

EAST CENTRAL AND SOUTHERN AFRICA COLLEGE OF NURSING AND MIDWIFERY
(ECSACONM)



ABSTRACT BOOK

16TH ECSACONM BIENNIAL SCIENTIFIC CONFERENCE

11th - 13rd September 2024

THEME:

THE ROLE OF EVIDENCE-BASED PRACTICE AND INNOVATIONS IN
NURSING AND MIDWIFERY IN COMBATING EMERGING AND
RE-EMERGING PANDEMICS

Factors Associated with Foetal Mortality in Severe Preeclampsia and Eclampsia at Mzuzu Central Hospital, Malawi

by Monalisa Tembo | Mzuzu Central Hospital, Malawi

Abstract ID: 1

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Eclampsia, Foetal mortality, Preeclampsia

Background: Severe preeclampsia/eclampsia is one of the most common maternal problems. Poor outcomes for the foetus can result from complications in addition to maternal morbidity and mortality. Although the main focus of controlling the disease is the mother's survival, for the majority of mothers, the health of the foetus becomes a significant issue. This study aimed to evaluate the factors that contributed to foetal survival in women with severe preeclampsia/eclampsia at Mzuzu Central Hospital in Malawi to those that led to foetal mortality. The findings may be used to develop practical management plans for women who have the condition mentioned above to lessen the consequences of foetuses

Methods: Secondary data from women who had severe preeclampsia or eclampsia were used in a case-control methodology. Utilizing stratified random selection, the case and control samples were selected, and the Statistical Package for the Social Sciences was used to compute the odds ratio and the chi-squared test.

Results: The factors that were significantly associated with fetal mortality were rural residence (OR=2.96), gravida 2-4 (OR=3.10), induction (OR=3.79), and delivery after 72 hours of admission (OR=6.50), whereas gestation age >37 weeks (OR=0.32) and delivery within 24 hours of admission (OR=0.24) were protective factors.

Conclusions: The findings identify the risk and protective factors linked to foetal outcome in severe preeclampsia/eclampsia. This implies that following severe preeclampsia/eclampsia guidelines is crucial for enhancing the results for the fetuses.

Nursing Documentation in Clinical Practices

by Kaleb D Kiula | Muhimbili National Hospital-Mloganzila for financial support, Nurse specialists from Muhimu National Hospital-Mloganzila and Kairuki School of Nursing

Abstract ID: 2

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Nursing Documentation

Book title: Nursing Documentation in Clinical Practices

Author: Kaleb D. Kiula

Involved participants: Muhimbili National Hospital-Mloganzila, a team of Nurse specialists Muhimbili National Hospital-Mloganzila and Kairuki School of Nursing in Tanzania

Reasons for establishing the book

It is widely accepted that if the care provided by the Nurse is not documented then that care was not provided. Unfortunately! This has not been well applied by Nurses especially in many African countries, where you may find a Nurse working for many hours without documenting the care given and many other health care activities that would have been done related to that care, like resuscitation, procedures, investigations, dressings, changes in patients etc. In many cases also Patient's files usually lack Nursing documents despite the care provided from admission to disposition of the patient.

Different literatures and articles support that Nursing Documentation is still a big challenge especially in Africa.

Adequate and proper nursing documentation is the key to communication amongst health care givers, evidence of care, promotes continuity of care and applied in legal and financial requirements, so it is high time, that Nurses desist from routinely carrying their work to a culture of documenting all their health care activities.

The book is intended to remind Nurses on this important professional skill to meet legal, regulatory agencies and financial requirements and improve patient outcomes

DEVELOPING A CLINICAL LEARNING NETWORK TO MAINTAIN AND IMPROVE ESSENTIAL HEALTH SERVICES IN TANZANIA HEALTH FACILITIES

by Agnes Nambeye Hassan | Private institution

Abstract ID: 3

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Clinical learning network

From June 2021 to May 2022, the Pediatric Association of Tanzania in collaboration with the Ministry of Health and the President's Office Regional Administrative and Local Government supported health facilities in Mwanza established a Clinical Learning Network aimed at improving and maintaining essential health services in the context of the COVID-19 pandemic. A total of 8 health facilities participated; one Zonal hospital (Bugando medical center), one regional hospital (Sekou Toure), one district hospital (Nyamagana), 3 health centers (Makongoro, Igoma, and Karume), and one dispensary (Kirumba).

Key pillars in establishing the network included but were not limited to stakeholder engagement workshops, didactic training to health care providers, and management skills workshops for health managers, clinical skills mentorship for frontline healthcare workers, clinical audit and feedback cycles, supply of guidelines and standard operating procedures, grand round presentations, and quarterly network-wide learning sessions.

Key accomplishments of the project

Health facilities managed to identify consensus-based quick wins and goals that were the basis for documenting improvement over time. Created vertical and horizontal peer-to-peer shared learning about what works through communities of practice through mentorship, grand rounds, and bedside teaching. Created a network of facilities that could efficiently, safely, and appropriately transfer patients and patient information between them with clear and respectful communication via phone calls and a shared understanding of standardized documentation. Use of information and data to improve service delivery through performance feedback and linking the information to quality improvement efforts

Changes made as a result of the implementation of the project included

Improvement in making correct diagnosis according to history taking and physical examination from as low as 37% to 75%. Prescribing correct treatment improved from 23% to 71% and documentation of adequate clinical notes, from 37% to 63%.

The main challenges were frequent electronic medical record system breakdown and or malfunctioning of the system leading to the inability to enter or retrieve information. Most

clinicians relied on a paper-based system which was temporarily used and destroyed

Lessons learned included the following: Mentorship by Pediatricians on the management of children is successful in imparting knowledge and skills to frontline health care workers. However, it is important to balance work at their employed station and mentoring facility as conflicting schedules may affect the frequency and amount of time to spend mentoring. Another lesson was that guidelines and SOPS/Job aids can be available at health facilities but the utilization by HCWs to improve knowledge and practice towards management of diseases requires intensive supervision and follow up daily to build the behavior for referencing.

UNDERGRADUATE E-LEARNING PROGRAMMES IN THE HEALTH PROFESSIONS: AN INTEGRATIVE REVIEW OF EVALUATION STANDARDS IN LOW- AND MIDDLE-INCOME COUNTRIES

by Dr Moses Mutua | Kenya Methodist University

Abstract ID: 5

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: e-learning; standards; quality; health professions; undergraduate; COVID-19; universities

Background

Before the Coronavirus COVID-19, universities offered blended learning as a mode of study. However, with the closure of all educational institutions, after the pandemic, most of these institutions were required to transition to e-learning to support continuous student learning. This transition was challenging to most institutions, as there were no standards to ensure the quality of e-learning. During this literature review, the researcher aimed to explore relevant literature and provide insight into the standards for undergraduate e-learning programmes in the health professions.

Design

An integrative review of literature.

Data sources

Online databases MEDLINE, CINAHL with full text, Academic search ultimate, APA PsycInfo, ERIC, health source: Nursing/academic edition, CAB abstracts, Africa-wide information, Sociology source ultimate, and Communication and Mass media complete were searched.

Review methods

Studies pertaining to low- and middle-income countries (LMICs) on standards in evaluating undergraduate e-learning programmes in health professions, published between January 2010 and June 2023 were considered. A two-step process was followed involving three reviewers and guided by an inclusion criteria focused on the evaluation of undergraduate e-learning programmes in the health professions. The initial hit produced 610 articles altogether, and eight articles that met the inclusion criteria were included in the study. Data was then extracted and analysed, and key themes identified.

Results

Eight key themes related to LMIC standards emerged from the eight selected articles: curriculum planning, proficiency of educator, learner proficiency and attitude, infrastructure for learning, support and evaluation.

Conclusion

In this review, we synthesised standards that have been used for evaluating undergraduate e-learning programmes in health professions in LMICs. A gap in standards related to clinical teaching and learning in undergraduate e-learning programmes in the health professions was evident from all the included articles. The identification of the eight unique LMIC standards in this review could contribute to guiding towards contextually appropriate quality e-learning programmes in the health professions.

Keywords: e-learning; standards; quality; health professions; undergraduate; COVID-19; universities

Quality of life in children after cardiac surgery for congenital heart disease at Jakaya Kikwete cardiac institute:

by Adam Ndamayaape | Jakaya Kikwete Cardiac Institute, Dar es salaam, Tanzania

Abstract ID: 7

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Jakaya Kikwete Cardiac Institute., Quality of life, pediatric cardiac surgery

Background: patients with congenital heart diseases (CHDs) are increasing in recent years worldwide with different distribution. However, there is major improvement in treatment of children with CHD especially with surgical intervention which can affect different aspects of their life and be displayed in their quality of life.

Objective: in this study we evaluated the Quality of life (QoL) in children after cardiac surgery for congenital heart disease.

Methods: A cross-sectional study was performed in children aged 2 to 18 years. The case group had 72 children with a history of corrective heart surgery in the 6 months prior to the study. The control group had 45 healthy children, age-matched to the case group. The QoL of both groups was assessed by Pediatric Quality of Life Inventory (PedsQL) Generic Core Scales. Data were analyzed using T-test with $P < 0.05$ as the level of significance.

Results: The quality of life in children aged 2-4 years is low in physical function, and emotional function, 5-7 years' children from case group shown from both parent and children report low quality of life in physical function, emotional function and school function. In children 8-12 years had low health related quality of life in emotional function and there was no significant difference in social function, school and physical function with health children, age 13-18 years had low quality of life in emotional function.

Conclusion: The results of our study indicate that children after cardiac surgery for CHD by self and parent assessment have lower quality of life than healthy children. Therefore, it is important to monitor the quality of life for children after surgery for CHD both immediately after surgery and during their later growth and development.

Enter description here.

Medication administration errors for patients admitted at Jakaya Kikwete Cardiac Institute Dar es salaam Tanzania.

by Adam Ndamayaape | Jakaya Kikwete Cardiac Institute, Dar es salaam, Tanzania

Abstract ID: 8

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: admitted patients, cardiac Institute, medication administration errors

Background: medication administration errors are among the most common type in medication error. They are the most common health threatening mistakes that affect the health and safety of the patient. Such mistakes are considered as a global problem which increases mortality rates, length of hospital stays, and other related costs.

Objective: To explore the types, causes and why medication administration errors are not reported.

Methods: The present descriptive cross-sectional study was conducted on 75 nurses randomly selected from Jakaya Kikwete Cardiac Institute working in wards and intensive care units. A four-part questionnaire was used. The first part was on the participant demographic characteristics. The second part consisted of 15 questions on why medication errors occur. The third part consisted of 8 items asking on why medication errors are not reported and the fourth part comprised of 9 items on estimated percent of each type of error reported. Data were analysed using SPSS software version 20. The significant p-value was considered less than 0.05.

Results: Majority of the participants were female 72%, male 28%. The mean age was 34.5+-1.93, the majority had diploma level 65.4%, bachelor degree 29.3%, and master degree 5.3%. The most reported error was wrong time of administration and omission error. The most possible cause of error was tiredness due to excess work, few numbers of nurses to patient's ratio, and heavy workload in the ward. The most reasons why medication errors are not reported was absence of incident report book for medication error, lack of protocol or guideline for medication error and fear of the staff from being fired after reporting drug error.

Conclusion: Since many medication errors are not reported by nurses, nursing leader must show positive response to nurses who are reporting medication error in order to improve patient safety. It is also very important to increase the number of qualified staffs in each working shift since heavy workload, fatigue and inadequate staff in each working shift are the most effective factor causing medication error.

Enter description here.

Evaluation of a Pediatric High-Flow Nasal Cannula Training Session for Providers at Moi Teaching and Referral Hospital in Eldoret, Kenya

by Hellen Jemeli | Moi Teaching and Referral Hospital

Abstract ID: 10

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: High Flow Nasal Cannula ventilation

Background: High-flow nasal cannula (HFNC) is a relatively safe, effective, and well-tolerated form of non-invasive ventilation for children with respiratory distress and is regularly used in resource-rich settings. Pediatric HFNC has been successfully implemented in resource-limited settings, however little is known about the training process required to integrate HFNC into care. The present study evaluates a pediatric HFNC training program conducted at Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya prior to HFNC implementation at Shoe4Africa Children's Hospital.

Methods: This study took place within the Academic Model Providing Access to Healthcare (AMPATH) program, a partnership among MTRH, Moi University, and a consortium of North American universities led by Indiana University. The training program curriculum included information about HFNC and respiratory distress; demonstration and hands-on practice with HFNC machines; a locally adapted protocol for pediatric HFNC implementation; and a sample patient case. Participants completed pre-tests and post-tests (immediate and 3-month follow-up) containing six open-ended questions to assess HFNC knowledge and various 5-point Likert scale questions to assess HFNC comfort and attitudes. Data were analyzed using descriptive statistics and two-proportion Z-tests.

Results: In total, 59 providers participated in training. Average knowledge assessment scores significantly increased from pre-test (2.19/6) to post-test (5.59/6; $p < 0.001$). While scores decreased slightly at the 3-month follow-up, they remained increased from pre-test levels (4.53/6; $p < 0.001$). All six knowledge assessment questions showed a significant increase in percent answered correctly for both the post test and 3-month follow-up.

Participant comfort using HFNC was also increased on both the post-test ($p < 0.001$) and 3-month follow-up tests ($p = 0.038$).

Conclusion: This program implemented at MTRH was successful in training acute care providers in pediatric HFNC use and could therefore be used to inform training in similar settings. Future studies should evaluate pediatric outcomes at Shoe4Africa after HFNC implementation.

Exploring the Experiences of Adolescent Girls in Rural South African Villages Regarding Teenage Pregnancy

by Sheillah Hlamalani Mboweni and Patrone Rebbecca Risenga | University of South Africa

Abstract ID: 11

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: rural communities, teenage pregnancy; gender inequality; adolescent girls

Every year, approximately 7.3 million girls experience pregnancy before reaching the age of 18. The occurrence of teenage pregnancy is influenced by the denial of girls' rights to make decisions regarding their sexual health and overall well-being, highlighting the issue of gender inequality. Various challenges related to gender equality contribute to this problem, including societal expectations regarding girls and early motherhood, instances of sexual violence and rape. Another significant challenge is the prevalence of early marriages between young girls and older men, which exposes these girls to unique risks during pregnancy. These risks include the disruption of their education, health hazards like HIV, premature birth, and an increased likelihood of maternal mortality. Consequently, these circumstances deprive girls of the right to lead a healthy life.

The aim of this study was to investigate the experiences of adolescent girls concerning teenage pregnancy in the rural villages of the Mopani District, Limpopo. The researchers employed a descriptive, exploratory, and qualitative research design to gather data from 20 pregnant teenagers aged between 13 and 19 years old. Nonprobability purposive sampling was used to select the participants from three villages within the Mopani District. The researchers conducted in-depth individual interviews to collect the data, and Tesch's eight-step data analysis method was employed.

The findings of the study shed light on several factors that contribute to the high rates of teenage pregnancy in rural Limpopo. These factors include socioeconomic and cultural elements that predispose teenagers to becoming pregnant. The consequences of teenage pregnancy were expressed by the participants in terms of regret and negative impacts on their health.

Enter description here.

TECHNOLOGICAL INNOVATION (VACUUM ASSISTED CLOSURE) VERSUS SECONDARY SUTURING IN ABDOMINAL WOUND DEHISCENCE TO IMPROVE CARE

by MOUREEN ADHIAMBO | JOYCE ROTICH | PETRONILA GESARE | BETTY ROP | NURSE | NURSE | NURSE | NURSE

Abstract ID: 12

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: VACUUM ASSISTED CLOSURE and SECONDARY SUTURING IN ABDOMINAL WOUND, WOUND DEHISCENCE

BACKGROUND

Wound dehiscence is described as partial or complete disruption of abdominal wound closure with or without protrusion of abdominal contents. It is among the most dreaded complications faced by surgeons and regarded as a severe postoperative complication, with mortality rates reported as high as 45%. In literature Incidence abdominal wound dehiscence ranges from 0.4% to 3.5%. Several studies have reported promising results with the use of vacuum-assisted closure (VAC) therapy in other wounds unlike with abdominal wound dehiscence. VAC therapy has been successful, either as a single-line therapy or as a procedure for providing optimal conditions for delayed wound closure.

This case study aimed at exploring the use of VAC verses secondary suturing in reducing the length of stay and providing safe fast wound healing.

METHOD

This was a case study approach, on patients with abdominal wound dehiscence, comparing the outcomes following the use of VAC and secondary suturing.

FINDINGS

Patients who underwent secondary suturing mostly had leakage leading to peritonitis, whereas introduction of VAC therapy improved outcome; there was reduced contamination, better containment of exudate, enhanced tissue granulation leading to faster wound closure hence reduced length of stay. Secondary suturing has longer operating times and a higher risk of intraoperative and postoperative complications such as leaks, wound infections and hemorrhages.

CONCLUSION

VAC systems are considered an expensive treatment compared to other conventionally used measures, so their application is very limited. It reduces length of hospital stay and the costs that the patient incur, while also reducing the consumption of material and professional resources. Therefore, it is crucial to employ other technological interventions e.g. the use of negative pressure wound therapy (NPWT) to reduce the risks.

Antimicrobial Stewardship: The Nurses' Perspective in a Tertiary Hospital in Western Kenya

by Faith Sila | Moi Teaching and Referral Hospital

Abstract ID: 13

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Antimicrobial Stewardship, Antimicrobials, Barriers, Facilitators, Nurse

Background: Accelerated emergence & spread of drug resistant pathogens is a global health threat. In 2019, there were 8,500 deaths attributable to and 37,300 deaths associated with antimicrobial resistance in Kenya. Nurses are the first point of contact for patients and are responsible for monitoring , reporting signs of infection and administering antimicrobials. Therefore, they have a role in antimicrobial stewardship

Aim: To describe the nurses' perspective of antimicrobial stewardship activities in MTRH. Specifically to identify facilitators and barriers to participating in AMS activities.

Methods: In-depth interviews were conducted among a purposive sample of nurses using semi structured interview guides.

Results: Majority of the interviewed nurses emphasized the great value of antimicrobials when appropriately used in control of infections and reduction of mortality. Participants reported that their major role involved antimicrobial administration, patient education and infection prevention and control. Quoted drivers of misuse included unnecessary prophylactic use. All participants felt that there were many instances where the prescribed antimicrobial was not suitable. Nurses are highly involved in reporting and seeking solutions when prescribed antimicrobials were not available. Various factors influenced administration of antimicrobials like lack of multidisciplinary consensus on what to prescribe, opinion from fellow nurses, personal factors, availability of prescribed drugs and patients. Majority reported no prior training and inadequate knowledge on antimicrobial stewardship which contributed to limited advocacy roles.

Conclusion: Adequate continuing education is necessary for nurses to fully adapt to their roles in antimicrobial stewardship. Enter description here.

Nursing Education Relevancy: A Comprehensive Review of the Bachelor of Science in Nursing and Midwifery (BSNM) Curriculum at the Southern Africa Nazarene University (SANU) Using The CIPP Model of Curriculum Review in 2024

by Dr Theresa Thembi Ntshakala, | Hlengiwe Gcinile Mohale | Clementine Phindile Mashwama, | Southern Africa Nazarene University, Eswatini | Southern Africa Nazarene University, Eswatini | Southern Africa Nazarene University, Eswatini

Abstract ID: 14

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Bachelor of Science in Nursing and Midwifery Curriculum, CIPP Model of Curriculum review, Eswatini Higher Education Council (ESHEC), Eswatini Nursing Council, Eswatini Qualifications framework

Background and objectives

Changes in nursing education requires continuous innovations to make sure that programs meet their intended outcomes of ensuring educational quality. Educational institution needs confidence that their products meet stakeholders' expectations. Also, the expectations of professional statutory and regulatory bodies require constant review of programs. Educational institutions are challenged to develop innovative strategies in teaching, hence the need for Southern Africa Nazarene University (SANU) to conduct a comprehensive curriculum review for their Bachelor of Science in Nursing and Midwifery (BSNM) program. The review was necessitated by following four reasons:

Eswatini Higher Education Council (ESHEC) Requirement

For the purpose of quality assurance, ESHEC requires that every academic program in Eswatini needs revision after every cycle to address the changing nature of the discipline and to ensure that the original aims and outcomes of the programme have not been lost through redundancy of course content and teaching strategies.

Eswatini Nursing Council (ENC) Competency requirement

The Eswatini Nursing Council (ENC) is committed to the promotion of professional excellence and quality nursing care, protection of the public trust by ensuring that nurses who wish to practice nursing in the Kingdom of Eswatini are eligible and qualified to meet licensure and other practice requirements.

SANU Strategic Plan 2020-2025

According to SANU strategic plan, SANU aims to transform its traditional educational methods to enquiry based interactive teaching and learning approaches to ensure delivery of quality education.

Eswatini Education Sector Strategic Plan 2022-2034

The Eswatini Education Sector mandate, vision and mission aims to improve quality of education by 2030 in order to develop all positive aspects of life for self-reliance, social and economic development and global competitiveness.

Methods

A total of sixteen (16) Faculty of Health Sciences lecturers participated in the BSNM curriculum review. This systematic, comprehensive review of this curriculum was done using the CIPP model of curriculum review and guided by the Eswatini Qualifications framework (ESQF), Eswatini Higher Education Council (ESHEC) Standards for program accreditation and the Eswatini Nursing Council (ESNC) Competency Framework.

The CIPP model was chosen because it provides the holistic view of the curriculum by evaluating its context, input, process and output. Eswatini Qualifications framework (ESQF) has Guiding Principles that are essential in curriculum review namely: Integration, Relevance, Credibility Coherence, Flexibility, Access, Progression and Portability. The BSNM curriculum was developed in 2012. So the curriculum review was done to make sure that it meets the Eswatini Nursing Council competencies which were developed in 2014.

