authors: Prof. Wilson Acuda, MB,ChB, FRCPsych, Institute of Hospice and Palliative Care in Africa, Hospice Africa Uganda. Correspondence: (Miriel).

Aim: To explore the psychosocial experiences of mothers caring for children with cancer at Mobile Hospice Mbarara (MHM)
Method: This was a qualitative study conducted at Mobile Hospice Mbarara in South West Uganda. Target population was a purposely selected sample of mothers of children with cancer who were undergoing palliative care at MHM. Demographic data were collected prior to conducting semi-structured audio-taped in-depth interviews until thematic saturation was reached. Transcripts were read and re-read, coded and codes were then abstracted into emergent broad-based meaningful themes by consensus

Results: 8 participants mean age 36.7 (age range 32-42) all but one was married, mostly peasant farmers and duration of cancer care ranged from 3 months to 2 years. Seven themes emerged from the data- abandonment by family, mothers' emotional reaction to illness, decision making, financial challenges, medical bungling/misdiagnosis, Gender roles and responsibilities and resilience by the mothers.
Conclusions: Mothers of children with cancer experience significant psychosocial and other problems that need to be identified and addressed appropriately.

Road to Care - Hospice Africa Uganda.

Author: Kyle Johnson
In Uganda, 6,959 women are diagnosed with cervical cancer every year, of which 4,607 die from the disease. Early detection and access to treatment at the Uganda Cancer Institute (UCI) is impossible for many due to the paucity of diagnostic services, and high costs associated with treatment at UCI in Kampala.

Hospice Africa Uganda (HAU) identifies women with early-stage cervical cancer and supports them to receive treatment at UCI through the Road to Care (RTC) program. This program aims to achieve primary and secondary prevention.
RTC relies on a sophisticated network – through our presence in Mbarara and Hoima, we refer women to the Regional Referral Hospitals to obtain biopsies. Those with suspicious lesions are then sent to private laboratories for histology. RTC meets the cost of this process through its relationship with the histology laboratories and overseas donors. Patients identified as early-stage are referred to UCI, and provided the financial and logistical support to receive chemotherapy and radiotherapy.
RTC has reached on average 215 women annually since 2011. In 2021/2022, we diagnosed 138 women, and 49% (67) received treatment, while 16% (22) late-stage women were enrolled for palliative care at HAU. We are following up 36% (49) for staging and/or treatment.
There remains a gap between patients diagnosed and those enrolled onto treatment or palliative care programs. Improving messaging and community awareness can close this gap where patients reject or miss out on RTC. Private laboratories must be supported in their role in a patient's care journey.

Utilisation of adolescent sexual and reproductive health services by teenagers in Gulu City.

Author: Joyce Akayo. Supervisor: Mrs. Caroline Kambugu Nabasirye.

Introduction: Adolescents in Gulu City, Northern Uganda and Uganda as a whole are at risk of teenage pregnancies, unsafe abortions and sexually transmitted infections (STI's) including HIV. There is silence on sex both at home and school and utilisation of ASRH services still remains low due to the various negative factors affecting it.

Aims: The aim of this study was to determine the level and factors affecting effective utilisation of adolescent sexual and reproductive health services among teenagers in Gulu City East, Gulu City

Methods: A cross sectional study targeting adolescents (teenagers) was used and a self-administered questionnaire was administered to obtain data from a random sample of 282 adolescents (n=339) within the community. Quantitative data was analysed using SPSS 23.0

Findings: 56% of adolescents reported to have utilised the ASRH services; 28.7% reported to be in a relationship while 62.1% reported to be single with majority of the respondents being upper primary and secondary school students. Many adolescents (72.0%) think that difference in gender norms and roles affect utilisation and 73.0% reported of negative community perception of adolescents who access these kinds of services. 91.1% of these adolescents reported that issues concerning ASRH are important provision of these services should be continued.

Conclusion: The level of utilisation of adolescent sexual and reproductive health services has greatly improved over the years but there is a lot of work and effort required to overcome some of these factors which negatively affect utilisation of these services thus reducing on the negative impacts of under utilisation on the lives of these adolescents.

Student-led mentorship to health care staff on management of Podoconiosis in Busiriba subcounty, Kamwenge District, Western Uganda.