The review process was carried out in five phases.

Phase 1: Overview of entire curriculum

Phase 2 and 3: In these two phases, there were individual presentations of all the courses by the relevant course lecturers and courses scrutinised for credit allocation, hour allocation, aims and intended outcomes of the course, content relevancy through course mapping with ENC competencies and program competencies and any unnecessary content duplication/redundancy or content miss.

Phase 4: Review by ESHEC using the Program review standards and benchmarking with similar institutions.

Phase 5: Final structure compilation incorporating all the recommended changes including ESHECs curriculum improvement recommendations.

Results

After phase five, the revised curriculum and related tools were submitted to relevant bodies for approval namely the Faculty Curriculum Development Committee , Faculty board à University Curriculum Development Committee à and Dean’s Committee, University Senate and ESHEC. Is awaiting to be submitted to Nursing council for final approval before implementation.

Knowledge, attitudes, barriers and factors associated with practice of antenatal exercises among expectant mothers in two primary level health facilities in Eswatini

by Nafisatu Ayeley Armah | University of Eswatini

Abstract ID: 15

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Eswatini, Keywords: Antenatal care exercises, attitudes, expectant mothers, knowledge, practice

Background: Pregnancy is an ideal time for adopting and maintaining a healthy lifestyle, including engaging in antenatal exercises, for prospective health benefits of pregnant women and their developing fetuses. However, there is a scarcity of studies investigating the knowledge, attitudes, barriers and factors related to practice of antenatal exercises by expectant mothers in Sub-Saharan Africa, including in Eswatini.

Aim: This study investigated the knowledge, attitudes, barriers and factors associated with practice of antenatal exercises among expectant mothers seeking antenatal care services in two primary level health facilities in Eswatini.

Methods: We employed a cross-sectional study design and collected data using a researcher-administered questionnaire from 414 pregnant women sampled using systematic random sampling at the Mbabane and King Sobhuza (KS) II Public Health Units in Eswatini. All expectant women (≥ 18 years) who were in any trimester of pregnancy were eligible to participate in the study. We fitted a multivariable modified Poisson regression model and examined factors associated with adequate (≥ 7.00 score) practice of antenatal exercises.

Results: Most of the participants were aged 25-35 (46.6%), were employed (56.8%), had adequate knowledge about antenatal exercises (56.3%), had positive attitude towards antenatal exercises (73.4%), and 56.3% adequately practised antenatal exercises. Major barriers for not exercising during pregnancy included feeling tired (30%) and lack of training (24.3%) on antenatal exercises. Controlling for other covariates, those who were married/cohabiting (ARR=1.24, 95% CI: 1.01-1.52), employed (ARR=1.36, 95% CI: 1.06-1.76), had adequate knowledge (ARR=1.20, 95% CI: 1.01 - 1.43), had higher risk of practising antenatal exercises compared to their counterparts.

Conclusion and recommendations: Although more than half of the participants had adequate knowledge about antenatal exercises, they reported insufficient information regarding antenatal exercises. Therefore, midwives should be encouraged to integrate antenatal exercise programs into hospital clinic days and distribute informative materials at antenatal care centres to educate expectant mothers.

Exploring midwifery competence and confidence based on midwives' experiences and stakeholders' insights in Kenya: A descriptive phenomenological approach

by Dr Edna Tallam-Kimaiyo | Prof Doreen Kaura | Stellenbosch University | Stellenbosch University

Abstract ID: 16

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Competence; Competency; Confidence, Experiences, Midwifery.

Background

Midwives who are educated and regulated to international standards can provide ninety percent of the needed essential care for women and newborns and reduce preventable maternal and child mortalities. However, inadequacies in midwifery care, especially in low- and middle-income countries, lead to a lack of competence and confidence among midwives to achieve their potential.

The study objective was to explore midwives' experiences and stakeholder insights into midwives' competence and confidence in the four International Confederation of Midwives (ICM) domains: general competence, pre-pregnancy and antenatal care, labour and childbirth, and ongoing care of the woman and the baby.

Methods

A descriptive phenomenological study was utilised to explore these experiences. Ten midwives were purposively selected from sub-county, county and tertiary referral hospitals. Further, stakeholders (nine County Chief Nursing Officers and one Chief Executive Officer from the tertiary hospital in Kenya) were included. Interview guide questions were developed following the findings of the midwives' self-perceived competence and confidence. All interviews were recorded, translated, and transcribed verbatim. Thematic analysis was done using the Colaizzi framework. Atlas. ti 9 software was utilised to assist with the coding categorisation and creating the themes.

Findings

Four themes emerged from the analysis. They included qualification categories, clinical practice experience, clinical practice environment, and the need to optimise midwifery. In addition, multidisciplinary support and standardisation of midwifery practice were identified as key to promoting midwives' confidence and competence.

Conclusions

Midwives had disparities in competence and confidence during clinical practice based on their different qualifications. A supportive environment emerged as necessary for

appropriate clinical experience, confidence, and competence. Standardisation of midwifery qualification promotes competence, which promotes the confidence of midwives in the clinical environment.

EVALUATE CUSTOMER CARE IN HEALTH INDUSTRY IN NORTHERN TANZANIA

by KIZITO KOINET KILEU MOLLEL | Non

Abstract ID: 17

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Customer Care, Northern Tanzania, health industry, healthcare providers, hospitals, patients

Introduction:

Customer care service in the health industry refers to the provision of high-quality, patient-centered care that meets the needs and expectations of patients and their families. It encompasses various aspects of the healthcare experience, including communication, empathy, responsiveness, and support. Customer care service involves treating patients with dignity, respect, and compassion, and ensuring that their concerns and preferences are acknowledged and addressed effectively. This includes providing clear and understandable information about medical conditions, treatment options, and procedures, as well as involving patients in decision-making processes related to their care. Additionally, customer care service in the health industry extends to aspects such as scheduling appointments, managing wait times, handling complaints and feedback, and ensuring a comfortable and welcoming environment for patients. Overall, customer care service in the health industry aims to enhance patient satisfaction, improve health outcomes, and build trust and loyalty between healthcare providers and patients. This abstract provides an overview of efforts to enhance customer care in Mawenzi Regional referral hospital in Kilimanjaro region, FAME hospital in Arusha, Karatu district hospital in Arusha, Arusha Lutheran Medical Centre, and Mt. Meru hospital in Arusha, outlining the objectives, methodology, results, and conclusions of these endeavors.

Objective:

The objective of this study is to evaluate the effectiveness of customer care initiatives in Northern Tanzania in improving patient satisfaction and enhancing the overall healthcare experience.

Methodology:

A comprehensive approach was adopted to assess customer care initiatives in two regions found in Tanzania which are Kilimanjaro and Arusha hospitals. Data collection methods included patient surveys, staff interviews, and analysis of customer service protocols and practices. Surveys were administered to patients to gather feedback on their experiences and satisfaction levels with customer care. Staff interviews were conducted to assess their perceptions of customer care practices and identify areas for improvement where 20 staff were interviewed in each of the five hospitals.

Results:

Analysis of patient surveys revealed positive feedback regarding customer care initiatives in some hospitals. Patients reported feeling valued, respected, and well-supported by healthcare providers and staff. Staff interviews also highlighted improvements in communication, empathy, and responsiveness to patient needs. However, challenges such as workload constraints and resource limitations were identified as barriers to providing optimal customer care. Among the limited resources mentioned was staffing to patient ratios.

Conclusion:

The findings of this study underscore the importance of customer care initiatives and training to not only healthcare providers themselves, but also to the administration as this goes downwards, as the study revealed that, staff who are receiving a good support from their managers, were prone to show twice good customer care service to their clients and patients in their working areas, in enhancing patient satisfaction and improving the overall healthcare experience. Among 56 healthcare providers interviewed, 42 said good customer care training has led them to improve their relationships at working place, 14 said even the customers need training as we service as their customers too. While progress has been made, ongoing efforts are needed to address challenges and sustain improvements in customer care delivery. By prioritizing customer needs and preferences, hospitals in Tanzania remains committed to providing compassionate, patient-centered care to its community as per missions and visions set.

THE ROLE OF MENTOR MOTHERS IN PREVENTION OF MOTHER TO CHILD TRANSMISSION IN SIO PORT SCH, BUSIA COUNTY, KENYA

by PRUDENCE YAWTSI | busia county

Abstract ID: 18

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: PMTCT, mentor mothers

Enter description here.

Introduction:

Since beginning of PMTCT in Kenya in 2002 more than 5000 facilities offer PMTCT services. Numerous strategies have been used in high prevalence areas to increase PMTCT uptake but there wasn't a standardized peer approach. Globally women living with HIV has remained at 50% and 59% in Sub Saharan Africa. In 2010, 87000 HIV positive mothers were in need of PMTCT services in Kenya. Without intervention the risk of transmission of HIV to infants stand at 25-45%. With intervention and Intensive psychosocial support infection reduces to 2-5%.

PMTCT is a programme requiring mothers and their babies to receive antenatal services and HIV testing during pregnancy, have access to antiretroviral treatment practices and appropriate infant feeding.

Integration of mentor mother into PMTCT care provides space for women living with HIV to contribute to eMTCT efforts and combat stigma and discrimination as well as lack of knowledge and awareness that is so high in our communities (Rollins N, *et al* 2014).

Objective: To Elucidate the impact of Mentor Mothers on PMTCT on Healthcare Services and systems.

Method:

Study was Cross- sectional; purposive sampling was used targeting 831 clients with a sample size of 426. Data was collected from Integrated Register, analyzed using descriptive statistics and presented in tables.

Results:

Indicator	June 2017/2018	June 2018/2019	June 2019/2020	June 2020/2021	June 2021/2022
Current on PMTCT Care	86	88	98	91	95
Total suppressed	74.4%	92%	100%	100%	100%

Conclusions:

Mentor Mothers prepare women from community through to the Family planning, ANC, labour and delivery and postnatal clinics respectively.

Midwife led maternity care models: A scoping review

by Dr Grace Danda | Dr Cynthia N. Chaibva | Mrs Yevonnie Chauraya | Dr Calletta Gwatiringa | Dr Judith A. Chamisa | Mr Israel Dabengwa | Mrs Hlalani Moyo | Dr Fennie Mantula | Professor Elopy Sibanda | National University of Science and Technology | NUST | NUST | Retired lecturer | Retired lecturer | NUST | NUST | NUST | NUST

Abstract ID: 19

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Low and Middle-Income countries; Midwife led maternity care; Obstetrician led model of care; Continuity of midwife care; Respectful maternity care

Introduction

Midwife led maternity care models focus on normality, continuity of care and being cared for by trusted midwives from preconception throughout pregnancy, labour and the postnatal period. The aim of this model is to provide care either in community or hospital settings, normally to healthy women with uncomplicated pregnancies. It has been noted that the midwife led maternity care is not being distinctly implemented in public institutions in most LMICs except for some unclear application in the primary health settings in urban and rural centers where the model is being practiced silently and overshadowed by the obstetrician led model.

Methods

The scoping review used search terms for the PICO components with synonyms, related terms and specialist terms were harvested from the Medical Subject Headings (MeSH)© and Embase© using Rayyan. Database searches were from PubMed, EBSCO-CINAHL, Dimensions, Web of Science, SCOPUS, the Cochrane Library of Systematic reviews and African Journals Online (AJOL). A total of 17 058 citations were identified. Two phases were used to screen and select the articles, the first phase screened the title and also the abstract and 16 792 were excluded. The second phase was done among the remaining 266 articles where distribution of articles among team members was done randomly among the seven reviewers. A criteria was used to ensure proper inclusion of articles and to exclude those not suitable; 69 articles remained for analysis after removing duplicates and others which did not meet the criteria.

Results

Of the 69 included studies, 14 were qualitative, 34 were quantitative, 19 were RCTs and 2 were mixed methods. Only 13% of the studies were from Africa and the rest were from the developed world. Six themes emerged as follows: reduced interventions in labour; positive birth outcomes; satisfaction with care; cost effectiveness of services; autonomous practice and quality midwifery services; good woman -midwife relationship and several subthemes.

Discussion

Midwife-led care had a significant positive effect on physiological outcomes for women when compared to physician-led care, had reduced surgical interventions and augmentation, as well as less usage of pharmacological analgesia. This may also assist in acceptability,

accessibility and availability of such a model in all maternity care units and community settings in LMICs. Findings align well with the International Confederation of Midwives' position statement which supports normal childbirth, since for the majority of women, pregnancy and childbirth are physiological life events (ICM, 2018). Positive birth outcomes and quality indicators therefore, are clear evidence of preferred options for low risk women as it brings about attributes such as positive birth experiences and satisfaction with positive care outcomes as well as autonomy.

THE ROLE OF ICT IN COMBATING EMERGING AND RE-EMERGING PANDEMICS IN DEBORAH RETIEF MEMORIAL HOSPITAL, KGATLENG DHMT, BOTSWANA

by SARAH . G. KAGOBO | SARAH G KAGOBO | Ministry of Health /ECSACONM | ECSACONM

Abstract ID: 20

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: advancing, innovation

To advance innovation means to proactively look for ways to improve processes or products, to think outside the box, and be willing to take risks (C.Brooke, 2018) During the Covid 19 era, technology became very vital and proved to be very important in addressing health challenges. Nurses and midwives have been trained to become familiar with technological innovations that pervade every aspect of their profession. The use of innovation in nursing and midwifery must address how to advance quality outcome. Most of the health facilities in Botswana are still undergoing COHSASA assessments, hence the advanced use of technology to provide evidence based practice is very important .Embracing the power of innovation as a nursing and midwifery profession can be of utmost help to meet the needs of health care across the globe, thus bringing forward positive change.

The purpose of this study is to discuss and identify gaps in innovative initiatives that can be implemented or used during the emerging pandemics. Botswana like other countries has introduced several technological innovations over the years, and their implementation encountered failure, though the country is proactive in strategy development .Currently in Botswana ,the use of ICT is seen in the use of IPMS(integrated patient management system) which has been installed and in use, but it is incomplete and only a few modules are in use .The two other systems in place and widely used is the CMSWS (central medical stores warehouse system) as well as DHIS (district health information system)Despite the importance of innovation and ICT in health care, there are still gaps in the use of ICT in health and little knowledge on the use of ICT to combat emerging and reemerging pandemics .In this study, a review method was adopted ,hence relevant literature was reviewed as well as use of non-probability sampling method .Population of study identified on bases of being experts in health ,employed and working under the ministry of health of Botswana .The use of survey monkey strategy used to gather information from the selected participants. This unbiased study revealed that several factors have been put in place to enhance ICT and ensure the implementation of ICT policies in Botswana ,however human resource shortage ,congestion and overcrowding were identified as barriers .solutions that were proposed were not limited to use of robotics ,simulation and telehealth (including telemedicine),a health professional help desk,teleconsultations ,and specialist referral apps.The participants also stated that trainings, mentoring and continuing professional development to be done through eLearning. The study helped to identify the current needs and challenges faced by professionals when interacting with ICT. More research is needed

in order to effectively integrate the use of ICT in the field of nursing and midwifery, especially related to the modern global public health context.

Success Stories in Optimizing Maternal and Newborn Health: Insights from Malawi's implementation of Emergency Obstetric and Neonatal Care Signal Functions

by Chifundo Colleta Zimba | Kamuzu University of Health Sciences (HUHEs)

Abstract ID: 21

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: EmONC, HCD, Midwifery, Qualitative, Signal functions

Background: Malawi continues to struggle with a high maternal mortality rate of 439/100,000 live births, surpassing the Sustainable Development Goal target of less than 70/100,000 live births. However, the country has made steady progress since 2004, when the rate was 984/100,000. Preventable complications, including excessive bleeding, pre-eclampsia/eclampsia, retained products of conception, sepsis, and prolonged labour, contribute significantly to the maternal deaths. To address these issues, Malawi, alongside other low- and middle-income countries, adopted the 1997 Guidelines for monitoring obstetric services, emphasizing emergency obstetric and neonatal care (EmONC) indicators. In 2023, an evaluation of the EmONC framework in collaboration with Senegal and Bangladesh was conducted which aimed to improve planning and monitoring for high-quality and equitable health services. Specifically, the evaluation focused on key EmONC signal functions, including administering anticonvulsants for pre/eclampsia, performance of assisted vaginal delivery (Vacuum extraction), manual removal of the placenta, and administration of uterotonics for bleeding prevention/management, as well as care during referral. This analysis explores success stories, practices, and approaches that have positively impacted maternal and newborn health within the Malawi's evolving healthcare system.

Methods: Using qualitative and human-centered design methods, the study engaged 64 participants in 10 workshops and conducted 10 key informant interviews with health workers, district leadership and policy makers at central level. Ethical approval was sort from the College of Medicine Ethical and Regulatory Committee. All health facilities and participants agreed and consented to participate in this study.

Results: Enabling factors for the successful administration of uterotonics and anticonvulsants, performance of assisted vaginal delivery and manual removal of the placenta, and provision of care during referral included capacity of the health workforce, resource availability, and effective coordination and communication within and across care levels. Health professionals demonstrated the necessary knowledge, skills, and experience to identify and manage obstetric and neonatal complications. Essential resources, including qualified personnel and medications such as oxytocin and, Magnesium Sulfate, were identified as crucial. Moreover, adherence to guidelines, availability of equipment, and effective communication systems, exemplified by phone calls and WhatsApp messaging, contributed to the effective management of emergency obstetric and neonatal complications.

Conclusion: This qualitative study used human-centered design methods to explore factors influencing the successful management of EmONC signal functions in Malawi. The findings highlight the importance of the health workforce's capacity, resource availability, and efficient coordination and communication within and across care levels. Recognizing the expertise of health professionals and addressing essential resource needs are critical components for enhancing EmONC effectiveness. The study's insights provide valuable opportunities to refine existing interventions and introduce innovative solutions within the context of maternal and neonatal healthcare in Malawi.

Enhancing Uptake of Kangaroo Mother Care (KMC) in Kenya: Strategies, Successes, and Challenges

by Griffin Anasi | NNAK

Abstract ID: 22

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: KMC Kangaroo Mother Care IKMC immediate Kangaroo Mother Care

Background:

Neonatal mortality remains a significant public health challenge in Kenya, with neonatal deaths accounting for 66% of infant mortality and more than half of under-five deaths, according to the Kenya Demographic and Health Survey 2022. Despite notable reductions in under-five and infant mortality rates over the years, neonatal mortality has seen minimal decline, highlighting the urgent need for effective interventions. Globally, 85% of preterm births occur between 32 and 37 weeks of gestation, where survival is often possible with appropriate care, emphasizing the importance of accessible and effective neonatal care interventions like Kangaroo Mother Care (KMC).

Objective:

This abstract aims to delve into the factors influencing the uptake of KMC in Kenya, emphasizing successful strategies, identifying barriers, and proposing solutions to enhance KMC adoption and implementation.

Methods:

Synthesizing data from existing literature, program evaluations, and qualitative studies conducted in Kenya regarding KMC & IKMC uptake, this presentation examines successful initiatives, challenges encountered, and lessons learned to provide insights into optimizing KMC implementation strategies.

Results:

In Kenya, efforts to boost KMC uptake have shown promising results:

- **Training and Capacity Building:** Comprehensive training programs for healthcare providers on KMC protocols and practices have led to improved knowledge and skills, resulting in increased KMC provision in healthcare facilities.
- **Community Engagement and Education:** Engaging communities through awareness campaigns, community health workers, and peer support groups has fostered KMC acceptance and encouraged early initiation among mothers.
- **Integration into Healthcare Systems:** Integrating KMC into existing maternal and newborn care services has streamlined its adoption as standard practice, ensuring

seamless continuity of care from facility to community settings.

- Supportive Policies and Guidelines: Implementation of supportive policies and guidelines at national and regional levels has provided a structured framework for KMC implementation and quality assurance.
- ***KMC and IKMC programs in Kenya have shown significant positive impacts on neonatal outcomes. These include:***
 1. Reduction in Neonatal Mortality: KMC and IKMC have been associated with lower rates of neonatal mortality, particularly among low birth weight and preterm infants.
 2. Improved Thermal Regulation: Skin-to-skin contact through KMC and IKMC helps regulate the newborn's body temperature, reducing the risk of hypothermia and related complications.
 3. Enhanced Breastfeeding Rates: KMC and IKMC promote early initiation and exclusive breastfeeding, leading to improved nutrition and reduced susceptibility to infections.
 4. Enhanced Bonding and Emotional Support: KMC and IKMC foster strong maternal-infant bonding and provide emotional support to mothers, which is crucial for infant development and well-being.

Despite these successes, challenges persist:

- Resource Constraints: Limited availability of essential resources such as KMC units, supportive equipment, and trained staff poses barriers to scaling up KMC services.
- Cultural Beliefs and Practices: Addressing cultural misconceptions and promoting understanding of the benefits of KMC among families and communities remains a formidable challenge.
- Health System Strengthening: Bolstering health systems, including infrastructure, staffing, and data management, is imperative for sustaining KMC implementation efforts.

Conclusion:

Enhancing KMC uptake in Kenya necessitates a comprehensive approach addressing barriers at individual, community, and health system levels. By leveraging successful strategies, addressing challenges, and fostering collaboration among stakeholders, Kenya can make significant strides in improving neonatal health outcomes and reducing mortality rates through widespread adoption of KMC.

Perceptions of Lesotho nurse midwives regarding post-partum depression education.

by Libuseng Moureen Rathobei | Libuseng Moureen Rathobei | National University of Lesotho | National University of Lesotho

Abstract ID: 23

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Perceptions, maternity ward, nurse midwives, post-partum depression

Background: Effective postpartum maternal care is essential for the overall well-being of both the mother and her child. Postpartum depression (PPD) is a pervasive issue with profound implications for maternal health. However, a significant research gap exists concerning the perspectives of nurse-midwives on PPD within the context of Lesotho.

Aim: This study aimed to explore perceptions about PPD education by nurse midwives working at a large tertiary care facility in Lesotho.

Setting: The study unfolded at Quthing Hospital, a government-funded healthcare facility situated in Lesotho's southernmost district, Quthing. The hospital's strategic location within the town of Moyeni, the district's largest town, flanked by the Holy Trinity Anglican Church and the Lesotho Correctional Services facility, functions as a constituency in its own right.

Methods: Employing a constructivist paradigm, the research adopted qualitative, exploratory, descriptive, and contextual approaches. Nine nurse midwives participated in individual interviews.

Results: Thematic analysis of the data resulted in three themes. These were lack of nurse midwifery empowerment, inadequate human and material resources, and stigma. Participants had negative perceptions regarding PPD.

Conclusion: Nurse midwives at a large tertiary care facility perceive PPD through a multifaceted lens. Insights underscored the complexity of PPD and its ramifications for maternal care.

Contribution: This study provides invaluable perspectives from nurse midwives within a specific Lesotho context, laying the foundation for strategies to enhance PPD management and maternal mental healthcare.

“We have forgotten about our humanity”: A Qualitative Meta-synthesis on Ubuntu in Nursing - Implications for Nursing Education

by Professor Vhothusa Edward Matahela | Mrs Nelisiwe Ngwenya | University of South Africa | KwaZulu-Natal College of Nursing

Abstract ID: 24

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: holistic nursing; humanness; meta-synthesis; nursing education; patient-centered care; Ubuntu philosophy

Background: Ubuntu, an ancient philosophy rooted in African communities, embodies the essence of humanness through communal responsibility and interconnectedness. It shapes moral values and culture that can be implemented in nursing to improve patient care. However, colonial and Western-centric education systems have marginalized Ubuntu philosophy resulting in a disconnect from its core principles. It is imperative that the Ubuntu philosophy be integrated into formal nursing education to align with patients' expectations and enhance care quality.

Purpose: This research aims to synthesise qualitative literature on Ubuntu philosophy in nursing to identify key aspects of the philosophy/insights that can be integrated into nursing education.

Study Setting: This meta-synthesis focused on qualitative studies conducted in nursing practice and nursing education settings. These settings encompassed any environment where nursing professionals, nurse educators, and student nurses interact. Their practices influence student learning and professional development. The focus was on studies that explored the concept of Ubuntu within nursing and had its implications for nursing education.

Study population: The study population was qualitative research papers on Ubuntu philosophy in nursing, which were published in English, with no chronological restrictions, ensuring a comprehensive review.

Study approach and design: Noblit and Hare's meta-ethnographic approach guided this meta-synthesis.

Data collection and analysis methods: A systematic search strategy utilizing keywords related to Ubuntu in nursing and nursing education was employed to identify relevant qualitative research studies in databases that explored the application of Ubuntu philosophy within nursing, with implications for nursing education. A thematic analysis was undertaken, followed by data synthesis using Noblit and Hare's seven-step meta-ethnography techniques to categorize findings, revealing pivotal insights into the

application of Ubuntu philosophy in nursing and its implications on nursing education. Eligible studies underwent quality assessments using both the Critical Appraisal Skills Programme (CASP) for qualitative studies and the Mixed Methods Assessment Tool (MMAST) for mixed-method studies, and certainty of evidence was evaluated using the Confidence in the Evidence from Reviews of Qualitative research (CERQual) approach.

Results: A total of 16 articles were included. The meta-synthesis revealed eight categories. The categories generated three synthesized themes: “Ubuntu in nursing Practice”; “Ubuntu philosophy and the nursing Curriculum”; and “Cultivating a culture of Ubuntu”. Across all identified themes was the cross-cutting theme of Facilitating humaneness and holistic nursing care through Ubuntu.

Contribution: It is hoped that findings will contribute to a deeper understanding of Ubuntu's significance in nursing and its relevance in nursing education, informing strategies for curriculum development and pedagogical approaches. The meta-synthesis highlights both strong alignments and gaps in the integration of Ubuntu principles with current nursing practices, emphasising the need for deeper curriculum integration to address ethical and practical disparities, while underscoring the cultural significance and potential transformative impact of Ubuntu in enhancing holistic and humane nursing care.

Attitudes and Practices contributing to Vaginal Stenosis in women with cervical cancer following brachytherapy at Cancer Diseases Hospital in Lusaka, Zambia. A cross sectional study

by Royda Matipa | Member

Abstract ID: 25

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Cervical cancer, Keywords: Attitude, Practices, brachytherapy

Background: Vaginal stenosis is an important adverse effect of brachytherapy for cervical cancer. This study was aimed to determine attitudes and practices contributing to vaginal stenosis following brachytherapy at the Cancer Diseases Hospital in Lusaka - Zambia

Methods: A descriptive cross-sectional study design was employed where 163 respondents were randomly selected after meeting inclusion criteria. A researcher-administered questionnaire was used to collect data and SPSS version 25 used for data analysis.

Results: Out of the 163 women enrolled in this study, 42.3% had developed vaginal stenosis while 57.7% did not with age range 15- 60+ years. 76% exhibited good practices to measures against vaginal stenosis while majority (93.9%) of the respondents demonstrated poor attitudes towards measures to prevent the condition. However, these increasing effects in odds of vaginal stenosis were not significant at 5% level of significance. Although length of brachytherapy showed no significant effect at univariable analysis, the odds of having vaginal stenosis were 2.45 times higher for women who had been on brachytherapy between 6 and 12 months compared to those on brachytherapy for less than 6 months (OR=2.45, CI=1.03 - 5.82, P=0.042).

Conclusions: Failure to practice recommended measures and poor attitudes towards therapy contributes to vaginal stenosis. Efforts should be channeled towards overcoming religious, traditional, cultural and personal impediments contributing to vaginal stenosis in women with cervical cancer receiving brachytherapy.

CONTRIBUTION OF NURSES IN RESEARCH: A SYSTEMATIC REVIEW

by Damaris A. Ochanda | Masinde Muliro University of Science and Technology

Abstract ID: 27

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Challenges in Research, Contribution/Role of Nurses in Research, Healthcare Research, Nursing Research, Utilization of Research

Advancement and trends in nursing education and nursing profession demands the integration of research as a central domain of nurse's role. This year's theme of the 16th Biennial Scientific ECSACON Conference on "*The role of evidence-based practice and innovations in Nursing and Midwifery in combating emerging and re-emerging Pandemics*" recognizes the important contribution of nurses in research. Participation of nurses in research plays an important role in generation of evidence towards improvement of quality of care, patient experiences and health outcomes. Although nurses play a pivotal role in supporting the delivery of research, there is limited documentation of nurses' research contribution and the challenges they face in research delivery. The aim of this study was to examine the contribution of nurses in research and determine the challenges nurses face in research delivery. Systematic review guided the conduct of this study. Studies published between 2000 and Dec 2023 from key electronic databases that met the inclusion criteria were reviewed. Major online databases utilized were PubMed Central, Google Scholar, Science Direct, and Scopus. Data extraction and quality appraisal were performed simultaneously. Thematic analysis was used to analyze the data. Key findings from the review revealed the following themes: (1) Motivations for engagement in Research (2) Research priorities for nurses (3) Research Capacity of Nurses (4) Utilization of Research findings and (5) Barriers to participation in Research. The study concludes that the contribution of nurses in research is integral to the delivery of research studies. This study provides insight on contribution of nurses in research and engagement in evidence-based practice. The review shows that many nurses are shy from participating in research due to limited research capacity. The nurses require training to build their capacity in research including research design, development of data collection tools, data analysis, interpretation of finding and how to utilize the research findings in practice settings. The study recommends that nurses should be supported through mentorship in research methods, implementation and how to translate research findings to practice settings.

Factors that influenced health literacy in women diagnosed with breast cancer in Kenya: A qualitative exploration using a journey model

by Dr Dinah Kassaman, | Prof Alison Brettle | Dr Gaynor Bagnall | Aga Khan University, University of Salford | University of Salford | University of Salford

Abstract ID: 28

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Breast cancer, Cancer journey, Health literacy, Kenya, Socio-ecological

Introduction:

Breast cancer (BC) has a significant impact on public health and is a major cause of death worldwide. In Kenya, the annual number of new cases is approximately 6,000, with 2550 deaths. Approximately 80 % of patients are diagnosed at advanced stages (III-IV), contributing to the high death rate. From research, the timely detection of BC is critical for its successful treatment. This necessitates the dissemination of high-quality health information to enhance public awareness. This concept is known as health literacy (HL), defined as the degree to which individuals can obtain, communicate, process and understand basic health information and services needed to make appropriate health decisions. There is limited knowledge about the experiences of health literacy among Kenyan patients with breast cancer who perceive the disease as a 'death sentence.' Health literacy can be a valuable skill that can lead to better breast health and outcomes. Boosting health literacy is a low-cost intervention that can play a crucial role in promoting positive health behaviour. The objective of this research study was to determine the social-ecological factors that impacted how BC patients acquired, comprehended, and utilized information during their BC journey.

Methods: Eleven purposively selected breast cancer survivors, of which six were from a private tertiary hospital (Aga Khan University Hospital), and five from a public tertiary hospital (Kenyatta National Hospital) were recruited in Nairobi, Kenya. All participants took part in 2 or 3 longitudinal interviews in Swahili or English which were audio recorded, transcribed verbatim, and thematically analysed using Colaizzi's technique.

Results: A major finding from the analysis was that the women expressed dissatisfaction with how information was shared by healthcare professionals (HCPs). The findings illuminated that patients desired the following from HCPs. They wanted their information needs assessed, they desired individualised information about BC, treatment modalities, side effects and how to cope, and information about follow up. In addition, they condemned the use of medical jargon by healthcare providers and wished to be given opportunities to learn from fellow patients BC patients trust information from HCPs and supportive healthcare interventions, so that they can understand the disease, its symptoms and treatment.

Conclusion: This study is unique as it provided novel data on the changing HL needs of BC patients along their journey and contains powerful messages for HCPs and highlights the need for accurate easy to understand, and timely information that can help improve BC patients' HL and treatment experience. This research illuminated specific BC information needs. The study also demonstrated how different socio-ecological factors influenced HL. The findings can be utilized to establish effective methods of communicating breast cancer-related health information and to enhance healthcare education, practice, and policy that can help improve BC patients' HL and treatment experience.

Nursing interventions and challenges during the COVID-19 era in Zimbabwe

by Idah Moyo | 1) Population Solutions for Health, Zimbabwe. 2) Research Fellow, Department of Health Studies, University of South Africa

Abstract ID: 29

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: challenges; COVID-19; innovations; nursing interventions; resilience.

Introduction

The coronavirus disease 2019 (COVID-19) pandemic has posed significant challenges for healthcare systems globally. In addition, the pandemic placed additional stress on the already fragile and overstretched healthcare system in Zimbabwe. Nurses constitute the largest group of health professionals who are at the forefront and play a pivotal role in the fight against pandemics. The emergence of COVID-19 has had a negative impact on the psychological and mental wellbeing of nurses. This study explored the nursing interventions and challenges experienced by nurses who were in the forefront during the COVID-19 pandemic.

Methods

An interpretative phenomenological analysis (IPA) design was employed to gain insights into the lived experiences of nurses who provided nursing care during the pandemic. The study participants were nurses in healthcare facilities in Bulawayo Metropolitan Province in Zimbabwe who implemented COVID-19 response activities. These either provided nursing care to COVID-19 patients and or conducted COVID-19 contact tracing activities. Data were collected through in-depth interviews that were audio recorded and transcribed verbatim into written text. A sample size of twenty was reached based on data saturation. Data analysis was done using the IPA framework. The study was approved by the Medical Research Council of Zimbabwe.

Findings

Nurses experienced increased workloads emanating from the implementation of COVID-19 response activities exacerbated by the already existing shortages of manpower. Psychological distress related to fear, anxiety and uncertainty regarding COVID-19 overwhelmed the nurses. The shortage of personal protective equipment was also a major challenge particularly during the first days of the pandemic. This made it difficult to implement or adhere to infection prevention and control principles and policies.

Despite the negative experiences and challenges experienced by nurses during the COVID-19 pandemic, resilience was noted, and the pandemic acted as an opportunity for some nurses to pioneer and implement comprehensive innovative nursing interventions. During a crisis such as this pandemic, innovative practices and interventions are pivotal in pioneering comprehensive implementation strategies in the nursing field. There was pooling of resources, reassignment of nurses to different stations to actively participate in COVID-19 response activities. To do this, the nursing fraternity had to adapt (modifications in care)

and implement innovative approaches in the delivery of nursing services. These included training and capacity building, formulation of different nursing teams to cater for contact tracing, provision of nursing care services to suspected and confirmed COVID-19 cases. Another critical innovation for nurse managers included networking and stakeholder engagement particularly in resource mobilisation (vehicles and personal protective equipment). Nurses also had to work under difficult and stressful conditions for example working in quarantine centres and conducting mass testing for COVID-19.

Conclusion

The COVID-19 pandemic was most devastating, in many respects, particularly to nurses. The learnings from the COVID-19 pandemic demonstrated the crucial importance of pandemic preparedness to enhance efficiency in the healthcare system. The COVID-19 pandemic highlighted the need for adequate emergency preparedness, support, and collaborative teamwork in the healthcare system. The insights gained from this study would be critical in informing healthcare policy and practice to facilitate planning preparedness for pandemics and contribute to a more resilient nursing care practice. Whilst nurses demonstrated resilience and continued to participate in COVID-19 response activities, integrated multifaceted support is necessary for nurses to cope with such challenges during a crisis.

Faithfully Transcending Conventional Nursing Roles, ‘‘We Are Not Mere Nurses...’’ A Phenomenological Exploration of Nurses' Insights in Managing Critically Ill Patients across Four Intensive Care Units in Uganda

by Dominic Savio Ogwal | C-Care-IHK, Uganda & Uganda Heart Institute

Abstract ID: 30

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Global Preparedness, Nursing practice, Quality of critical care nursing practice, Resource Accessibility, Staff Shortages

Introduction:

Every day, 2.5 million individuals globally require critical care, highlighting the vital role of preparedness and nursing quality. In Uganda, limited critical care accessibility and variability in operational characteristics stress the need for standardized care. Nurses face challenges beyond traditional roles, compounded by persistent staff shortages, impacting care quality. Our study explores the nuanced dimensions of critical care in 4 Ugandan ICUs.

Methods:

We gathered qualitative data through Key Informant Interviews (KIIs) & Focus Group Discussions (FGD)

Findings:

Qualitative analysis uncovered several significant themes. Nurses emphasized the critical role of structured training and mentorship programs in improving their skills. They underscored the need for enhanced communication and collaboration within healthcare teams. Challenges included inadequate resources, notably inconsistent access to soap for infection control, and concerns about patient outcomes, particularly related to pressure sores. Importantly, qualitative findings revealed nurses' dedication to their profession and their unwavering commitment to continuous improvement.

Recommendations:

Initiating with structured training and mentorship, a cornerstone for skill enhancement, sets the stage. Ensuring resource adequacy, especially the availability of essentials like soap, follows as a crucial step for infection control. Promoting inter-professional collaboration is another key stride for efficient healthcare teams. Lastly, reinforcing feedback mechanisms and strict admission criteria seals the strategy, promising enhanced patient outcomes and reduced preventable deaths. This sequential approach offers a concise yet comprehensive path to elevate healthcare quality.

Conclusion: This phenomenological study sheds light on the multifaceted nature of critical care nursing practice. By implementing the suggested policy recommendations, Uganda can work towards strengthening critical care nursing, ultimately leading to improved patient outcomes, enhanced healthcare delivery, and better healthcare policies nationwide

Prevalence of Post-Acute COVID-19 Sequelae and Average Time to Diagnosis Among Persons Living With HIV

by Everlyn Nyamai M. | Muthuka John K. | Kelly Oluoch J. | Kenya Medical Training College | Kenya Medical Training College | Kenya Medical Training College

Abstract ID: 31

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Covariates, HIV, Meta-analysis, Post COVID-19, Sequelae

Aims: The aims of this meta-analysis were to assess: the prevalence of Post-Acute COVID19 sequelae in HIV positive patients; average time of diagnosis; and meta-regress for possible moderators of PACS.

Methods: A standard search strategy was used in PubMed, and then later modified according to each specific database to get the best relevant results. These included Medline indexed journals; PubMed Central; NCBI Bookshelf and publishers' Web sites in line with the Preferred Reporting.

Items for Systematic Review and Meta-Analysis statement. Search terms included “long COVID-19 or post-acute COVID-19 syndrome/sequelae”, “persons living with HIV or HIV. The criteria for inclusion were published clinical articles reporting HIV in association with long COVID-19, further, the average time to an event of post-acute COVID-19 sequelae among primary infected patients with COVID-19. Random-effects model was used. Rank Correlation and Egger's tests were used to ascertain publication bias. Sub-group, sensitivity and meta-regression analysis were conducted. A 95% confidence intervals were presented and a p-value < 0.05 was considered statistically significant. Review Manager 5.4 and comprehensive meta-analysis version 4 (CMA V4) were used for the analysis. The review/trial was PROSPERO registered (CRD42022328509).

Results: A total of 43 studies reported post-acute COVID-19 syndrome. Of those, five reported post-acute COVID-19 sequelae in PLHIV. Prevalence of post-acute COVID-19 sequelae was 43.1% (95% CI 20.5% to 68.9%) in persons living with HIV (PLWH). The average time to PACS diagnosis was 4 months at 64% [0.64 (95% CI 0.230, 0.913) (P < 0.0000), I²= 93%] and at one year to PACS diagnosis was at 70 %, however with non-significant correlation (P > 0.05). On comorbidities, asthenia was associated with PACS at 17.6 % [0.176 (95% CI 0.067, 0.385) (P = 0.008), I²= 86%] while fatigue at 82%, however not related with PACS event incidence (P < 0.05). Americas, Asian and European regions showed PACS events rates of 82%, 43% and 19 % respectively (P<0.05) relative to HIV infection.

Conclusion: PACS prevalence in PLWH was 43% occurring at an average time of 4 months at 64% and 70 % at 12 months however non-significant with PACS. Asthenia was significantly associated with PACS at 17.6 % while fatigue at 82%, however not related with

PACS event incidence. Americas recorded the highest PACS event rates in PLWH.

Incidence and demographic indicators of Immune Reconstitution Inflammatory Syndrome, survival-time to, and its prediction of Adverse Pregnancy Outcomes

by Dr. John Kyalo Muthuka | Kenya Medical Training College

Abstract ID: 32

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Adverse Pregnancy Outcomes, Immune Reconstitution Inflammatory Syndrome, survival-time

Background and aim

There are persistent concerns regarding the potential adverse effects of in utero ART exposure. Whereas the association between untreated, advanced HIV disease and adverse pregnancy (APOs) outcomes is well documented in pregnancy, non or few have focused on APOs subject to immune reconstitution inflammatory syndrome (IRIS) as a predictor without differential aspect of either paradoxical or unmasking IRIS. The current study sought to investigate the incidence and demographic indicators of IRIS, IRIS type, survival-time to, and its prediction of APOs.

Methods

An active records study was conducted between June 2019 and March 2020 among ART-naïve pregnant women attending the antenatal care units (ANCu) at the Kenyatta National and Mbagathi Hospitals, Nairobi, Kenya. Participants were aged between 20 and 49 years and had a confirmed HIV-positive test. IRIS diagnosis was adjudicated for accuracy and consistency by an independent review committee. Baseline demographic characteristics including: age, education level, religion, marital status, residence, occupation and economic status were recorded. IRIS incidence was assessed using the International Network for Studies Against HIV-Associated IRIS (INSHI) during the first three months after ART initiation. Bivariate analysis was performed using Pearson's test for demographics relative to IRIS type. The association and its strength between the IRIS type and APOs were further established through Pearson Chi-Square test and Phi and Cramer's V tests respectively. Kaplan Meier analysis test estimated the survival time to APOs using log rank test statistic. Multivariate Cox-regression analysis for Pre-ART demographics on IRIS type incidence was performed using survival package in SPSS.

Results

The incidence of IRIS was 25% (n=133) among the 532 ART-naïve pregnant women with 97 (72.9%) presenting with unmasking IRIS, significantly associated with APOs [$\chi^2(1) = 4.911$, $P = 0.027$]. Maternal age, between 40-49 years had a positive co-efficient with unmasking IRIS [$\beta = 0.329$, Wald test (β^2) = 1.011, (HR = 1.389, 95% C.I 0.732 - 2.638, $P = 0.325$]. The cumulative survival function evaluating all the demographic characteristics (covariates) indicated that, over 80% of the ART naïve pregnant women survived IRIS diagnosis for six weeks, while half of them had been diagnosed with it at approximately two months. Kaplan-Meier survival analysis showed that, women diagnosed with unmasking

IRIS compared with paradoxical IRIS survived longer before an experience of APO ($\chi^2 = 5.292$, Log Rank test = 0.021), cumulative hazard, [HR = 0.18 and 0.4] respectively. Decision tree analysis demonstrated that, women aged 30-39 had most of APOs (P = 0.688).

Conclusion

Unmasking IRIS was the most common, associated highly with APOs that were experienced much later compared to those predicted by paradoxical IRIS with older age being a plausible predictor. The survival time to experiencing APO was longer for women presenting with unmasking IRIS and opposed to paradoxical IRIS, supporting the need for much focus on possible APOs due to paradoxical IRIS.