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Issues: Undergraduate health science students and junior healthcare professionals confront academic, professional, and personal challenges as their careers progress. A baseline survey informed the development of MedXMentor, a hybrid mentorship program that addresses identified gaps using one-on-one and group mentorship models to guide the next generation of medical professionals to maximize their potential, discover their passion in various disciplines, and build the health sector and resilient health systems.

Results: 40 of the 80 enrolled health professional students at Mbarara University were assigned 23 mentors. Health professionals-in-training showed that structured mentorship helps close training gaps. The program strengthened students' clinical, interpersonal, leadership, soft, and research skills for practice and resilient healthcare systems. One-on-one mentorship, webinars, projects, and workshops helped students and mentors develop professionally.

Lessons: Health professional students need continuous mentoring from their seniors in practice to develop essential skills and empower them to become the generation of health professionals who can build resilient health systems, as shown by our findings that 63% of enrolled students acquired the knowledge and skills needed to effectively provide health care and build careers that meet the health needs of the population.

Recommendations: All higher education institutions should introduce structured mentorship programs for health professional students to help them develop into experts who can handle society's health issues. It will help build resilient health systems focused on health promotion and disease prevention.

TRACK 4: Strategic health communication for early detection of diseases; drawing lessons from HIV response.

Access to ART services: Lived experiences and coping strategies of HIV positive persons with visual impairment in Lira district, Northern Uganda; A qualitative study.

Author: Acili Gloria Ketty.

Introduction: HIV/AIDS remains a global health concern with a devastating social and economic impact on the African continent with close to 38 million people living with HIV/AIDS globally, 21.7 million people having access to HIV treatment. 17% of persons with disability are infected with HIV with women disproportionately affected.

Objectives: To describe the lived experiences of visually impaired HIV-positive persons on access to ART services attending Lira Regional referral Hospital.

Methods: A qualitative descriptive study was conducted among 30 visually impaired HIV-positive patients attending Lira Regional Referral hospital.
Data were collected using a structured interview guide & analysed using a thematic approach.

Results: Out of 30 interviewed participants, 13 were males & 17 females, ages ranging from 19-68 years old & majority were (18) were peasant farmers. The participants reported feelings of disappointment, disorganization, disorientation, and even cursing life, challenges including negative attitudes from health workers, transport, and lack of knowledge about CDDPs & VHTs and used various coping strategies like spirituality, Community rehabilitation, and social support.

Conclusion: Visually impaired persons are at an increased risk of HIV infection, and face a complexity of psychological, social, physical, and emotional challenges as they try to access ART services. Therefore, Community-based drug distribution points, home-based health care and a psychosocial support system would be of great benefit to them in helping them cope with the situation.
Keywords: HIV infection, Visual impairment, lived experiences, coping strategies.

Pathways to diagnosis and treatment of dementia among people aged 65 and above in Nyamirima Ward, Ibanda District.

Author: Katugume Prosper

Background: Dementia is currently the 7th leading cause of death among all diseases and one of the major causes of disability and dependency among older people. Globally, more than 50million people live with Dementia and about 10 million cases are reported annually. It has physical, psychological, social and economic impacts to patients, caretakers, families and society. Despite all this, there is still a lot of unawareness and barriers to accessing health care services for diagnosis and management. In this study, we focused on exploring the pathways people go through prior to a clinical diagnosis of Dementia.

Objectives: To find out the different pathways people go through prior to a clinical diagnosis of Dementia. To explore people's knowledge and awareness about Dementia.

Methods: A cross-sectional qualitative study was conducted in Nyamirima ward-Ibanda municipality, Southwestern Uganda with purposive sampling of adult people (65 years and above) with dementia and their respective care takers: a brief community screening instrument for dementia was used to recruit the participants. Data was collected through guided paired in-depth interviews of the patient and care takers with informed written consent. Audio recordings were transcribed and translated to english language,then analysed thematically using ATLAS.Ti data management software.

Limitations: Recall bias - Participants couldn't recall well the first places they went to seek for help. Used paired interviews with the care takers included. The research team was very new in the study area, participants would not easily disclose all the details to the data we needed. Community members, village health team leaders, local authorities and health workers introduced the research team to the community to establish a prior relationship with participants.

Results: In this study, 20 paired participants were recruited, 75% of the participants said dementia is a normal ageing process, 10% said its due to witchcraft and 5% said it is a disease. 70 % of the caretaker participants took their patients to church for prayers and Godly intervention as the first option, 5% took them to be attended to by the traditional healers at first time, 20% took them to the hospital as on first option and 5% of the participants never took their patients anywhere since it was considered as normal ageing process.