Need assessment for implementation of m-mama referral systems improvement initiative in Tanzania

by Jackline Ndanshau RN,BSN,MSc MW1,2, Rachel Yangwa, RN, BSN, MSc MW, Wilson Kitinya, MD MMed touch foundation clinical specialist3,4, Hamid Mandali,MD MMed,touch foundation clinical specialist | Ministry of Health Tanzania

Abstract ID: 34

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: m-mama referral system

Introduction: The inability of most women to access timely Emergency Obstetric and Newborn Care (EmONC) remains one major challenge in addressing the burden of maternal mortality worldwide. Access to appropriate health care including skilled birth attendance at delivery and timely referrals to access emergency obstetric care services can greatly reduce maternal and neonatal deaths and disabilities. M-mama is centralized digital Emergency Transportation System (EmTS) that improves the communication, management, and supply of emergency transport. The m-mama program aims to reduce maternal and new-born mortality and morbidity by addressing one of the delays known to impact the outcome of birth-related emergencies - delays in reaching care. The clinical and program assessment is one of the crucial steps in the set-up of emergency transportation system as it helps to inform the actual situation of health facilities expected to receive emergency referrals and inform the patient referral pathway. The activity aimed at identification of the gaps and provide recommendations for service delivery improvement, infrastructures, equipment and Human Resources and Capacity building in readiness of receiving referral through m-mama.

Methods: A total of 168 councils and 433 CEmONC facilities were assessed from all 26 regions of Tanzania mainland and highland. The clinical assessment team visited all earmarked CEmONC facilities using a simplified checklist to verify what is available in those facilities.

The team shared comprehensive feedback with the visited facility, council and regional teams and recommendations guided to development action plans for improvement.

Results: Most visited facilities had relatively stable leadership but with minimal specific leadership and management training. The assessment team noted that in most of the facilities staff are motivated despite working in constrained supplies and increased workload. Across the region, there are few healthcare workers who are trained on emergency care services. Theatre management procedures need to be strengthened in all of the assessed facilities in order to maintain 5S, safety practices cleanliness and functionalities of equipment including air conditioners, operating lights, anaesthesia machines and autoclaves. Some of the assessed facilities had incomplete emergency trays. Most of the assessed facilities reported to receive blood sample test results from Zonal

NBTS in one or two weeks after submission of their samples. Essential drug were available except for Hydralazine injection had a significant out of stock reports in almost all of the facilities.

Conclusion: Initiatives to improve facility readiness, communication and transportation for obstetric and newborn referrals are vital in ensuring patients' timely access to life-saving care. Clinical and program need assessment are mandatory to ensure relevant preparations of infrastructure and operationalization systems are ready for implementation.

Mobile phones accessibility, health information needs and willingness to receive maternal health information via mobile applications among pregnant women attending antenatal care in Oshana Region, Namibia

by Ester Mulenga | Dr Yoseph W Bitewilegn | Ms. Hedvig Mendonca | Mr. Shange Ndakunda | Mr. Petrus Shingandji | Dr Ndapunikwa Uukule | Ms. Natalia Ndjuluwa | Ms. Beatrice Ndahalele | University of Namibia and Namibia Nursing Association | St. Paul Hospital Millennium Medical College, Ethiopia | University of Namibia | University of Namibia | University of Namibia | University of Namibia | University of Namibia | University of Namibia.

Abstract ID: 35

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: health information needs, mobile application, mobile phone accessibility, pregnant women, willingness

Maternal health improvement is crucial for each country; however, maternal mortality and morbidity remains a challenge, especially in the developing world. Use of technologies such as mobile devices have proven to be effective in improving maternal health in some countries. The aim of the study was to assess mobile phone accessibility among pregnant women, health information needs as well as their willingness to receive health information using mobile application. A quantitative, cross-sectional study was conducted among 337 pregnant women attending antenatal care first visit in Oshana Region, Namibia. Descriptive statistics were performed, and simple binary logistic regression was done to determine the factors associated with willingness to receive health information using mobile application.

The study revealed that pregnant women attending antenatal care have access to mobile phones (91.7%) of which 65.1% are smart phones. The study furthermore revealed that the top five health information needs include daily living activities during pregnancy, importance of antenatal care visits, emergency preparedness during pregnancy, advantages of breastfeeding and breast care as well as nutrition during pregnancy. Pregnant women attending antenatal care are willing to receive health information using mobile applications (97.5%). The simple binary logistic regression revealed that mobile phone ownership is significantly associated with willingness to receive health information using mobile applications (p-value = 0.022). Since pregnant women in Namibia have access to mobile phones and they are willing to receive health information via mobile application there is a need to develop health information to be shared via mobile applications platform.

Factors associated with unplanned pregnancy among youth at a selected hospital in Lesotho.

by Tseko Maselinyane | National University of Lesotho

Abstract ID: 36

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Unplanned pregnancy, factors, socio-ecological model, youth

Unplanned pregnancies account for over half of total pregnancies in Lesotho; youth pregnancies contribute vast percentage overall. This study aimed to assess which factors associated are with unplanned pregnancy among youths who sought antenatal and postnatal care services at a selected government hospital in Lesotho. A descriptive cross-sectional design was used, and data was collected from a sample of 100 participants using a structured questionnaire. The results revealed that unplanned pregnancy among youths was associated with age, unemployment, lack of contraceptive use, sexual abuse, living in rural areas and lack of unplanned pregnancy prevention campaigns. The findings of this study support socio-ecological model which postulates that variety of factors influence health outcomes. We conclude that more needs to be done to improve access to formal education, availability and accessibility of unplanned pregnancy prevention campaigns and sexual and reproductive services.

Investigating the Risk of Patient Manual Handling Using the Movement and Assistance of Hospital Patients Method among Hospital Nurses in Botswana

by Kagiso Kgakge | Not affiliated

Abstract ID: 37

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: MAPO index; patient manual handling; low back pain; ergonomic risk; nurse

Background: Evidence on the prevalence of lower back pain (LBP) among nurses is widespread in the literature, with several risk factors being reported. These include manual handling of patients, repetitive bending and twisting movements, and long working hours. It is reported that LBP has negative health outcomes and causes poor work performance among healthcare workers (HCWs). The magnitude of ergonomic risks associated with these healthcare activities has not been adequately investigated in Botswana. Thus, this study aimed to investigate the ergonomic risk levels associated with the manual handling of patients and its association with the prevalence of LBP among nurses in Botswana.

Methods: This was an observational cross-sectional hospital-based study conducted in a Botswana public tertiary hospital from March to April 2023. The Movement and Assistance of Hospital Patients (MAPO) tool was used to collect data on ergonomic risk levels. Data on the demographic characteristics of participants were collected using a tool adapted from the Nordic Musculoskeletal Questionnaire (NMQ). Odds ratios and 95% confidence intervals were estimated to determine the association between ergonomic risk levels and the prevalence of LBP.

Results: A total of 256 nurses participated and completed the study. The self-reported prevalence of LBP in this study was 76.6%. The risk of acquiring LBP was high (90.5%) based on the MAPO index. Although the frequencies of self-reported LBP were high among nurses, these did not show any significant association with the MAPO index data. This could be partly due to the small sample size.

Conclusions: There was a high prevalence of LBP in this study, which was corroborated by the MAPO index data. This has demonstrated the value of the MAPO index in forecasting the risk of patient manual handling. The findings might help Botswana formulate policies intended to address ergonomic preventive measures, directed towards reducing the MAPO index score by addressing the single risk determinants.

EXPLORATION OF CAREER CHOICES AMONG UNDERGRADUATE NURSING STUDENTS IN KAMPALA, UGANDA

by Clare Nankinga | Clarke International University

Abstract ID: 38

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: career, choices, exploration

Background

Understanding job preferences among undergraduate nursing students is crucial as it marks the pivotal transition from educational preparation to career initiation. In today's diverse professional landscape, selecting the right career path is paramount for students to align with their needs and interests, ensuring a focused and fulfilling career journey post-graduation. This study explores career choices, among undergraduate nursing students in Kampala, acknowledging that these decisions not only reflect individual likes and dislikes but also significantly shape future professional trajectories.

Methods

The study employed a descriptive qualitative design. It was carried out at Clarke International University and Makerere University among final year undergraduate nursing students. Participants were purposively selected into the study. Data was collected using in-depth interviews (14 interviews) and four focus group discussions (6 participants per group). Data was coded, transcribed and analysed using Colaizzi's approach.

Results

Fourteen students participated in the study. These were seven direct and seven top-up students. A subset of these formed the focus group discussions. Seventeen categories coalesced into four overarching themes through in-depth interviews and focus group discussions. These themes encompassed Career Preferences (e.g. Areas of specialization), Determinants Influencing Career Preferences (e.g. Career guidance by institutions), Professional Identity (Public image/ view) and Channeling(e.g First choice)

Conclusion

These findings shed light on the factors influencing nursing students' career decisions, their sense of professional identity, and the channels through which they navigate their career paths. These insights are valuable for educators, policymakers, and healthcare institutions aiming to support and guide nursing students towards fulfilling and meaningful careers aligned with their aspirations and interests

A clinical teaching framework to facilitate the support and guidance of newly qualified professional nurses

by Warriodene Hansen | University of South Africa

Abstract ID: 39

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Clinical environment; Guidance; Model development; Newly qualified professional nurse; Preceptor; Preceptorship; Support; Transition

Background: Transitioning to a professional role is difficult for newly qualified professional nurses. Given the challenges that newly qualified professional nurses experience during the transition to practice, support is essential for them to become efficient, safe, confident and competent in their professional roles.

Objectives: The purpose of this study was to investigate the transition experiences of newly qualified professional nurses to develop a preceptorship model.

Method: This study employed a qualitative approach to purposively collect data. Concept analyses were conducted applying the steps suggested by Walker and Avant, and the related concepts were classified utilising the survey list of Dickoff, James and Wiedenbach's practice theory. Chinn and Kramer's components for theory generation were used for the development of the model, and evaluation.

Results: A preceptorship model for the facilitation of guidance and support in the clinical area for newly qualified professional nurses were developed. The model consists of six components, namely, the clinical environment, the operational manager and preceptor, the newly qualified professional nurse, the preceptorship, the assessment of learning and the outcome.

Conclusion: The study revealed that newly qualified professional nurses face many transition challenges when entering clinical practice. They are thrown far in, experience a reality shock and are not ready to start performing their professional role. The participants agreed that guidance and support is needed for their independent practice role.

Contribution: The preceptorship model for newly qualified nurses would be necessary for the transition period within hospitals. This preceptorship model may be implemented by nursing education institutions as part of their curriculum to prepare pre-qualifying students for the professional role.

Knowledge, Attitude and Practices of Healthcare Workers' on Gastroschisis Pre-referral Management Interventions in Central Malawi

by Martin Chigwede | Bip Nandi | Miranda M.M. Amundsen | Amarylis Mapurisa | Madhushree Zope | Kamuzu Central Hospital | Kamuzu Central Hospital | BC Womens Hospital; University of Victoria | Kamuzu Central Hospital | University of Alabama at Birmingham

Abstract ID: 40

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Gastroschisis; Malawi; Neonates; Abdominal Wall Defects; Global Surgery.

Introduction: Gastroschisis affects an estimated 16,000 neonates in Sub-Saharan Africa. In Malawi, a low-income country, bedside insertion of preformed silos and delayed closure for neonates with gastroschisis has been adopted in tertiary hospitals. Several challenges have been noted in Malawi, including the lack of knowledge in gastroschisis management immediately post-birth and prior to referral.

Broad objective: To improve the management of gastroschisis during the pre-referral period in central Malawi.

Specific objectives: 1) To assess healthcare professionals' knowledge, attitudes, and practices in gastroschisis pre-referral management; 2) To identify barriers to current gastroschisis policy adherence; and 3) To formulate evidence-informed interventions to enhance management of gastroschisis cases prior to referral.

Methodology: This study adopts a comprehensive mixed-methods research design and consists of three phases: 1) Data collection; 2) Bundle creation; and 3) Implementation. Data will be collected using a self-administered, structured survey. The survey will include both close ended and open-ended questions to ensure the perspectives of health care professionals providing pre-referral management interventions are captured holistically. Following the results, facility-specific interventional bundles will be created by the multidisciplinary team at the tertiary hospital and delivered in referral facilities identified during the study with the highest need for intervention.

Conclusion: This promissory study addresses a critical element in the management of gastroschisis in Malawi. Although significant progress has been made in the tertiary centers, improving pre-referral management of gastroschisis is necessary to reduce mortality in neonates. The results of this study are also applicable in other resource-limited settings, contributing much needed evidence to global neonatal surgery.

TEACHING THE INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS STRATEGY: THE PERSPECTIVES OF NURSE EDUCATORS IN LESOTHO

by Mpho Shelile | National University of Lesotho

Abstract ID: 41

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: IMNCI, Nurse Educator, Perspectives, Teaching

World Health Organisation and United Nations Children's Fund developed the integrated management of neonatal and childhood illness training (IMNCI) strategy to reduce child morbidity and mortality and to enhance child growth and development in middle and low income countries. However, there is anecdotal evidence that some children die due to poor implementation of IMNCI. The purpose of this study was to explore and describe the perspectives of nurse educators regarding teaching of IMNCI strategy in Lesotho Nurse Training Institutions. The study followed qualitative, descriptive, exploratory and contextual research design in order to gain a rich understanding of perspectives of nurse educators regarding teaching of IMNCI strategy. Face-to-face interviews were conducted to collect data. Data analysis process followed thematic analysis and ethical considerations were maintained throughout the study. Data saturation was reached after interviewing 12 nurse educators. Three themes emerged from the data analysis, namely: the benefits of teaching IMNCI, the challenges of teaching IMNCI and measures to improve teaching of INMCI. Nurse educators were not all given IMNCI strategy orientation. The IMNCI strategy is introduced into nursing programs and most nurse educator wish for its incorporation into nursing curricula. Varying teaching approaches are employed by the nurse educators while teaching IMNCI.

ANALYSIS OF CLINICAL SUPERVISION IN NURSING USING WALKER AND AVANT MODEL

by Mpho Shelile | National University of Lesotho

Abstract ID: 42

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Clinical supervision, Concept analysis, Concept definition, Quality Care, Walker and Avant

Background: Clinical supervision is an internationally accepted strategy for nurse managers in supporting nurses in the provision of quality nursing care. However, clinical supervision is not clearly defined. **Objective:** This analysis envisaged to clarify the meaning of the concept clinical supervision in nursing. **Methods:** Clinical supervision was analyzed using the 8-step Walker and Avant's method. The search in scientific databases namely; Science Direct, PubMed and Ebscohost, was carried out using the descriptors: clinical, supervision, clinical supervision and clinical supervision in nursing in the titles and abstracts of articles and other source. The inclusion criteria included definitions and studies written in English and carried out between 1948 and 2023. Finally, as many as 71 articles related to the concept were analyzed. **Results:** The results of concept analysis revealed competency and safe environment to be antecedents of clinical supervision, establishment of relationship, reflection and professional development as the phases of the process of clinical supervision and identified improved performance, improved job satisfaction, patient safety and improved quality nursing care as outcomes of clinical supervision. **Conclusion:** The concept of clinical supervision changes over time; it is defined in the current concept analysis as a structured, supportive and professional development process where nurses reflect on their own practice within the context of safety, confidentiality, trust and a competent supervisor. **Contribution:** This analysis clarified the meaning of clinical supervision in the context of nursing practice and established a theoretical and operational definitions which can be adopted in different contexts of nursing practice.

KNOWLEDGE AND PRACTICES OF PRIMARY HEALTH CARE NURSES REGARDING PRESCRIPTION OF ANTIHYPERTENSIVE DRUGS IN MAFETENG DISTRICT

by Radebe Lydia Limakatso | Malealea Health Centre, Mafeteng

Abstract ID: 43

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Antihypertensive, Knowledge, Nurses, Prescription

Background: Hypertension is one of the leading causes of global mortality. Hypertension presents a huge challenge in developing countries, especially Sub-Saharan Africa with threefold greater with Lesotho ranked number four with highest incidence of hypertension in the world.

Aim: To assess knowledge and practices of primary health care nurses regarding prescription of antihypertensive drugs.

Methods: A quantitative descriptive cross-sectional study was conducted. Forty-two nurses were recruited by purposive sampling to participate in the study. The researcher used an electronic questionnaire for data collection following ethical clearance from Institution Review Board of Faculty of Health Science and Ministry of Health. Data were analysed using descriptive statistics.

Results: Most participants were females and had attained diploma in general nursing and midwifery. The findings revealed that only 26% fully know steps to be followed for diagnosing hypertension and 23.8% felt confident to initiate patients on antihypertensive drugs. Moreover, knowledge of mechanism of action of antihypertensive drugs was poor and majority of nurses do not perform laboratory tests for patients as either baseline or monitoring drugs toxicity.

Conclusion: The study identified that both knowledge and practices of nurses were inadequate regarding prescription of antihypertensive drugs. This suggest that nurse's knowledge and practices need further improvement through in-service trainings.

PERCEPTIONS OF CAREGIVERS TOWARDS UNDERFIVE VACCINATION IN ROMA

by Sibongile Seheshe Gladys | National University of Lesotho

Abstract ID: 44

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Caregivers, Perceptions, Roma, Vaccination

Background: Under-five vaccination has been the most effective and cost effective way of preventing vaccine preventable diseases and as a result limiting child mortality and morbidity. Nevertheless, children still miss their shots and still have incomplete vaccination schedules.

Purpose of the study: The aim of the study was to assess caregivers' knowledge and attitudes towards under five vaccinations in Roma.

Methods: A quantitative cross-sectional descriptive design was adopted in this study with a convenience sample of 50 respondents. A 3-part structured questionnaire was used to collect data from the caregivers in Roma, Mafikeng and data was only collected after approval by the ministry of health, the IRB committee and authorization of the chief of Mafikeng.

Results: A significant number of caregivers have adequate knowledge of immunization, although, out of 50 respondents, 54% (=27) of caregivers are still convinced that some vaccinations could indeed be harmful to children, 100% of them know that immunization begins from birth of a child. Their perceptions towards vaccination were generally negative. 78% of respondents agreed that unpleasant service from the health care providers discourage them from accessing the services at health care centers.

Conclusion: Vaccination remain the most effective and cost-effective way of preventing the contraction of infectious disease. There are still many controversies about vaccines. Despite the trend of increasing vaccination rates worldwide, many factors may influence the formation of negative perceptions and attitudes, especially in developing countries like Lesotho.

An assessment of practices of midwives regarding the management of postpartum hemorrhage: A case of Maseru, Lesotho.

by Mpho Chabeli | Isabella Nyangu | Regina Mpemi | National University of Lesotho | Edinburgh Napier School of Health and Social Care | National University of Lesotho

Abstract ID: 45

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Knowledge, midwife, postpartum hemorrhage, practice

Postpartum haemorrhage (PPH) remains the common cause of maternal mortality. More than half of maternal deaths from PPH occur within 24 hours of delivery and could be prevented through midwives' compliance with guidelines and standards for clinical practice. This study aimed to assess the midwives' practices regarding the management of PPH in Maseru Lesotho. A quantitative cross-sectional study was undertaken. Convenience sampling was used to select 220 midwives who voluntarily completed a structured self-administered questionnaire. Ethical clearance was granted by the Ministry of Health Research and Ethics Committee. Data was analysed using Statistical Package for Social Science and presented using descriptive and analytic statistics. Midwives were competent with estimation and recording blood loss, placenta assessment and vital signs of patients. There was a significant association between the highest education qualification and midwives who estimate and record blood loss, palpate and measure the uterine fundus and assess the completeness of the placenta. The results revealed a significant association between work experience, uterine fundus measurement and estimated blood loss. Midwives reported to practice management of PPH based mostly on guidelines. However, many midwives still disregard recommendations, putting patients at risk hence the need to intensify supervision to ensure safe practices.

Respectful Maternity Care in Rwandan Health Facilities: Prevalence, Insights and Strategies from Women, Healthcare Providers and experts review Through Appreciative Inquiry.

by Alice Muhayimana | University of Rwanda

Abstract ID: 46

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Mother-friendly care, best practices, childbirth, dignified care, intrapartum, positive experience, strategies

Background: Childbirth deserves profound respect, as emphasized by the World Health Organization in 2018. Respectful Maternity Care (RMC) is pivotal for improving maternal and neonatal outcomes, while its absence constitutes a violation of women's and newborns' rights. However, ensuring RMC goes beyond merely avoiding mistreatment, proactive advocacy, mistreatment reduction efforts, and contextually appropriate, respectful actions are essential. Previous studies on RMC in Rwanda mainly focused on negative experiences. In contrast, our study employed Appreciative Inquiry (AI) to highlight positive aspects during intrapartum care. AI, chosen for its ability to generate culturally relevant and realistic results, emphasizes strengths rather than just challenges. This study aimed to assess positive experiences among mothers and best practices among healthcare providers (HCPs) in Eastern province hospitals of Rwanda. The goal was to develop strategies for facilitating and sustaining RMC during labour. Effective implementation of RMC in healthcare facilities reduces mistreatment, enhances birth outcomes, and promotes positive childbirth experiences.

Approach: We conducted this study in five hospitals in the Eastern province of Rwanda from June 2022 to April 2023. We executed the study in four phases with five stages of AI: Define, Discover, Dream, Design, and Destiny. In the **define stage**, we clarified the topic and ensured it had a positive core.

Phase 1 utilized a convergent parallel mixed method. The quantitative was cross-sectional, with 610 **women**, utilizing a 15-item RMC updated by White Ribbon Alliance in 2019. We employed descriptive logistic regression in the analysis. IDIs were conducted on 30 subsets of women who reported being respected. This phase corresponds to **the dream** stage. In **phase 2**, we conducted 10 FGDs on midwives and nurses, 10 IDIs on physicians and 10 IDIs with matrons. **HCPs** expressed their best experiences and their thoughts on what mothers reported, corresponding with AI's **dream and design** stage. For all qualitative data, NVivo 12 and thematic analysis were used. In **phase 3**, we developed strategies by **integrating the findings. This stage is** aligned with the **design**.

In **Phase 4**, developed strategies were validated by 10 **national and international experts/stakeholders** in RMC by using an expert review approach. Participants rated each strategy based on its relevance, feasibility, acceptability, and context using a Likert scale

questionnaire. Following the validation process, we prioritize the strategies based on the highest ranking percentage score for each one. By using the strategic formulation process, we developed a detailed plan of action and goals, and we determined the proper blueprint to achieve those goals by proposing practical implementation. This phase corresponds to the part of the **destiny** stage.

Results: Women (70.2%) received RMC. Mothers reported receiving compassionate treatment, respect for preferences, and equitable care. HCPs advocated for enhanced professionalism, teamwork, and effective communication. Developed strategies focused on women-centred care, preserving community trust, professional conduct, supportive leadership, and maintaining adequate childbirth facility environments. Expert validation highlighted the relevance and feasibility of these strategies, with an overall score of 89.75%.

Conclusion: The findings of this study carry significant implications for policy and the advancement of RMC practices in Rwanda. This is especially relevant considering that Rwanda currently lacks a standalone RMC policy, with its few components that are included in the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) policy. Embracing multifaceted strategies to promote positive childbirth experiences can effectively enhance RMC provision for women during maternity care. The ultimate outcome is to set the overall direction and goals for the implementation of the developed strategies by involving policymakers, health leaders, facility managers, communities, and individuals in the implementation thereof. Thereby sensitizing the broader health system and the relevant stakeholders towards the endeavour to promote and sustain RMC in Rwanda.

ASSESSMENT OF PREVALENCE OF SELF-MEDICATION WITH ANTIBIOTICS AMONG STUDENTS AT THE NATIONAL UNIVERSITY OF LESOTHO

by Mabisi Shoapho | Nurse-midwife

Abstract ID: 47

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Antibiotic, Assessment, Self-medication, Students, University

Background: Self-medication can benefit the individuals and is recognized by WHO (2018) as part of self-care. The youth is especially exposed to media and the increased advertising of pharmaceuticals poses a larger threat to the population. The practice of self-medication should be based on authentic medical information otherwise irrational use of drugs can cause wastage of resources, increased resistance to pathogens, and prolonged morbidity. Self-medication is a useful tool for treatment of minor ailments, however improper self-medication practice may lead adverse drug reactions, inappropriate choice of medication, risk for double medication and harmful interactions, risks of dependence and abuse, and over/under dosing of medicines, and antimicrobial resistance due to irrational use of antibiotics (Mamo, Ayele, Dechasa, 2018).

Purpose: The purpose of the study was to investigate self-medication with antibiotics among students.

Methods: A cross-sectional quantitative study design was used. Data was collected using a self-administered questionnaire following ethical clearance.

Results: Most students (52%) were aware of what self-medication. 68% attested to have engaged in it previously without the knowledge of the side effects that were brought by it. Reasons for self-medication with antibiotics ranged from poor health services to increased costs of treatment.

Conclusion: Self-medication with antibiotics is a real problem among students, this is a serious problem which needs a better focus and intervention, keeping in mind the alarming rate of antibiotic resistant pathogens. The findings of this study showed that minor illnesses are the major reason for self-medication.

Managing COVID-19 from the nurses' perspectives at selected primary healthcare facilities in Maseru Lesotho

by Letuka James Phiri | National University of Lesotho

Abstract ID: 48

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: COVID-19, knowledge, nurse, perspectives, practices, primary healthcare

Background: Nurses are in the forefront of the fight against COVID-19. The modest amount of perspectives among health care practitioners remained an issue, particularly in developing nations such as Lesotho.

Objectives: This study aimed to assess the level of perspectives of nurses working in the primary healthcare setting to manage COVID-19 in Lesotho.

Method: A quantitative descriptive cross-sectional survey research design was used to collect data using a structured questionnaire from a conveniently selected sample of nurses. Data were analysed using SPSS, and results presented using descriptive and analytic statistics.

Results: A total of 120 nurses completed the questionnaire, with a 100% response rate. Very few proportions of nurses received formal training (52.4%) and were taught and trained on the safe and accurate ways of using PPEs (21.8%) as a preventative measure. Less than half of the participants could implement guidelines to screen (36.7%), report a suspected case (32.5%) and manage confirmed cases of COVID-19 (30.8%). The levels of knowledge and practices for the pandemic were moderate during the study. There was a significant correlation between the nurses' knowledge and practices [$\chi^2(442, N=120) = 1022.6, p < .05$] in the management of COVID-19.

Conclusion: The level of perspectives of nurses in Lesotho was moderate regarding the management of COVID-19. Unsatisfactory numbers of nurses were reasonably knowledgeable and capable of implementing pandemic response measures. This study provides the information necessary for health authorities to prioritise training programmes that support nurses during COVID-19 and similar pandemics.

Impact of Infection Prevention Care Bundles on Surgical Site Infections Post Cesarean Section at Moi Teaching and Referral Hospital in Eldoret, Kenya

by Faith Sila | Sarah Esendi Kagoni | Moi Teaching & Referral Hospital | Moi Teaching & Referral Hospital

Abstract ID: 49

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Caesarean section, surgical site infection

INTRODUCTION

Cesarean Section (CS) delivery rate is increasing globally. CS predisposes women to adverse effects such as Surgical Site Infection (SSI). Hospital acquired infections for instance SSI due to CS are **preventable with adequate compliance to SSI care bundles.**

OBJECTIVES

The goal of the project was to identify and reduce surgical site infections (SSIs) after Cesarean sections at Moi Teaching and Referral Hospital in Kenya through development and implementation of a surgical site infection prevention bundle and policy.

METHODS

A time-series design with pre and post intervention period was utilized to conduct this study at the Riley Mother and Baby hospital in Moi Teaching and Referral Hospital. Systematic random sampling was utilized to select every third CS patient. The selected mothers were followed up through telephone calls on day 7, 14 and 30 post CS to identify SSI incidence.

RESULTS

Among the 764 mothers enrolled in the study during the pre-intervention phase, 42 developed SSI post CS, 35 were superficial while 7 were deep SSI cases. 88% of the CS SSI were a result of emergency CS cases. 71% of the mothers developing CS SSI had a monthly income of less than Ksh. 23,000. Follow up telephone calls allowed for early detection of a superficial SSI and reported increase in patient satisfaction. There was a notable decrease of baseline SSI rate from 18% to a current 5.5%.

CONCLUSION

Follow up calls after discharge of CS mothers highly contributed to early detection of SSI and reduction of the incidence rate.

RECOMMENDATIONS

The study recommends that we should implement phone call follow-up interviews to reduce SSIs among CS patients. This finding is significant for improving surgical care practices in similar settings in Sub-Saharan Africa, ultimately reducing maternal mortality rates associated with CS.

PERCIEVED DEMOGRAPHIC AND SOCIOECONOMIC FACTORS CONTRIBUTING TO POOR OUTCOME OF NEONATAL SEPSIS AT PEDIATRIC UNIT KENYATTA NATIONAL HOSPITAL

by Kimaiyo Jepkosgei | Moi Teaching and Referral Hospital

Abstract ID: 50

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Neonate, demographic, poor outcome, sepsis, socioeconomic factors.

BACKGROUND: Globally sepsis is still a known case of high mortality and mobility rates among neonates. This is despite there having been advances in healthcare quality. The World Health Organization estimates that more than 40% of deaths occurring among infants aged below five years happen during the neonatal phase and they result to 3.1 infant deaths annually.

The objectives were: To establish the perceived demographic and socioeconomic factors contributing to poor outcome of neonatal sepsis

METHODS: This was a hospital based descriptive cross-sectional study conducted in the Pediatric Unit of Kenyatta National Hospital. A total of 175 mothers of neonates with neonatal sepsis admitted in KNH selected using consecutive sampling method were recruited into the study .

RESULTS AND CONCLUSION : Maternal demographic factors associated with poor outcomes of neonatal sepsis included - younger or advanced maternal age ($X^2 = 4.735$, $df = 2$, $p = 0.031$). Maternal socioeconomic factors associated with poor outcomes of neonatal sepsis included - low household income level ($X^2 = 6.163$, $df = 1$, $p = 0.014$). Various maternal demographic, maternal socioeconomic were significant perceived determinants of poor outcome of neonatal sepsis in Kenyatta National Hospital's Pediatric Unit.

NEXUS BETWEEN EMPLOYEE MOTIVATION AND PERFORMANCE OF LEVEL FOUR GOVERNMENT HOSPITALS IN KENYA: MODERATING EFFECT OF STAKEHOLDER ENGAGEMENT

by Dr Everlyn Musangi Nyamai | Prof. Thomas Ngui | Kenya Medical Training College, Management University of Africa | United States International University- Africa

Abstract ID: 51

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Employee Motivation, Performance of Hospitals, Stakeholder Engagement

Aim; To establish the moderating effect of stakeholder engagement on the relationship between employee motivation and Performance of Level Four government hospitals in Kenya.

Specific objective

To determine the relationship between employee motivation and Performance of Level Four government hospitals in Kenya

The second objective of the study was to assess the moderating effect of stakeholder engagement on the connection between employee motivation and performance of Level Four government.

Methods

This paper adopted mixed method approach with the aim of predicting and generalizing the moderating role of stakeholder engagement on the relationship between employee motivation and performance of Level 4 government hospitals in Kenya. This study employed a sequential explanatory design. The adopted design enabled for triangulation of quantitative results and qualitative findings. The paper targeted 104 Level Four government hospitals. The study used primary data which was obtained from the selected respondents using structured questionnaires and interview schedules for qualitative data. Descriptive analysis was used to analyze quantitative data through tabulations, percentages and measure of central tendency, while inferential statistics used to draw predictions. The study targeted two management levels consisting of the top and middle management levels since they are responsible for strategy implementation and policy formulation in the organization. The researcher randomly selected 2 officers from each category. This summed to 4 participants from each category to make a total of 328 respondents.

Interviews from the Senior Health Officers (SHOs) were recorded and transcribed and content analysis was conducted to establish correlations and patterns in relation to respondents' feedback to open ended questions on key concepts of the study; employee

motivation, stakeholder engagement and organizational performance and the relationship between the concepts and their contextual dimensions.

Results

The moderating influence of stakeholder engagement was investigated, and the findings were interpreted using the coefficient of determination (R-Square), Analysis of Variance (ANOVA), and regression coefficients. ($t = 12.803, p < 0.05$; $t = 10.657, p < 0.05$) with $\beta_1 = 0.596, p = 0.000 < 0.05$; $\beta_2 = 0.348, p = 0.000 < 0.05$. When the interaction term was introduced in step three, the findings showed that it was significant ($t = 13.735, p < 0.05$). The study results indicated that a unit increase in employee engagement raises the performance of Level Four government hospitals by 0.804. The study findings also indicated an enhancing type of moderation since the R^2 increased from 72.7% to 80.2% and 84.1% after the interaction term (EM*SE) ; ($R^2 = .727, \beta = .804, p = 0.00$; $R^2 = .802, \beta = .500, p = 0.00$; $R^2 = .841, \beta = .695, p = 0.00$).

Conclusion

The use of an "inclusive approach" in stakeholder interaction, where the institution's goals and values are outlined and shared with all parties is crucial for an organization. Inclusion of stakeholders in strategic planning procedures makes it very simple for them to support and carry out the plan. These stakeholders might also be able to influence this strategy because they might have knowledge, expertise, or insights that would be valuable in its development. Effective stakeholder management necessitates proper management of the connection between an organization and its stakeholders and organizations that serve the demands and interests of stakeholders perform better than organizations that do not.

Recommendations

The paper recommends that new regulations be developed to ensure that stakeholders are involved in decision-making and that programmes are linked to stakeholders in order to improve the Performance of Level Four government hospitals. The study also recommends that Level Four government hospitals' top management create policies that forbid friendships, conversations, employee interactions, and the exchanging of ideas. The workplace should be enjoyable and provide possibilities for open communication, brainstorming, and discussion.

Predictors of low birthweight and comparisons of newborn birthweights among different groups of maternal factors at Rev. John Chilembwe Hospital in Phalombe district, Malawi: a retrospective record review

by Dumisani Mfipa | Precious L. Hajison | Felistas Mpachika-Mfipa | Family Health Services, Lilongwe, Malawi. | Preluha Consultancy, Zomba, Malawi | Phalombe District Health Office, Malawi

Abstract ID: 52

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Antepartum hemorrhage, delivery mode, gestational age, low birthweight, maternal HIV status, maternal age, maternal sepsis, newborn birthweight, parity, preeclampsia or eclampsia

Background: Birthweight has an impact on newborn's future health outcomes. Maternal factors, including age, delivery mode, HIV status, gestational age, parity and obstetric complications (preeclampsia or eclampsia [PE], antepartum hemorrhage [APH] and sepsis), however, have been shown as risk factors of low birthweight (LBW) elsewhere. For data-guided interventions, we aimed to identify its predictors and compare newborn birthweights between different groups of maternal factors at Rev. John Chilembwe Hospital, Phalombe district, Malawi.

Methods: Using a retrospective record review study design, we extracted data from maternity registers of 1244 women and their newborns (October, 2022_March, 2023). Data were skewed. Median test was used to compare median birthweights. Chi-square/Fisher's exact tests were used to compare LBW proportions among different groups of maternal factors. Multivariate logistic regression with stepwise, forward likelihood method was performed to identify LBW predictors.

Results: Median birthweight was 2900.00g (interquartile range [IQR]: 2600.00g-3200.00g). Prevalence of LBW was 16.7% (n=208). LBW proportions were higher in women with PE (10 [47.6%] of 21), APH/sepsis (7 [58.3%] of 12) than controls (191 [15.8%] of 1211), $p<.001$. Lower in full-term (46 [5.5%] of 835) and postterm (2 [3.7%] of 54) than preterm (160 [45.1%] of 355), $p<.001$. The odds of LBW were higher in preterm than full-term (AOR=13.76, 95%CI: 9.54-19.84, $p<.001$), women with PE (AOR=3.88, 95%CI: 1.35-11.18, $p=.012$), APH/sepsis (AOR=6.25, 95%CI: 1.50-26.11, $p=.012$) than controls.

Conclusion: Prevalence of LBW was high. Its predictors were prematurity, PE, APH, and sepsis. Interventions aimed to prevent these risk factors should be prioritized to improve birthweight outcomes.

EXPERIENCES OF NURSES IN FACILITATING SUPPORTIVE CARE TO MEN DIAGNOSED WITH PROSTATE CANCER AND THEIR FAMILIES

by Salomo Salomo | University of Namibia

Abstract ID: 53

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Nurses, diagnosis, experiences, prostate cancer, supportive care

Background: Men diagnosed with prostate cancer experience a range of unmet supportive care needs due to lack of trained health personnel in resource-poor setting.

Aim: The aim of the study was to explore and describe the experiences of nurses in facilitating supportive care to men diagnosed with prostate cancer and their families in health facilities.

Setting: The study was conducted in the oncology departments of the Intermediate Hospital Oshakati, Oshana region, Namibia.

Methods: Qualitative, exploratory, descriptive, and contextual designs were adopted. Anon-probability purposive sampling method was used to select information-rich participants. Data were collected by means of individual interviews with fourteen registered nurses. Ethical clearance was obtained from ethical review committee prior to the conduct of the study. Data was collected using unstructured interview guide. Responses were audio taped and transcribed verbatim. Data were manually analyzed by means of content analysis, using the Tesch's eight steps of open coding.

Results: Four themes emerged: (i) experiences of different interventions (ii) shortage of resources and lack of conducive environment (iii) lack of support system for men, family, and community, and (iv) barriers that hinder the facilitation of supportive care.

Conclusion: Nurses experience different interventions for supportive care, shortage of resources as well as barriers that hinders the facilitation of supportive care to men diagnosed with prostate cancer and their families.

Contribution: The study proposed areas of improvement in oncology nursing such as the introduction of national policies on supportive care, and a postgraduate specialized oncology nursing course.

Keywords: Nurses, experiences, diagnosis, supportive care, prostate cancer

COVID-19 Health Seeking Behavior among Slum dwellers of Railways slum, Mombasa County, Kenya.

by Winnie Barawa | Kenya Medical Training College

Abstract ID: 55

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: COVID-19, Health Seeking Behaviour, Slum Dwellers, Slums

Severe Acute Respiratory Syndrome of Covid Virus (SARS-CoV-2) commonly known as corona virus (COVID-19), was discovered as a new viral class of Coronaviridae family when a cohort of people in Wuhan Province in China were suspected to present with pneumonia like symptoms which were later confirmed to be novel coronavirus. Preventive measures and vaccination are the main approaches to controlling spread of COVID-19 while early disease stage health-seeking behavior (HSB) of patients is an important link to achieving infection prevention and control. Slums present with increased population rate, inadequate access to clean water, small informal dwellings, and multi-generational household and sharing of unhygienic sanitation facilities such as toilets by multiple households. In an event of infectious diseases, slum dwellers record higher overall mortality and morbidity rates. Slum dwellers are considered among high-risk individuals during pandemics and other disease outbreaks. It is in this regards that HSB of slum dwellers in Railways slums was investigated. The main objective of the study was to determine COVID-19 HSB among slum dwellers of Railways in Mombasa County. A descriptive cross-sectional study was done in Railways slums, Mombasa County using a structured questionnaire administered to 133 study participants and by using interviews for 3 key informants, all selected using simple random and purposive sampling, respectively. Data was subjected to univariate, bivariate and binary logistic analysis using Statistical Package for Social Sciences version 26. Results were presented using tables, charts, graphs and thematic narration. The study found that the mean age was 35 years, 69.2% were married, 46.6% had attained secondary level of education and 79.7% were Christians. Most slum dwellers are self-employed (51.9%) with an average monthly income of <Usd 130. Housing included semi-permanent houses (56.4%) and most dwellers lived with their family members. Majority of slum dwellers preferred wearing face masks (93.2%), 59% of the respondents preferred seeking physician consultation, there was 76.7% COVID-19 testing rate and 76.7% COVID-19 vaccination rate. There was significant association between predisposing factors of marriage ($\chi^2=15.471$, $df=3$, $p=0.001$) and housing status ($\chi^2=12.235$, $df=5$, $p=0.032$) with health seeking behavior. There was significant association between enabling factors of perceived health status ($\chi^2=32.105$, $df=4$, $p < 0.001$, access to insurance ($\chi^2=12.791$, $df=4$, $p=0.012$) and self-efficacy ($\chi^2=11.252$, $df=4$, $p=0.024$) with HSB choices. 63.2% of the participants were healthy with no pre-existing conditions, while among those with positive history of illnesses, hypertension was the leading condition (33.3%). Enabling factors of pre-existing conditions ($\chi^2=11.559$, $df=3$, $p=0.009$), self-reported health status ($\chi^2=13.105$, $df=4$, $p=0.011$) and disease severity ($\chi^2=7.851$, $df=4$, $p=0.097$) were significant in influencing the HSB choices.

The study also found that divorced slum dwellers were three times more likely to seek physician's services than single slum dwellers ($\beta=1.228$, B/OR=3.415, $p=0.447$, 95%CI=0.144-80.177). Inadequate funds was the leading challenge in sustaining the preventive and control measures of COVID-19. The study concludes that understanding slum dwellers health-seeking behaviors and their influencing factors during the pandemic informs on development of effective preventive strategies for future SARS illnesses and recommends need for mass education and awareness to promote attitude change, mass testing and vaccination and promotion of adherence to control and preventive measures of SARS illnesses.

Village Health Workers Supporting Primary Healthcare: A Case of Butha Buthe in Lesotho

by Marethabile Nei | Dr Isabel Nyangu | EGPAF | Edinburgh Napier University

Abstract ID: 58

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Health Workers, Primary Health Care, Roles, Village

Background

Village health workers (VHWs) are central and play a significant role in Primary Health Care (PHC) due to their proximity to households, communities, and the healthcare system. However, several factors influence the way VHWs perform their roles in PHC provision and these are usually not readily identified and addressed in large-scale programs. The complex issues VHWs address in the community call for a review of their roles in the provision of PHC, unfortunately, few studies have sought to understand these roles and the significant role that the community, health facilities, and the Ministry of Health can play in enhancing VHWs performance.

The study aimed to explore the factors that impact VHWs' role in primary health care service provision in Lesotho and to describe their views on those factors that influenced how they perform their duties.

Methodology

An exploratory qualitative design was used to collect data using focus group discussions from 30 respondents (28 females and 2 males) in August 2022. Written informed consent was sought before the study and participants were allowed to withdraw without any repercussions. The data were transcribed verbatim and analyzed using thematic analysis and three themes emerged.

Results

VHWs had a service delivery role to play in the communities and their performance was enhanced by the support they received from the communities and healthcare facilities. The services they provided included demand creation, health promotion, enhancing linkages between the community and healthcare facilities, and driving decision-making processes by the communities. VHWs needed support and resources to enhance their performance. They were driven by compassion, assisted community members with their resources, and were active during the COVID-19 response. The inconsistency and lack of transparency in the remuneration, the lack of resources, and the lack of clarity on their roles hampered their optimal performance. They wanted to be appreciated for their contribution, especially by the Ministry of Health and its partner agencies.

Conclusions

The study concluded that remuneration, availability of resources, capacity building, and recognition of VHWs by communities, health facilities, and the Ministry of Health are crucial in enhancing VHWs' confidence and overall performance. These called for a review of the remuneration package commensurate with the scope of work outlined in the 2020 Village

Health Program Policy of the Ministry of Health Lesotho. Finally, the MOH should improve the conditions of service for VHWs by reinforcing the coordination of all stakeholders supporting village health programs and enhancing VHWs' capacity through training and equitable distribution of resources.