Conclusions: There is limited knowledge about dementia: its signs and symptoms, complications, distinguishing it from old ageing process and the need to seek for clinical help.

Recommendations: Conduction of public education and awareness on dementia to empower the patients, caretakers, families, and communities. Extension of dementia care services to lower facilities including training of healthcare providers at the levels and conducting community health outreaches for early detection of dementia.

Client-health provider communication trickles behavioral change in malaria epidemic in Uganda. Could this be a trigger for behavioral change during emergencies?

Author: Rukia Nakamatte – National Malaria Control Division - Uganda.

Background: Malaria remains one of the main causes of morbidity and mortality in Uganda with the whole country endemic to the disease and about 5% prone to an epidemic. With the scale up of interventions for malaria prevention, global warming resulting in climatic variability phenomena such as El Nino and increased population movements, increased parasite and vector resistance to insecticides, the epidemiology of malaria in the country is continuously changing the trend. Traditionally epidemics have occurred in areas of unstable transmission and or low endemicity especially with some regions posed for elimination. In June 2021, selected districts across the country experienced a Malaria epidemic with an increased mortality rate of over 30%, increased hospital admission at 43% and over 80% of Outpatients. The increase in malaria cases affected 27 districts in the country. Due to the increased number of patients at public health facilities, the National Malaria Epidemic Response Plan

prioritized Client/Health provider communication as key a vehicle for Social and Behavior Change (SBCC) to curb the transmission of the parasite at community level.

Interventions: On the onset of the epidemic, the national SBCC plan focused all its interventions on high-risk vulnerable group. All IEC materials focused on encouraging this vulnerable category to sleep under ITNs, early treatment seeking behavior with in 24hrs from on-set of fever and for pregnant women to seek Intermittent Preventive Treatment, with the use mosquito nets distributed during Antenatal care. Additionally, the government intensified the Integrated Community Case Management (ICCM). The main key SBCC priority intervention which was intensified was Client/health Provider communication. The Ministry of Health together with the local governments conducted mentorship programs for all health providers with the major objective of backing them with key information pointers to all their clients. The mentorships helped the health workers to appreciate the importance of interpersonal communication between them and their clients. Additionally, these mentorships changed health workers' attitude towards sensitizing and educating patients on disease prevention and management. Subsequently the health providers used the information to interact with their clients at a personal level. All health facilities established health promotion desks at the ODP, Antenatal clinics, the immunization desks and gate (reception) area at the health facility. Different sets of health workers were designated at each point to educate patients about the epidemic and the need to adhere to Malaria positive behaviours in their communities. Health workers were provided with information boards containing Malaria messages, explanatory points.

Methodology: It was mixed methods study with an intervention and control arm as well qualitative. The study targeted the most malaria epidemic hit districts of Buguri and Namutumba in eastern Uganda. Purposive sampling was used to select health facilities in the intervention arm, where 16 health facilities were mentored on health provider behavior change. A total of 320 health workers were mentored on the appreciation of the health provider communication package. In the control arm, Health workers continued with their standard of care. Base line data of HMIS at the time of the upsurge was used the third month. The survey was done in four out of the 8 affected sub-counties in Bugiri and five sub-counties in Namutumba. During the survey, discussions were held with selected health workers while Focused Group Discussions (FGDs) were held with community members.

Findings: During the interactions, over 80% of the community members confirmed that health providers were the source of information during the epidemic period. Health providers confirmed this by saying that the intensity given to health promotion both at the community level and the facility level contributed largely to ending the epidemic. One month's data after the intervention was coded and analyzed on a daily basis to ascertain the drop in incidence. The study also analyzed data on key behaviors of early treatment seeking Long Lasting Insecticide-treated Nets (LLIN), Intermittent Preventive Treatment for malaria in pregnancy (IPTp), malaria testing and treatment, Indoor Residual Spraying acceptance. Semi-structured data was analyzed using absolute numbers. Interpretation of data was based on the socio-ecological model looking at the individual, interpersonal, community and enabling environment.