Contributions of this study

This study has contributed to the following changes in the Community-based health service program in the Ministry of Health:

- Review of the VHW Policy
- Developing Community-based Health policy, strategy, and M&E framework to guide the provision of health services in the community by VHWs and other CBOs/ CSOs and enhanced coordination.
- Development of VHW training toolkit
- A geo-referenced VHW Master list has been created to monitor VHW performance and guide the disbursement of the stipend, thus ensuring VHWs are reimbursed on time.
- Development of Bophelo ka Mosebeletsi (BKM) "Health through a VHW" application that will be used as a village registry tool, document service provision and reporting of select indicators that are captured in the national HMIS system, the DHIS-2.

CAREGIVER'S PRACTICES AS A RISK OF BIDIRECTIONAL DIARRHEA-MALNUTRITION AMONG UNDER-FIVES IN THE INFORMAL SETTLEMENTS OF KISUMU COUNTY, KENYA

by Dr. Milka Ogayo | Masinde Muliro University of Science and Technology

Abstract ID: 60

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Bidirectional, Caregivers, Diarrhea, Malnutrition, Under-fives

Background: A child who suffers diarrhea and later malnutrition or malnutrition then diarrhea is known to have a bidirectional diarrhea-malnutrition condition. This state is common in informal settlements but the risk of caregiver practices associated with it is poorly understood.

Objective: To determine caregiver' practices as risks for bidirectional diarrhea-malnutrition among under-fives living in informal settlements of Kisumu County, Kenya.

Study design: A cross sectional research design using quantitative methods to collect data was applied

Setting: the study sites were two referral hospitals of Kisumu County.

Participants: Children under five years admitted with acute or chronic malnutrition and diarrhea with signs of dehydration.

Data analysis: Descriptive and inferential statistics were used to analyze data.

Results: Out of 105 under-fives with malnutrition and diarrhea, 31.43% had bidirectional diarrhea-malnutrition, Caregivers with a primary level of education comprised 57.58% and 63.64% earned less than USD 92.34 monthly. Also, 60.0% of the children were on family diet, however, 36.5% had bidirectional diarrhea-malnutrition. Caregivers' practices that were risks for bidirectional diarrhea malnutrition are disposal of child's feces in an open yard OR =7.48 (1.71-32.78) p = 0.008,not treating water OR =3.39 (1.15-11.25) p=0.028 and shortage of water OR=12.14 (2.40-61.50) p=0.003.

Conclusion: Findings show that caregiver practices that are related to hygiene, sanitation and water treatment are a risk for bidirectional diarrhea-malnutrition. The findings suggest that adopting strategies that improve such practices would contribute to the reduction of cases of bidirectional diarrhea-malnutrition.

BENEFITS OF INNOVATION AND TECHNOLOGY IN NURSING

by JUDY TANUI | NAKURU COUNTY

Abstract ID: 61

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Artificial intelligence, remote patient monitoring., robots, telehealth, user interfaces

INTRODUCTION

Nurses are naturally gifted problem solvers. Whether it be designing and improving new products, like more comfortable fluid drainage bags for people to wear, or giving a confused patient a soft booty to hug like a stuffed animal so they quit pulling their IV lines out, nurses are constantly innovating.

METHOD

The strength of this study is the application of UTAUT model to analyse the benefits of innovations by nurses in technology-intensive healthcare contexts.

RESULTS

According to Healthcare Information and Management Systems Society, 99% of leaders see digital transformation as a key investment, 84% of organizations require the use of digital health tools and 79% of leaders voluntarily choose to use digital health tools.

DISCUSSION

7 New Technology in Nursing

1. Predictive Analytics

With help from AI, predictive analytics considers data from past patients to suggest a course of treatment with the best possible outcome. Beyond treatment plans, predictive analytics allows health care professionals to analyze patient data quickly, which saves valuable time and improves patient outcomes. Predictive analytics can also help providers determine a patient's risk level for developing other chronic conditions, such as heart disease, obesity and diabetes. This information then informs a course of treatment best suited to the patient.

2. Clinical Mobility

The term "clinical mobility" refers to the use of handheld digital devices—mobile computers, tablets and smartphones—by health care professionals in hospitals and clinics. Such devices offer greater mobility across the facility, allowing them to create a new, convenient point of care based on the location of each patient or family member, higher quality patient care,

better informed clinicians, more efficient workflows

3. Mobile Robotic Systems

Robots are capable of completing the making of point-to-point deliveries of lab specimens, medications or supplies, greeting patients and signing them in, conducting contactless triage interviews in the emergency department

4. Artificial Intelligence in Clinical Decision Support.

The advantages of nurses using AI includes, quickly analyzing large volumes of data, accurately identifying at-risk patients, Identifying and advocating to improve care gaps.

5. Streamlined User Interfaces

These significant benefits have the power to change nursing in the future. With less screen time, nurses can reduce eye strain and improve their focus. Digital health UIs can help nurses communicate in real-time with their care team and do their jobs more efficiently. This frees up time to care for more patients and handle other essential day-to-day responsibilities, such as charting, administering medication and reviewing lab test results with colleagues.

6. Remote Patient Monitoring (RPM)

RPM tracks patient health outside the clinical setting, using technology to transmit patient health data between patients and providers in real time. RPM is an important new technology in nursing because it allows patients to participate in their care from their homes, yielding psychosocial benefits and allowing nurses to stay abreast of any changes in their patients' health.

Some of the most commonly used RPM devices are, digital blood pressure monitors, continuous glucose monitors , pulse oximeters ,heart monitors , pedometers.

CONCLUSION

Despite these challenges, the adoption of new technology offers unparalleled benefits. Nurses and nurse leaders should demand digital technology to replace outdated systems, fulfill standard deliveries and complete other time-consuming routine tasks that can easily be automated. Additionally, strong nursing leadership will be essential as nurses navigate complex new technology, such as AI and robotic systems.

EXPLORING PERCEPTIONS AND EXPERIENCES OF PARENTS AND GUARDIANS REGARDING USE OF CONTRACEPTIVES BY ADOLESCENTS TO PREVENT TEENAGE PREGNANCY AT A SELECTED HOSPITAL IN LERIBE DISTRICT, LESOTHO.

by SEBOFE PETER MOLEFE | Ministry of Health Lesotho

Abstract ID: 62

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Adolescents, Contraceptives, Experiences, Lesotho, Perceptions, Teenage pregnancy

Background

Sexual and reproductive health SRH services have drawn much attention in most African countries. Special focus had been directed toward the utilization of sexual and reproductive health services by adolescents aged 15 to 19 years old. However, little is known about parental and guardians' roles in optimizing the utilization of sexual and reproductive health services by adolescents 15 - 19 years in Leribe district, Lesotho. The study aimed to explore the perceptions and experiences of parents and guardians regarding contraceptive use by adolescents to prevent teenage in the Leribe district.

Method

A qualitative exploratory study design was done using one-on-one semi-structured interviews with parents and guardians raising adolescents aged 15-19 years in their homes. Data were analyzed using Thematic analysis by Braun and Clarke.

Results

Most participants had positive attitudes toward contraceptive use by adolescents, and sexual and reproductive health communication was still balanced as half of the participants agreed to do it. In contrast, another half of the participants could not support it. Parents and guardians knew about contraceptives and their use, and they felt contraceptives prevented problems in the family. In contrast, others felt that contraceptive use resulted in the unfavorable behavior of adolescents. Sexual communication was viewed as significant by some guardians whilst others felt it was non-significant. Lastly, the use of school visits, community outreaches, and health education were found to be the strategies to optimize the uptake of contraceptives by adolescents.

Conclusion

Participants were aware of the prevailing situation of teenage pregnancy and that is why the majority advocated for contraceptive use by adolescents. Sexual and reproductive health communication between parents/guardians and their adolescent children is still a challenge that needs to be addressed because parents and guardians play significant roles to support and guide them to make the right decision concerning SRH services. Healthcare workers should work together with schools and community leaders in the provision of SRH services.

EFFECT OF A HEALTH COMMUNICATION STRATEGY ON UPTAKE OF CERVICAL CANCER SCREENING AMONG WOMEN IN ISIOLO COUNTY, KENYA

by Dr. Agnes Muthoni Linus | Dr. Evelyn Nyamai | Kenya Medical Training College | Kenya Medical training College

Abstract ID: 64

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Cervical Cancer, Community Health Promoters, Screening, Uptake

Abstract

Title: Effect of a Health Communication Strategy on Uptake of Cervical Cancer Screening in Isiolo County, Kenya

Background of the study: The global burden of cervical cancer is high, with 604,000 new cases of cervical cancer in 2018 and 342,000 deaths because of the disease. Women present with advanced stages of invasive cervical cancer in developing countries where screening rates are low. Women affected by cervical cancer are often young, under educated and living in poor countries. Many of them are mothers of young children, whose survival is reduced by the premature death of their mothers. Community strategy is an effective method of reaching out to women of reproductive age at the basic health care level where majority of citizens live. The Community Health Promoters, in their regular and routine home visits, disseminated information on cervical cancer screening to women at the community. The study aimed to increase cervical cancer screening uptake in Isiolo County and beyond, supporting the WHO's goal of eradicating cervical cancer by 2030.

Objective: To determine the effect of a health communication strategy on women's community-level uptake of cervical cancer screening in Isiolo County, Kenya

Design: A community-based cluster randomized trial design. Multi-stage sampling was used to derive the sample size.

Setting: Community Units in Isiolo County

Participants: Four hundred and forty-four (444) women aged 15-65 years drawn from the community. Each arm of the study has 222 women.

Results: At baseline, the study findings showed that 18.2% of respondents had ever been screened. Post-intervention, the cervical cancer screening uptake among the respondents in the intervention arm was found to have increased from 18.2% to 45.9%, while that of the control arm remained at 18%. Respondents in the study's intervention arm had 3.867 higher

chances of being screened than respondents in the control arm (OR 3.849, CI.1.802- 8.223, $P<0.001$). associated with high levels of knowledge about cervical cancer and screening.

Conclusion and recommendation: At baseline, the screening uptake for cancer of the cervix was low. Targeted health communication on cervical cancer screening by Community Health promoters increased uptake. The County and National government incorporates a tool in the community strategy specifically targeting cervical cancer screening.

Psychological experience of midwives regarding maternal deaths at two referral hospital in Lesotho

by LETHATO MOHALE | National university of Lesotho

Abstract ID: 65

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Lesotho, Psychological, experience, maternal deaths, midwives

Maternal deaths are a pervasive problem that frequently occurs in developing countries, driven by socio-economic issues, healthcare service-related issues, pre-existing health conditions, health professional-related issues, and sociocultural issues. This paper describes the psychological experiences of midwives regarding maternal deaths at two selected public hospitals in Lesotho. A qualitative, phenomenological inquiry was employed to collect data from a purposively selected sample of 10 midwives through face-to-face interviews. Audiotapes were used to record the interviews, and the data were transcribed verbatim. The qualitative content analysis method was used to analyse the data. Permission to conduct the study was sought and granted by the Ministry of Health Lesotho (ID58-2022). Participants' identities were confidential, and they were allowed to withdraw from the study without any prejudice. Psychological experiences such as trauma, shock, fear, stress, depression, loss of trust, helplessness, bad dreams, and insomnia were reported by the midwives after the occurrence of maternal deaths. They resorted to individual coping strategies such as crying, alcohol and other substance-related use, and recreational activities. Unfortunately, these strategies were not guided, hence the need for trained healthcare professionals who will take care of midwives' psychological and emotional problems emanating from maternal deaths.

Technology transfer to prevent, detect and respond to postpartum complications for women discharged early after childbirth in resource limited settings: results of a systematic literature review

by Prof Mabel K.M. Magowe | Dr Norman Kaarl Swart | Dr Roy Tapera | Mr Edwin Tsitsi | Ms Tsimona Onalenna | Ms Lesedi Mosebetsi | Mr Mothudis Ncube | University of Botswana | University of Botswana | University of Botswana | University of Botswana | University of Botswana | University of Botswana

Abstract ID: 66

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: “maternal morbidity”, “maternal mortality”, “post-partum complications”, “resource limited countries”., “technology transfer”

Abstract

Post-partum complications are a potential threat to maternal well-being. Technologies that applied in other health conditions can be transferred to maternal health care to improve health outcomes. Research is limited in this area. This literature review aims to explore the opportunities and challenges for technology transfer to detect, prevent and respond to postpartum complications in resource limited countries.

Methods

A systematic literature review was conducted in electronic databases such as PubMed, Scopus, Web of Science, Google scholar to identify relevant scientific publications between 2018 and 2024. Key words used were: “postpartum complications”, “technology transfer”, “maternal health”, “resource limited countries”. Inclusion criteria for articles was based on whether they included technology transfer initiatives aimed at preventing, detecting and responding to maternal postpartum complications. A PRISMA diagram was used to present steps in the review process and screening of relevant sources. The findings were presented in a table based on relevance to the topic, study objectives, opportunities for, and challenges of technology transfer in resource limited countries. Common themes, and subthemes were synthesized narratively.

Results

Numerous technological systems were identified, which can be applied in prevention, detection and response to postpartum complications to reduce morbidity and mortality where knowledge, infrastructure, funding and other resources are serious limitations are

evident. Some of the technologies, especially M-health, are more available in resource limited settings to disseminate educational information, symptom recognition, self-care tips and alerts for action by women and health care providers for emergency response.

Discussion

Technology transfer offers opportunities and potential for reducing maternal morbidity related to postpartum complications in resource limited settings. However, challenges may be due to limited funding, infrastructure deficiencies, workforce capacity limits, client and staff capabilities for use of technologies relevant to them especially m-Health.

Conclusion

Technology transfer in maternal health has great potential to facilitate postpartum follow up for prevention, detection and response to postpartum complications is promising. However, investments in research, innovations, and policy and implementation strategies are imperative for long-term sustainability and impact.

Health Belief Model in Usage of Traditional Medicines and Indigenous Practices by Childbearing Women During Pregnancy: A Case of Makoni District, Zimbabwe

by Chituku S. | Nickodem, C | Alfred Maroyi | Africa University | University of Fort Hare | University of Fort Hare

Abstract ID: 67

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Birth, Childbearing Women, Health Belief model Traditional Medicinal Plants, Pregnancy

Introduction

The utilization of traditional medicinal plants (TMPs) among pregnant women is a prevalent practice in many cultures, often deeply rooted in tradition and belief systems. Understanding the factors influencing the use of TMPs during pregnancy is crucial for ensuring positive maternal and fetal health outcomes. The Health Belief Model (HBM) provides a valuable framework for exploring these factors, considering individual beliefs, perceived susceptibility to illness, and perceived benefits and barriers to health behaviors. This study investigated the influence of the HBM on TMP practices among pregnant women in Makoni District, Zimbabwe, and their potential effects on maternal, fetal, labor, and infant outcomes.

Background & Aims

The HBM serves as a theoretical framework for understanding health behaviors, particularly in the context of TMP usage by childbearing women. This study explored the indigenous practices and TMP utilization among pregnant women and their potential effects on maternal, fetal, labor, and infant outcomes. The HBM constructs provided a framework for understanding these behaviors. For instance, perceived susceptibility to complications during pregnancy, combined with the belief in the benefits of TMPs, drove women to engage in behaviors aimed at reducing risk.

Methods

This study combined a descriptive cross-sectional design with phenomenological studies. A survey of 400 postnatal mothers and five focused group discussions with 66 traditional healers (TH) were conducted. Data analysis utilized Epi Info version 7.1 and SPSS version 16.5.

Results

Quantitative data revealed that 42.0% of respondents used TMPs during pregnancy, with 23.8% also utilizing traditional practices. Ethnobotanical surveys identified 47 plant species and 13 non-plant products used as herbal, complementary, and alternative medicines. Key uses included dilation of the birth canal (55.3%) and augmentation of labor (46.8%). While some women expressed willingness to change their practices if provided with evidence-based information, others remained steadfast in their beliefs, viewing TMPs as beneficial despite potential risks.

The study underscored the importance of tailored health education interventions, involving

community leaders and partners, to promote informed decision-making and mitigate potential harm associated with TMP use during pregnancy. TH cited various reasons for TMP usage, including preventing tears during delivery and speeding up labor. Factors such as age, cultural practices, and access to maternal services influenced women's perceptions and behaviors. TH played a significant role in providing information and perpetuating the use of TMPs. Women who used TMPs were less likely to experience artificially ruptured membranes but more likely to experience late decelerations during the active phase of labor.

Conclusion

This study sheds light on how the HBM influences TMP usage during pregnancy. Factors such as maternal age, cultural practices, and perceived severity of pregnancy complications shape attitudes towards TMPs. Perceptions of severity and susceptibility to pregnancy-related issues influence behaviors aimed at reducing risks. Despite potential benefits, perceived barriers to change, such as internalized knowledge and societal pressures, pose challenges to adopting new health behaviors. Cues to action, including evidence-based information on TMP safety, may facilitate behavior change. Further research is warranted to clarify the safety and efficacy of TMPs and address barriers to change in pregnant women's health behaviors.

Recommendations

The study recommends promoting health education and awareness programs to inform pregnant women and their families about the benefits and risks of using TMPs. It suggests fostering collaboration between TH and healthcare providers to offer comprehensive healthcare, establishing regulations for TMP production to ensure safety, encouraging further research on TMP safety and efficacy, and engaging with local communities to create culturally sensitive healthcare interventions. These measures aim to improve maternal and infant health outcomes in Makoni District, Zimbabwe, and beyond

DETERMINANTS AND ASSOCIATED RISK FACTORS OF CHRONIC KIDNEY DISEASE: THE CASE OF CENTRAL HOSPITALS AND DIALYSIS CENTERS IN MALAWI

by Mayamiko Khomba | Nephrology Nursing Specialist, Kamuzu Central Hospital, Lilongwe, Malawi

Abstract ID: 68

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Chronic Kidney Disease, End Stage Kidney Disease, associated risk factors, determinants

Background:

Chronic Kidney Disease is a leading cause of morbidity and mortality from the dual burden of communicable and non-communicable diseases worldwide. Sub-Saharan Africa has most of the global burden of CKD with diabetes and hypertension as main contributing factors. Malawi is among the sub-Saharan African countries greatly affected by CKD. However, little has been studied on the determinants.

Aim:

The aim of the study was to investigate the determinants and associated risk factors of chronic kidney disease among patients on dialysis and conservative management in Malawi.

Methodology:

This was a quantitative study employing a cross-sectional design. It was multicenter based where 181 patients with chronic kidney disease were recruited from three central hospitals and two private dialysis centers in Malawi. A purposive sampling technique was used to select the participants. Detailed socio-demographic data, medical history, and laboratory investigations were collected from the participants. Data was analyzed using the Statistical Package for Social Sciences (SPSS). Ethical approval was obtained from the National Health Sciences Research Committee.

Results:

Majority of the study participants (57.5%) were males. The population was relatively young with a mean age of 41.2 years, ranging from 18-90. The majority of the study participants (75.1%) had advanced CKD. The main determinants of CKD revealed in the present study were hypertension (81%), HIV infection (32.4%), recurrent urinary tract infections (23.6%), diabetes mellitus (22.4%), and congestive cardiac failure (21.3%). The results were similar across gender distribution for all the disease conditions. On associated risk factors, a

thought-provoking finding was the use of traditional herbs. Present findings revealed that 70.2% of the patients with CKD were using herbal medicine. Furthermore, the findings interestingly revealed that 62.3% of the study participants acknowledged using over-the-counter drugs including Aspirin, Ibuprofen, Bumulo, Indocid, and different antibiotics.

Conclusion:

The present study revealed that hypertension, HIV infection, urinary tract infections, Diabetes, Heart failure, and the use of herbal medicine and over-the-counter drugs are significant factors for CKD in Malawi. Optimizing resource allocation towards the prevention of the risk factors can slow disease progression and mitigate complications. Public awareness and regulation of the use of herbal medicines are required to eradicate this entity from the community.

Key words: Chronic Kidney Disease, End Stage Kidney Disease, determinants, associated risk factors

Evidence Based Practice and Critical Thinking in Nursing Education Scoping Review: Towards Integration into the BSc and MSc Nursing Curricula

by Prof Patricia Katowa Mukwato | Ms Kabwe Chitundu | Ms Monde Mercy Wamunyima | Prof Margaret Connie Maimbolwa | Prof Jere Linda Dianna | University of Zambia | University of Zambia | University of Zambia | University of Zambia | Kamuzu University of Health Sciences

Abstract ID: 70

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Assessment, Critical Thinking, Evidence-Based Practice Nursing, Learning, Nursing Curricula, Scoping Review, Teaching

Background

Evidence-Based Practice (EBP) in health is important for patient safety and quality care while Critical Thinking (CT) has been acclaimed as a vital prerequisite and a key element essential to evidence based nursing practice. Despite the importance of the two concepts, in some settings neither EBP nor CT is comprehensively taught, assessed or implemented in practice. This scoping review was conducted to examine literature related to teaching, learning, assessment and implementation of EBP and application of CT by nursing students and graduates to inform integration into the BSc and MSc Nursing Curricula.

Methods

Arksey and O'Malley framework was used to conduct a scoping review of literature. A number of electronic data based were searched for the review including; CINAHL, PubMed, EMBASE and Joanna Briggs Institute EBP Data Base for studies conducted between 2000 and 2020. Only studies written in English were included. Inclusion criteria was adapted from the -Population, Intervention, Professionals and Patients, Outcomes, Health Care settings) (PIPOH) framework. Search terms included; evidence based practice, nursing education, nursing practice, critical thinking skills in nursing education and practice, methods, barriers, facilitators to teaching, learning, assessing and implementing EBP and CTS.

Results

From the data bases searched 2,303 articles were retried, eventually 37 met the inclusion criteria for review. Use of non-traditional instructional methods for teaching EBP and CT have been documented including Problem Based Learning, concept mapping, simulation, think aloud, critical incidence technique, videos, debates and role-plays, reflective journaling and article analysis, simulation, nursing journal clubs and participation in multidisciplinary clinical rounds. Commonly used tools for assessing EBP and CT Skills include; California Critical Thinking Skills Test, Upton and Upton 2006 EBP questionnaire and Yoon's 2004 Critical Thinking Disposition Inventory. There are varying levels of EBP and CT application from different clinical settings with a number of challenges and distractors.

Conclusion and way forward

Teaching and assessing EBP and application of CT skills has been reported to be challenging. Consequent to the lessons learnt from the scoping review, the BSc and MSc Nursing curricula at the University of Zambia were enhanced by inclusion of content on EBP and CT in research, and selected clinical, education and leadership courses. Further, innovative teaching methods were adopted to promote learning. Implementation of curricula changes will require on-going monitoring and application of strategies to mitigate challenges and minimize detractors.

Risk factors associated with bloodstream infections among chronic kidney disease patients undergoing hemodialysis in Shree Hindu Mandal Hospital–Dar-es-salaam, Tanzania.

by Sharifu Janga | Africa Healthcare Network Company

Abstract ID: 71

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Bloodstream infections, arteriovenous fistulas, catheters, hemodialysis

BACKGROUND: Globally, bloodstream infections (BSIs) pose a significant threat to the well

being of hemodialysis patients. In Tanzania, although treatable, BSIs remain a concern due to factors such as patient characteristics, vascular access type, and potential care deficiencies. This study aims to identify the risk factors associated with BSIs in this population.

METHODOLOGY: A retrospective study was conducted in SHM Hospital involving 160 patients with hemodialysis (80 cases with catheters-CVC, and 80 controls with fistulas-(AVF) was conducted in SHM Hospital. Data were systematically collected from patient files, permission to access medical records was sought from the Shree Hindu Mandal, and analysis was performed

using SPSS version 25. The Data has been encrypted anonymously and was obtained ethical approval from Ethics Review Committee of the University of Aga Khan.

RESULTS: Among the 160 participants (mean age: 59.17 ± 12.284 years, 54.4% male, 45.6% female), the risk of BSIs was significantly higher in catheter (CVC) users compared to fistula (AVF) users. Regular use of antibiotics also showed a notable difference (CVC=4.164, AVF=0.133, $\chi^2=72.130$, $df=1$, $p=0.001$, OR 0.032, 95% CI 0.013 - 0.081), as did relative risk (CVC=2.319, AVF=0.383, $p.001$) for albumin, (CVC=1.686, AVF=0.631, $p.03$) for diabetes.

CONCLUSION: Addressing long-term catheter use, low albumin, diabetes, and improving nephrological care are crucial for preventing BSIs in HD patients. Future research should delve into the impact of BSIs on dialysis quality and adequacy, not only in Tanzania but also from a global perspective.

Title: Conceptual framework for the use of the Face Legs Activity Cry Consolability (FLACC) tool by nurses in Paediatric wards in Botswana

by Gosaitse Christinah Madumela | Nursing and Midwifery Council Botswana

Abstract ID: 72

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: nurse, pain assessment, pain assessment tool, pediatric patient, quality care

Kindly ensure that your abstract aligns with the conference theme and sub-themes outlined. After completing the submission form, review your information carefully before finalizing the submission. If you encounter any difficulties or have questions during the submission process, please don't hesitate to reach out to our [support team](#) for assistance. Thank you for your participation in the conference.

Background: Pediatric patients go through a lot of pain for different causes. For Pediatric patients who are unable to express their pain verbally, the FLACC pain scale has been proven to be an excellent observational pain rating instrument. The purpose of this study was to explore and develop a conceptual framework on the use of the FLACC pain scoring tool by nurses in Pediatric wards in Botswana.

Methodology: This qualitative study used semi structured interviews. One grand tour question was asked, and the follow up questions were dependent upon responses of the participants. Data reached saturation at the 12th participant. The researcher analyzed data concurrently during the data collection process.

Results: Thematic analysis revealed four themes (1) nursing related factors, (2) organizational factors, (3) patient related factors and (4) Nursing school related factors. It was found that nurses had inadequate knowledge, negative attitudes towards the use of the FLACC pain scale and faced dilemma when assessing younger preverbal and nonverbal patients, while organizational management did not adequately support the nurses with the necessary resources to implement the use of the FLACC pain scale. Sustenance of hospital initiatives was found to be low and nursing schools were discovered to be lacking in training nursing students on the use of the FLACC pain scale. There was an eminent feeling of lack of motivation and frustration that was observed among the participants.

Conclusion: The study highlights the factors that contribute to the consistent use of the FLACC pain scale, emphasizing the need for training of nurses on the FLACC pain scale, managerial support and incorporation of the FLACC pain scale in the Nursing school curriculum.

Experiences of skilled birth attendants with informational continuity during antenatal care at primary health care

by Angelina Zhangazha | Scott College of nursing

Abstract ID: 74

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Informational continuity, antenatal care, primary health

Background

Informational continuity (IC) is a measure to reduce maternal mortality and is the availability of all health and psychosocial information of the pregnant women at all encounters with healthcare providers to reduce duplication of services and fragmentation of care. IC also helps in coordination of care of pregnant women. Care that is fragmented and not sufficiently coordinated between healthcare providers may not benefit clients due to conflicting care plans and duplication of services.

The aim was to explore the experiences of skilled birth attendants (SBAs) with IC during the antenatal period within primary health care (PHC) settings in Lesotho. Objectives were (1) To explore the experiences of SBAs on communication with pregnant women during ANC. (2) To explore the experiences of SBAs on communication among themselves and with other healthcare providers. (3) To explore the experiences of SBAs with the use of records as a form of communication during ANC and (4) To explore the experiences of SBAs with protocols and guidelines during ANC.

Methods

A qualitative approach with a descriptive phenomenological design was used to explore the experiences of SBAs with IC. Purposive sampling was done to choose participants from three PHC centres within Maseru district. Ethical clearance obtained. Nine individual semi-structured interviews were conducted, transcribed and analysed using Colaizzi's framework.

Results

Four themes emerged from the results, namely, 1) Skilled birth attendant-pregnant women communication, 2) Healthcare provider communication, 3) Documentation during ANC and 4) Protocols and guidelines in ANC.

Informational continuity can be obtained through communication among healthcare workers, community, referral hospitals, documentation and use of protocols and guidelines.

Challenges included, communication among the SBAs and the pregnant women; communication among the healthcare providers; documentation and the use and dissemination of the protocols and guidelines. Some pregnant women failed to give accurate information. Multiple documentation and work overload resulted in prolonged waiting time for the pregnant women. Errors in documentation resulted in errors in the transfer of information.

Conclusion

With no challenges, informational continuity is obtained through communication between SBAs, the pregnant women, other healthcare providers and the community through health education. Should the SBA human resource be increased, it may assist to relieve the documentation challenges as well as reduce the workload.

Management of unprofessional conduct by Nurse Practitioners- A reflection by the South African Nursing Council (SANC)

by Dr Muswede | South African Nursing Council

Abstract ID: 75

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: End user, Preliminary Investigation Committee, Professional Conduct Committee, charges, reflection, unprofessional conduct

Background

Management of unprofessional conduct is a legislated process outlined in the Nursing Act, 2005 (Act No. 33 of 2005) and enabling regulations. Council, in its mandate to protect the public established the Preliminary Investigation Committee (PIC) and the Professional Conduct Committee (PCC) to manage unprofessional conduct cases reported.

Purpose

To share critical legislative processes underpinning the management of unprofessional conduct by the South African Nursing Council (SANC) and provide recommendations to create awareness and support nurses.

Methodology

Elements of Johns cyclical model (2000) of structured reflection guided development of the project. Retrospective document analysis was conducted. Sources of data were applicable legislative frameworks and reports of PIC and PCC Committee meetings over a period of five years. The process included describing management of unprofessional conduct, reflection on common acts and omissions by nurse practitioners, determining contributing factors and generating lessons to inform interventions implemented by SANC support to nurses.

Findings

The Nursing Act and related regulations are used to guide processes of managing unprofessional practice. Common charges include poor nursing care, failure to keep clear and accurate records, failure to advocate for patients and operating beyond the scope of practice. Contributory factors include shortage of staff, lack of resources and systemic challenges. Lessons revealed that it is not sufficient to discipline nurses charged with unprofessional conduct without mechanisms of support and a range of support interventions are implemented.

Conclusion

Management of unprofessional conduct is one of the SANC's mandate to protect the public by ensuring that nurses conduct themselves in a manner that respects the rights and dignity of end users. Recommendations include support initiatives implemented by SANC to improve the competency of nurses in clinical practice.

Navigating the eRegister implementation landscape for evidenced based midwifery practice in Lesotho: A SWOT analysis

by Tabeta Seeiso | Scott College of Nursing

Abstract ID: 76

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: SWOT analysis, eRegister, evidenced based practice, implementation, landscape, midwifery practice

Background

Electronic health register (eRegister), is an electronic device that keeps track of a patients' information during their interactions with healthcare providers. Globally and in African nations, eRegister usage is growing. However, reports suggest that national ministries of health are not ready to implement eRegisters. In the country of Lesotho, piloting the eRegister commenced in 2018. To date there is paucity of literature on how the country is implementing the novel approach to patient information management.

Objective

To evaluate the implementation of eRegister with the aim of improving data use for evidence based practice in Lesotho.

Methods

The study employed a phenomenological qualitative technique to collect data from 18 health care workers from three health institutions that piloted the program. Interviews were used to collect data. The data from the participants were analysed using a phenomenological approach. Data was coded and sub-themes were grouped to yield themes. The themes were then analysed following a SWOT analysis approach.

Ethical principles and study approval

The study received ethical clearance from the Biomedical Research and Ethics Committee at the University of KwaZulu-Natal (ID-HSS/1772/018D) and the research and Ethics Committee of the Ministry of Health Lesotho (ID-86-2023). Written informed consent was obtained from all the participants, and anonymity was maintained throughout the study.

Results

Strengths: Team work, management support and commitment

Participants reported that teamwork, support received from management and commitment were one of the strengths identified when using eRegister. They indicated that collaboration between facility management encouraged them to use the eRegister. The excerpts below illustrate this:

“Teamwork helped us, you will find that other employees also help you” [Participant 16]

“I realized that the management also does the follow ups. If there are challenges the management is there to ensure that they are resolved.” [Participant 16]

Weaknesses: Lack of quality of documentation

It became evident that there were some issues related to documentation in the eRegister as illustrated by the following statements:

“We have not yet reached the stage of completeness, its only a few patients whom we can say their data is complete.” [Participant 4]

“We get reports from the data clerks that our registers are missing some information.” [Participant 2]

Opportunities: Perceived benefits

Participants predicted that once the eRegister is fully functional, their work will be easy, and patients’ quality of life will be improved. Participants also indicated that they will be more technically proficient:

“We are going to track patients well and their management will be easy” [Participant 7] [Participant 16] [Participant 12]

“We are able to use the computers confidently” [Participant 3] [Participant 14]

Threats: Lack of trust on eRegister governance

Participants indicated that the less involvement shown by ministry of health officials is alarming as it may lead to improper continuity when the implementers hand over the project. They had this to say:

“The commitment and follow-up from the ministry is very little, this is scary, its not surprising to hear bad stories when the funders hand over.” [Participant 4] [Participant 16]

Conclusion

Lesotho is not different from other countries which have already implemented the eRegister. The identified strengths indicate that Lesotho should strive for their improvement. On the other hand, the identified weaknesses and threads should be viewed as driving forces for a successful nationwide implementation.

Introducing Evidence Based Practice into Nursing Care Delivery using the Iowa Model at Kamuzu Central Hospital, Lilongwe, Malawi

by Dr. Catherine Chiwaula | Ministry of Health

Abstract ID: 77

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Action research, Action research model, EBP, EBP process, EBP strategies, Iowa model of EBP

Background: Having knowledge of Evidence Based Practice (EBP) and its implementation strategies are critical skills for nurses to promote delivery of safe, effective and quality care. This study aimed at building the capacity and support of nurses to implement an EBP change using the Iowa Model to improve quality of care.

Methods: Action research, using a mixed research approach (qualitative and an exploratory-descriptive design; pretest-post-test quantitative design, using repeated measures) were employed. A total of eight nurses and doctors were purposively selected to participate in in-depth interviews before commencing the study. Ten nurses were also purposively selected to participate in in-depth interviews at the end of the study. Twenty-six patients with fever and their guardians were conveniently recruited into the study. Thematic analysis was used to analyze qualitative data aided by NVivo 12.0. STATA 12.0 software was used to analyze quantitative data and paired t-test was calculated to determine the mean difference of the paired temperature observations.

Results: Using the Iowa model, nurse's capacity was built by: identifying fever as a clinical problem; selecting evidence based fever interventions; implementing, evaluating, and integrating the evidence-based interventions in routine nursing practice. There was a significant mean difference for paired temperature observation for: tepid sponging 0.60C/hour, ($t(85) = 9.8427, P = <0.001.$); Ice packs 0.50C/hour, ($t(56) = 6.7854, P = <0.001$); antipyretics-paracetamol 0.30C/hour, $t(23) = 3.4371, P = <0.002$); intravascular cooling 2.40C/hour ($t(21) = 19.8080, P = <0.001$), meaning that the methods were effective in reducing temperature. Perspectives of managers and practitioners towards EBP at the beginning of the study were reflected in four themes namely: optimum nursing care practices; basis of evidence for practice; status of EBP implementation and drivers of EBP action. Whilst the experiences of managers and practitioners at the end of the study are reflected in four themes: evidence based patient care management, effective nursing care practices, factors interplaying during EBP innovation and competence in delivering EBP.

Conclusion: For successful implementation of EBP we recommend: active participation of all; supportive policies and leadership; communicating policies, guidelines and job description to providers; utilizing EBP models; training managers and providers; team work; availability resources. Scaling up the EBP efforts is crucial to increase nurses taking their EBP role.

Factors that enable provision of mental health services in people presenting with mental health problems and human immunodeficiency virus at primary health care

by Malerotholi Posholi Mokokolisi | LNA

Abstract ID: 78

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Mental health, human immunodeficiency virus, primary care

People with HIV frequently experience mental health problems yet mental health services are lacking globally. Mental health problems can present a substantial barrier to adequate engagement and retention in HIV primary care. Research has established links between the presence of mental health problems and the poor rates of HIV care linkage and retention. Since most patients have their initial interaction with healthcare services at the primary healthcare level, it is crucial to integrate mental health services into HIV services.

The aim of this study was to explore factors that can enable the provision of mental health services in people presenting with mental health problems in people living with HIV at primary health care.

For this mixed-method descriptive study, the all inclusive sampling method was used to select 88 health professionals in Lesotho who participated in the survey to collect quantitative data and 50 who participated in the interviews to collect qualitative data.

Most (87%) respondents reported they need a competence-based framework to help them manage MHPs. All participants also claimed that the availability of specialists on mental health and training to health professionals will enable the provision of mental health services to people presenting mental health problems and HIV.

The study indicated that all the stakeholders involved need to implement initiatives to enable services provision to mental health problems with HIV.

The study highlights an urgent need to integrate mental health services with HIV services as mental health problems seem to be increasing but there is a great treatment gap for people showing signs of mental health problems and HIV

Keywords: Factors, provision, mental health problems, mental health services, HIV

BARRIERS AND FACILITATORS TOWARDS REPORTING MEDICATION ERRORS AMONG NURSES AT JAKAYA KIKWETE CARDIAC INSTITUTE IN DAR ES SALAAM

by Jackline urio | JAKAYA KIKWETE CARDIAC ONSTITUTE

Abstract ID: 80

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Barriers, Facilitators, Nurses, Reporting of medication errors

Background: Medication error is among the top five medical errors Worldwide. Despite the rate of medication errors being high, they are still underreported. Apart from reoccurrences of medication errors, patients are exposed to harm that could have been prevented by reporting them. In Tanzania, the rate of medication errors and reporting is unknown, which shows a gap that needs to be addressed. The study explored the barriers and facilitators of reporting medication errors among nurses at Jakaya Kikwete Cardiac Institute (JKCI).

Methods: A qualitative descriptive Study was conducted in July 2020 at JKCI involving 14 registered nurses; using in-depth interviews that were recorded and transcribed. Data were analyzed manually and thematized by an inductive and deductive approach.

Results: Three major themes emerged, the experience of the incidence of medication errors, facilitators of reporting medication errors, and deep-rooted barriers to reporting medication errors. Participants revealed how medication errors were caused, and the disclosure rate was low because of the consequences of medication errors to patients. Perceived barriers were a poor reporting system, Improper channels of communication, and negative attitude of the leaders which made nurses fear losing their jobs, being punished by the law, and being shifted from their working places. Participants suggested that they could have reported medication errors if there were a good attitude from the leader, a proper reporting system, and if they had been given education on the importance of reporting medication errors.

Conclusion: Medication errors are harmful and can be a danger to patients' health. Reporting medication errors by nurses is the first step in preventing harm to patients. Therefore, the hospital should support facilitators and eliminate the barriers to reporting medication errors such as leader's attitudes, and reporting systems that will influence nurses to report.

Implementation outcomes of the Danger Assessment tool for intimate partner violence: A systematic review

by Helen Chipukuma | Dr Alice Hazemba | Dr Choolwe Jacobs | Professor Joseph Zulu | Adam Silumbwe | Dr Hikabasa Halwiindi | The University of Zambia | The University of Zambia | The University of Zambia | The University of Zambia | The University of Zambia | The University of Zambia

Abstract ID: 83

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Antenatal, Danger Assessment tool, Implementation, Intimate Partner Violence, Perinatal, Pregnancy, Screening

Introduction

Violence against women is a global concern and it is estimated that one in every five women experiences violence. In contrast to other tools which assess how much and to what degree physical Intimate Partner Violence (IPV) is occurring, the 20-item Danger Assessment scale (DA) measures risk of extreme consequences of IPV and is recommended for use. The objective of the review was to gather evidence of the implementation outcomes and factors that shape implementation of the DA when administered to pregnant women or women exposed to IPV in different global settings.

Methodology

Guided by the REAIM framework, we searched Google Scholar, Medline, PubMed, CINAHL and the Cochrane Library for peer reviewed articles published from 2005 to date as this is the year in which the predictive accuracy the Danger Assessment was tested in multiple sites. Search terms included "Intimate Partner Violence" OR "Intimate Partner Homicide" AND "Danger Assessment tool" "Implementation" OR AND "Perinatal Care" OR Antenatal Care" .

Results

We searched and included 13 studies .Of the thirteen studies, n=6 studies were conducted in the United States and (n=7) were conducted in other countries like South Africa (n = 2), Ireland (n = 1), Thailand (n = 1), Zambia (n = 1), Kenya (n = 1)and Taiwan (n = 1). Most studies (n =9) reported "Reach" and 'effectiveness' components with a positive exposure to physical violence ranging from 0.2-85%. General outpatients recorded higher IPV rates at 16-28% and 0.2-13% from antenatal. Five studies evaluated adoption of the DA and only USA and parts of South Africa has adopted the DA use. Implementation Fidelity and maintenance are poorly explored. Factors shaping implementation include involvement of stakeholders, a culturally competent screening DA tailored to local settings, trained health care workers, having IPV champions, safety plans, electronic gadgets, strategies tailored to social status and good leadership support with strong monitoring systems.

Conclusion

The DA tool is poorly implemented in Africa where physical violence is the highest globally with highest negative pregnancy outcomes. With the evidence gathered, we propose an inclusion of the DA for physical violence in the IPV protocol with screening for all forms of IPV in pregnancy in Antenatal/Perinatal care proactively and Outpatient department considering its effectiveness in predicting re-assault by Intimate Partner. Implications for practice should promote inclusion of a user-friendly DA in the IPV protocol modified to suit local settings considering all enablers for implementation.

Key Terms

Intimate Partner Violence, Danger Assessment tool, Screening, Pregnancy, Antenatal, Perinatal, Implementation

Assessment of abortion in Botswana

by Tshepo Mokganele Rakereng | Ministry of Health, Botswana

Abstract ID: 84

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Botswana, legal abortion, morbidity, mortality, post abortion care, strategic assessment, unsafe abortion

Introduction: Despite the dearth of data on unsafe-abortion in Botswana, termination of pregnancy using Cytotec from the black market and objects like feathers and straws are reported to be common. Therefore, in 2020, the Ministry of Health and Wellness, Botswana, in collaboration with United Nations Population Fund and World Health Organization, conducted 'A Strategic Assessment of Unintended Pregnancies, Contraception, and Abortion in Botswana'. In this abstract, the author reports on the methodology, key findings and recommendations, and draws conclusion from the assessment on 'abortion'.

Methodology: A holistic system-based framework was used, which highlights various sociocultural and economic factors. Emphasis was placed on reproductive rights, equity, gender equality, empowerment, and quality client-centred services that are responsive to community needs. The study was carried out in eight of Botswana's thirteen administrative districts in a variety of settings. 116 participants comprising policy makers, service providers, and community leaders were selected through purposive and snowball sampling methods and interviewed.