Malaria Health education was / is the most affected by the COVID19 pandemic. Health worker communication and OPD health education was no longer taking place. Residents of the intervention arm were 80 times more likely to seek care within 24 hours of onset of fever compared to their control arm. Individuals with high malaria message exposure from health worker had 1.4 higher odds of perceiving malaria as a risk compared to their counterparts in the control arm. Health providers were

the major source of reliable health information in the community. Improved follow up on patients for review in the intervention arm compared to the control arm where patients never returned for review. LLINs use in the intervention arm improved; every client claimed to have slept under a mosquito net at review.

Implication: If Health providers are mentored on their communication power to client appreciation of barriers to accessing malaria care, clients may be less likely to seek care for themselves or their children when signs and symptoms are present. SBC activities should engage health providers on the importance of counselling, assuring clients and follow up of clients to address perceived barriers to malaria care.

Discussion: Targeted messages are effective for clear knowledge and attitude change in an epidemic mode. In a bid bring down morbidity and mortality during epidemic; it is important that SBCC interventions critically identify key champions or communicators for better responses. Research has shown that patients will respond more positively depending on the source of information and health workers are trusted sources of information. Therefore, as we intensify BCC targeted messages, we must bear in mind health workers as key sources of information. Additionally, other Malaria interventions should be re-enforced in order to bring down epidemics.

Mentorship improves health worker competency in cervical cancer screening and management among Women Living with HIV (WLHIV) in Acholi Region.

Authors: Lonard Tumuhimbise1, Richard Jjuuko Kyakuwa2, Noah Kasunumba2, Agatha Angwech3, Anna Lawino3

Background: Cervical cancer (CxCa) among Women Living with HIV (WLHIV) in urban settings stands at 44% in Uganda. Empowering for frontline health workers improves the knowledge and skills required to screen and manage cervical cancer lesions (Ajeani, J et al. 2017). In the Acholi sub-region as December 2021, (3,252/15,568) 20% for CaCx among WLHIV and a prevalence of 1.6% notwithstanding 100% (52/52) had been offered appropriate treatment. This was associated with the inadequate skillset among frontline health workers, lacking the confidence to use thermocoagulators, uncoordinated referral pathways and low client literacy.

Methodology: In the Acholi region, the USAID LPHS Ankole & Acholi Activity carried out data review, selected and trained 40 health facilities for static and 30 for outreach. MOH trained CxCa regional coaches and facility focal persons; initiated client literacy, monthly mentorship, joint support supervisions; weekly reviews; service provision; and active referral for lesions.

Results: By September 2022, 95% (14,736/15,568) of the target for WLHIV to be screened for cervical cancer, had received the services, with a yield of 2.1%, and 295/308 (96%) of cervical cancer positive cases identified were initiated on treatment. Over 75% of cancer lesions were managed by GRRH.

Conclusion and recommendations: Improving cervical cancer service delivery requires health worker confidence and skillset; appropriate SBCC tools for service providers and clients in local languages; and using organized beneficiary groups to ease care access.

A health systems approach to strengthening community health in Wakiso district, Uganda.

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Background: Public health service delivery in Ugandan communities continues to suffer challenges, with shortage in human resource being a major driver. However, the Ministry of Health introduced Village Health Teams (VHTs) to help bridge the gap in health services delivery in the community grassroots. Therefore, this project aimed at strengthening community health using a health systems approach in Wakiso district, Uganda.

Methodology: Baseline and endline surveys were conducted among all VHTs, VHT Parish Coordinators and Health Practitioners (who supervise VHTs) in Bussi Subcounty, Katabi and Kyengera Town Councils in Wakiso district. Two days training workshops, monitoring and evaluation of interventions were conducted. Data was collected using KoboCollect software and analysed using Stata 14.

Results: Overall, 386 VHTs, 40 VHT coordinators and 16 health practitioners (HPs) were trained on their roles, model household approach, gender equality and social inclusion, leadership, communication, and compilation of health reports. Post-training assessment results showed that majority of the VHTs (70.6% (225/361)), VHT coordinators (100% (36/36)) and HPs (100% (15/15)) understood their responsibilities very well. Endline results showed 91.4% (320/350) of the VHTs were motivated to do their work. All the trained VHTs established 1,886 model households and received non-financial incentives including certificates, branded t-shirts, identification cards and 3 motorcycles.

Conclusion: Refresher training and provision of incentives improved the performance of VHTs and their supervisors in establishing model households.

Impact statement: Regular refresher training and provision of incentives to VHTs and their supervisors is vital for building resilient health promotion and disease prevention systems in communities.

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