Key findings: It was established that there was high level of stigma toward abortion among members of society that creates high levels of secrecy surrounding abortion within the community. Knowledge of the law on legal abortion in Botswana was limited among health care professionals, law enforcement officials and community members with a common assumption of illegality. It was also discovered that the requirement for third party authorization created obstacles to abortion care, even if the legal criteria were met. In addition, there was absence of standardized guidelines and an up-to-date training curriculum to streamline and facilitate access to safe and legal abortion. Furthermore, there was limited training of healthcare providers on post abortion care including the management of post abortion complications.

Recommendations: There's need for an evidence-driven national discussion on unsafe abortion and the current legal framework for abortion involving the community, healthcare workers, law enforcement, and policymakers. This will increase knowledge/ awareness on unsafe abortion, shift negative attitudes towards abortion, and empower people to make informed choices about their sexual and reproductive health.

There is need to remove barriers to obtaining a safe, legal abortion within the confines of Botswana's current abortion law, and exploring the need for abortion law reform, e.g, the

removal of third party authorisation. Existing guidelines should be reviewed and updated with evidence-based recommendations such as post abortion contraception including LARC methods for women who wish to delay or prevent future pregnancies. Knowledge of lifesaving interventions to manage abortion complications, alongside values clarification, should be prioritized in pre- and in-service training curricula for healthcare workers.

Strengthening and scaling-up existing post-abortion care training using “train the trainer” models accompanied by ongoing supervision and mentorship is essential to improve quality service delivery. The decentralization and scale-up of post-abortion care training will increase the number of trained post-abortion care providers. Additional training should target individuals beyond the health sector and should provide clarity on how to signpost towards accessing safe, legal abortion.

Conclusion: The drivers of abortion in Botswana are multifactorial, and so are the barriers to uptake of abortion services. Therefore, a multifaceted and multisectoral approach is required to comprehensively address them. Without action, stigma and misinformation surrounding abortion will continue to propagate, preventing timely access to safe, legal abortion; increasing the number of unsafe abortions; and furthering delays to delivering quality post-abortion care. Furthermore, prompt action is key to ultimately reduce maternal morbidity; prevent maternal mortality; achieve greater gender equality; and safeguard the health and wellbeing of women, children, and families in Botswana.

Reference:

Rakereng TM, Dikgole KS, Maribe LS, Speciale AM, Lavelanet A. Assessment of unintended pregnancies, contraception, and abortion in Botswana. *Int J Gynecol Obstet.* 2024;164(Suppl. 1):51-60. doi:10.1002/ijgo.1533

Balancing specialist with holistic care: challenges for nurses in managing comorbidities of hypertension and diabetes in orthopaedic wards in Tanzania.

by Celestina Fivawo | Muhimbili Orthopaedic Institute

Abstract ID: 85

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Tanzania, comorbidity, diabetes, holistic nursing practice, hypertension, teamwork orthopaedic wards

Abstract

Background

Increased prevalence of hypertension and diabetes in Africa potentially causes challenges for nursing care in specialised wards. This article contributes evidence from qualitative research in orthopaedic wards in Tanzania on nurses' experiences of dealing with comorbidities with these non-communicable diseases and nurses' views on how to improve care.

Objective

To investigate the experiences of nurses in public orthopaedic wards in Tanzania in balancing specialist care with responding to diabetic and hypertensive comorbidities, including the challenges the nurses face and recommendations for more holistic care.

Methodology

A qualitative exploratory research design was used. Semi-structured in-depth interviews with ten registered nurses on orthopaedic wards explored their experiences of caring for orthopaedic in-patients with comorbidity conditions of hypertension or diabetes. Purposive sampling was used to recruit nurses from male and female public wards. Based on in-depth reading of the English language transcripts, open coding of responses to each question generated an initial set of codes. These were then grouped systematically into broader themes presenting evidence on the nature and sources of nursing challenges, implications for patients, and nurses' proposals for improvement.

Results

Key themes identified include: poor teamwork and communication between healthcare workers; deficiencies in essential equipment and consumables; lack of training for dealing with comorbidities; and patients' unawareness and limited knowledge about their condition and medications. These challenges are found to reinforce each other, worsening work pressure on nurses by constraining the nursing practice environment. The consequence of

these negative interactions are manifested in poor health outcomes, delayed surgeries, prolonged wound healing, extended hospital stay, and increased mortality rates among comorbid patients.

Conclusions and recommendations

Drawing on this documented evidence of nurses' experience of dealing with comorbidities in specialist wards, this study concludes that moving from specialist towards more holistic care requires a systemic change at hospital level towards more effective team work and collaboration in information sharing between doctors, nurses and patients. This involves both changes in the nursing process itself, and also changes in the overall approach to patient care.

TREND ANALYSIS OF INVESTIGATED CASES OF NURSING AND MIDWIFERY UNPROFESSIONAL CONDUCT BY THE SOUTH AFRICAN NURSING COUNCIL (SANC) 2018-2023

by Fikile Gloria Ash | The South African Nursing Council

Abstract ID: 86

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Trend analysis, attitudes, unprofessional conduct

Introduction

The South African Nursing Council is a statutory body that is established in terms of the Nursing Act 50 of 1978 currently operation under the Nursing Act 33 of 2005, to regulate the professional conduct of nurses and midwifery practitioners. The SANC is also mandated to serve and protect the public in matters involving nursing and midwifery services delivery in South Africa.

Objectives

To present the trends analysis of investigated allegations of nursing and midwifery unprofessional conduct in the period 2018-2023 done by the South African Nursing Council. To share the decisions made by the committee against practitioners found guilty of unprofessional conduct of practitioners.

To make recommendation to address issues of unprofessional conduct amongst nurses and midwives in South Africa. To re-look the importance of socialisation in professional practice and ethical aspects of care.

Method

Retrospective document analysis of investigated and finalised cases of unprofessional conduct was recorded using quantitative data. The project focus on the analysis of data extracted from investigated cases. The principles of anonymity, confidentiality and privacy was maintained in the process.

Findings

Most of unprofessional conduct recorded arise from failure to comply with the Scope of Practice, failure to adhere to the ethical Code of Ethics, practitioners' bad attitude, poor communication and incompetence.

Conclusion

The nursing profession need go back to basics of socialising of nurses entering the

profession. Strengthen the professional practice and ethical component which are the fundamental elements of nursing care. The application of ethical principles in all areas of aspects of care must be considered to ensure that nurses and midwives are re-taught about the nobleness of the profession in the care of humanity. The SANC is also in the process of on boarding the Continuous Professional Development to deal with incompetence issues.

Assessment of Unintended Pregnancies and Contraception in Botswana

by Tshepo Mokganele Rakereng | Ministry of Health

Abstract ID: 87

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Botswana, Contraception, Strategic Assessment, Unintended Pregnancy

Introduction: In 2020, the Ministry of Health and Wellness, Botswana, in collaboration with United Nations Population Fund and World Health Organization, conducted 'A Strategic Assessment of Unintended Pregnancies, Contraception, and Abortion in Botswana'. In this abstract, the author reports on the methodology, key findings and recommendations, and draws conclusion from the assessment on 'Unintended Pregnancies and Contraception'.

Methodology: A holistic system-based framework was used, which highlights various sociocultural and economic factors. Emphasis was placed on reproductive rights, equity, gender equality, empowerment, and quality client-centred services that are responsive to community needs. The study was carried out in eight of Botswana's thirteen administrative districts in a variety of settings. 116 participants comprising policy makers, service providers, and community leaders were selected through purposive and snowball sampling methods and interviewed.

Key findings: the study established that contraception was viewed as a private topic that is not widely discussed. There was lack of understanding of available methods of contraception, the expected adverse effects and how to manage them. Although research has shown that Long-Acting Reversible Contraceptive (LARC) methods were the most effective contraception, they were underutilized in Botswana. One major barrier to accessing LARCs was found to be limited number of providers trained with geographical inequity in distribution in favour of urban areas. Additionally, the centralized nature of training for LARC providers limits the frequency of trainings and the number of trained providers. The other issue was that most of the family planning services were only available from healthcare facilities, and their integration with other healthcare services was limited. There were also sporadic stockouts of different contraceptive methods especially LARCs.

The assessment further revealed gaps in Comprehensive Sexuality Education (CSE) programming and implementation. The number of educators who are trained on CSE was limited. On the other hand, there was lack of involvement of young people and teachers in CSE curricular development and training. There were also negative perceptions toward adolescent sexual activity. This perpetuated stigma and secrecy.

The study also revealed that women and girls experience difficulties when negotiating safe sex. The inability to negotiate safe sex was found to be exacerbated by, among others,

economic dependence on a male partner and/or intergenerational relationships with associated power imbalances.

It was also discovered that currently a top-down approach to contraception policy making, FP programming, education, and provision was being practiced, with limited engagement of line ministries and other critical stakeholders including the community. Men are frequently excluded from education about contraception, despite the important role they play in family planning decision-making.

Recommendations: To avert unintended pregnancies and improve contraception access in Botswana it is essential to holistically review National Family Planning programming and implementation to;

- a) improve access to affordable, quality, integrated sexual and reproductive health services that meet human rights standards.
- b) strengthen accountability to eliminate all forms of discrimination; and
- c) Empower the most marginal groups, with a focus on women, adolescents, and youth (particularly girls), and marginal and key populations at higher risk of HIV.

Conclusion: Multifaceted and multisectoral approach is required to comprehensively address unintended pregnancies In Botswana. Improving programming for, and implementation of CSE, targeted actions to reduce SGBV, and the widespread provision of family planning education and services, particularly LARCs and emergency contraception, will have a significant and sustainable impact on reducing unintended pregnancy and its associated harms nationwide. It will also empower communities, so that women and girls can decide to have children by choice.

Reference:

Rakereng TM, Dikgole KS, Maribe LS, Speciale AM, Lavelanet A. Assessment of unintended pregnancies, contraception, and abortion in Botswana. *Int J Gynecol Obstet.* 2024;164(Suppl. 1):51-60. doi:10.1002/ ijgo.1533

Public Health Emergency preparedness(PHE), response capability, community engagement and framework for improvement interventions in Kisumu County, Kenya

by Wilbroda Makunda | Wilbroda Makunda | Uzima University | Uzima University

Abstract ID: 88

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Exclusive breastfeeding, For second Abstract key words, community engagement, public health emergency, response capability

Background/ Objectives

Community-level Public health emergencies (CLPHE) and disasters increasingly pose more adverse public health threats in low-and middle-income countries, with simultaneous low improvement in mitigation capacities and readiness. Africa bears the greatest global burden of public health emergencies with approximately 100 incidences reported annually, yet operationalization of national and community-level preparedness and response is struggling. Resources are relatively more substantial at the national than at the County level. Kisumu County with a population of 1,155,574 is prone to a variety of public health Emergencies namely floods, fires, emerging and re-emerging disease outbreaks, violence due to cattle rustling, ethnic clashes etc. Recent worst occurrence in 2024 is floods that left 600 people marooned, 40,000 displaced and tens dead (Reported by Elizabeth Ojina Nation Media Group May 2024). The County health sector strategic and investment plan 2018-2030 does not specify how the community can be engaged in public health emergency response mechanisms, lacks framework for strategic, effective and targeted interventions. The objective was to determine Public Health Emergency preparedness, response capability, community engagement and framework for improvement of interventions in Kisumu County (HSSP 2018/2030).

Methods:

A cross-sectional mixed method was used. Four sub-counties Muhoroni, Nyando, Nyakach and Kisumu East of Kisumu County were purposively selected for the study. Quantitative data was collected from 507 participants who were selected by randomization method. Standardized semi-structured questionnaires were used where data was summarised and analysed descriptively. Qualitative data was collected through four conducted Focused group discussions (FGDs) and Key Informant Interviews (KII) in each of the four counties. Qualitative data Qualitative data was transcribed verbatim, analysed thematically and presented in narratives.

Results:

Kisumu East had the highest participation rate 34.1% with at least 33.8% of participants expressing preparedness for PHE. PHE response training ($p= 0.001$), guideline awareness ($p= 0.001$), access to timely information ($p= 0.001$), participation in PHE mobilization ($p= 0.001$), resource allocations ($p= 0.001$), training/skills for PHE participation, self-motivation for PHE participation ($p= 0.001$) and having participated in PHE research surveillance were

significantly associated with preparedness. 34.8% cited lack of awareness as significant in hindering preparedness ($p = 0.007$). All participants 507(100%) were aware of what a Public health emergency/disaster is. Majority of participants 416 (82.1%) indicated no enough resources to enable them successfully participate in emergencies while 91(17.9%) agreed that they have enough resources for participation. Majority of participants Majority of participants

328(64.6%) responded they are not aware of any guidelines for use. 305(60.2%) of participants each identified at least one barrier to integrated community engagement.

Conclusion

The community is not prepared to respond to PHEs occasioned by inadequate resources for such actions.

Recommendation:

- The County department of Disaster management should invest in public awareness campaigns.
- Budget for training programs for public health emergency response.
- Work on resource mobilization strategies.
- Adopt and implement the framework for improvement of interventions,

Evidence-Based Adolescent Health Education: An Approach to Reduce Neonatal Morbidity and Mortality Among Neonates Born to Adolescent Mothers, Busia County Referral Hospital, Kenya

by Anne Wawire Kabimba | Moi University, School of Nursing and Midwifery

Abstract ID: 90

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: adolescent mothers, evidence-based health education, neonatal morbidity and mortality.

Background: The burden of high Neonatal Morbidity and Mortality has remained a social and economic constrain globally, regionally, nationally, and locally to individual mothers, families, and the social society. Neonatal mortality account for about 40% of the under-five mortality, estimated at 2.7 million deaths yearly. This translates into, a mortality rate of 30/1000 live births with most neonates dying in the first seven days of life. 99% of the deaths occur in resource strained countries. Busia County, reported, 107/1000 live births, in the general population in 2016. Of these, 58%, were neonates born to mothers aged <20 years. Objectives: The purpose of this study was to try the 'Evidence-Based Health Education' approach for reducing neonatal deaths among adolescent mothers aged ≤ 19 years. The study objective was to determine if 'Evidence - Based Education' would reduce this neonatal morbidity and mortality, to identify factors for neonatal mortality, to describe the social support system for the respondents, to find out how evidence based health education strategy influenced neonatal morbidity and mortality.

Methodology: Study site: Busia County Referral Hospital ANC. Target population: expectant adolescent women aged ≤ 19 years. Sample size: 528 participants (calculated using Pagano Pagano formular). Study design was interventional randomized control trial. Simple randomization was applied to assign participants to cases $n=264$ and controls $n=264$. Data was collected in three steps.

Step1: the baseline data was a desk-top review. The data was extracted from records in the newborn unit and files of adolescent mothers in postnatal wards using a checklist. The descriptive data was collected using researcher-administered questionnaire.

Step2: The implementation of the Evidence-based health education. Themes were identified from the sessions and explored to ensure participant understanding of the information taught. Step3: addressed neonatal follow-up and intervention evaluation. All data were collected by the researcher. The statistical methods included descriptive statistics, logistic and multivariate regression analysis to test the level of significance which was set at $p < 0.05$. The Chi-square tested the relationship between the risk factors and the state of the neonate. Data was analyzed using MS excel, Epi Data version 3.1 and STATA. The qualitative data was analyzed in themes. The Chi-square tested the relationship between the risk factors and the state of the neonate. Data was analyzed using MS excel, Epi Data version 3.1 and STATA. The qualitative data was analyzed in themes.

Data analysis: Quantitative data was analyzed using STATA version 8.0. Qualitative data was analyzed in themes.

Results: age 16-19 years- 94%, school dropouts-82.5%, unemployment,-95.6%. 61% resided in rural areas. Three themes were identified; Perception towards the Intervention, Lessons learned and Suitability of the Intervention. Most predisposing factors related to the neonate; prematurity -67.3%, neonatal infections- 64.2%, multiple births-66.4%, congenital malformations-38.5%, birth complications/trauma-55.1% and Low birth weight-72.2%. Lack of knowledge to realize the seriousness of the neonatal condition and the need for urgent treatment was a major factor as well as inadequate social support system-30%.

There was significant relationship between the state of life and witchcraft ($P \leq 0.001$), neonatal infections ($P \leq 0.000$), prematurity ($P \leq 0.000$) and negligence ($P \leq 0.000$) as causes of neonatal deaths. There was a significant (2-Tailed) value (0.031), hence a statistically significant difference between intervention and control groups on the state of neonates.

Conclusion: Evidence-based health education was effective in reducing neonatal morbidity and deaths as respondents gained knowledge in the management of neonates without depending on relatives.

Impact of Gender on Health among Females, African Perspective. A Qualitative Systematic Review

by Anne Wawire Kabimba | Moi University, School of Nursing and Midwifery

Abstract ID: 91

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: adolescent mothers, evidence-based health education, neonatal morbidity and mortality.

Background: Female gender is usually viewed as more vulnerable in terms of wealth, health and wellbeing. Although women have a longer life expectancy, they generally live a less fulfilling life as they encounter many health, psychosocial and economic challenges. They spent more time seeking healthcare services either for themselves or for the family members as compared to their male counterparts. Gender inequality remains a challenge in African countries and more so when wealth and health are involved. Research has shown that women are more likely to suffer mentally and emotionally with consequent long-term depression. In recent times, it has emerged that women are more prone to developing chronic diseases. Women feel neglected, stigmatized and devalued during decision-making regarding women health. The objectives of this study were to analyze the impact of gender on health in women, to identify gaps and draw mitigation measures and to make the available evidence accessible to key players in matters concerning women and health in Africa. The study design was qualitative descriptive literature search covering the period 2015-2020. The researcher sampled articles written in English, qualitative in nature and addressing the topic. Sample size, 29 articles, was arrived at after thorough review using data abstraction table and 'Practical, Robust Implementation and Sustainability Model'. Data sources; Medline, Cochrane Library, PubMed, Research Gate and stand-alone. The study evidently showed that women health has hurdles and challenges. Gender inequality, lack of political goodwill to support women health, poverty among women, weak economic capacity, sexual and gender-based violence, including Female Genital Cutting, poor investment in women health and cultural beliefs and traditions have negatively impacted on women's health. There is need to positively identify and fill the gaps. Multi-sectoral interventions need to correctly be put in place to improve women's health.

Introduction: Female gender is usually viewed as more vulnerable in terms of wealth, health and wellbeing. Although women have a longer life expectancy, they generally live a less fulfilling life as they encounter many health and psychosocial and economic challenges. They spent more time seeking healthcare services either for themselves or for the family members as compared to their male counterparts. Gender inequality remains a challenge in African countries and more so when wealth and health are involved, thus influencing the patient-healthcare provider relationship. Research has shown that women are more likely to suffer mentally and emotionally with consequent long-term depression. In recent times, it has emerged that women are more prone to developing chronic diseases. On the other hand, women feel neglected, stigmatized and devalued especially during decision-making regarding women health. The objective of this study was to re-look at the gaps in gender

imbalance in women's health from diversified studies by different researchers across Africa and suggest ways of mitigation.

Methods: The design was qualitative descriptive literature search covering the period 2015-2020. The researcher sampled articles written in English, qualitative in nature and addressing the topic. Sample size, 29 articles, was arrived at after thorough review using data abstraction and PRISM. Data sources: Medline, Cochrane Library, PabMed, ResearchGate and stand-alone. Finding: the study evidently showed that women health has hurdles and challenges.

Conclusion:. Gender inequality, lack of political goodwill to support women health, poverty among women, weak economic capacity, sexual and gender-based violence, including Female Genital Mutilation/cutting (FGM/C), poor investment in women health and cultural beliefs and traditions have negatively impacted on women's health. There is need to positively identify and fill the gaps. Multi-sectoral interventions need to correctly be put in place to improve women's health.

Risk Factors for Neonatal Morbidity and Mortality: Empowering the Adolescent Mothers through Evidence Based Health Education, Busia County Referral Hospital

by Anne Wawire Kabimba | Moi University, School of Nursing and Midwifery

Abstract ID: 92

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: NNM, adolescent mothers, health education, risk factors

Background: Statistics show that, neonatal mortality (NNM) accounts for approximately 40% of the under-five mortality globally. The risk factors are varied but cut across all nations. The purpose of this study was to empower the expectant adolescent mothers through 'evidence-based health education' hence reduce NNM. The study objectives were; to identify, describe and find solutions to the risk factors through health education. Methods: the study was carried out at Busia County Referral Hospital (BCRH), Western Kenya using a cross-sectional interventional design. 226 expectant adolescent mothers attending the antenatal clinic were randomly sampled. Expectant adolescent mothers aged ≤ 19 years, 26 -34 weeks gestation and residents of Busia County were selected. Mothers with co-morbidities, students and non -Kenyan were excluded. Ethical approvals from KNH/UONREC, BCRH; Director of Health, County Government of Busia were obtained. Data was collected using semi-structured researcher -administered questionnaires. Analysis utilized Epi Data 3.1, STATA version 8.0, Microsoft excel and reported in frequencies and percentages. Intervention: respondents were grouped in 20s of same gestation. A pragmatic approach was used to cushion respondents from making many trips to the hospital. The sessions were conducted by the researcher who after each overview, allowed respondents to share experiences.

Results: risk factors identified; lack of knowledge-84.5%, poor infrastructure-83.6%, negligence-81% non-breastfeeding-80.1%, lack of emphasis on neonatal care by the community-77% and prematurity-67.3%. 87% of the respondents applauded the intervention. Discussion: the respondents expressed desire for neonates to be recognized and valued at home.

Conclusion: risk factors that contributed to NNM were of duo play, involving respondents and the community. This revealed gaps in information acquisition, awareness and neonatal care practices.

Recommendation: there is need for space and age- specific care tailored to adolescent mothers and the need to step -up and intensifies health education strategies.

Core managerial competencies in the uptake of Covid-19 vaccine among first-line nurse managers in Nyeri County.

by NELIA MUIRURI | Florence Mbutia

Abstract ID: 93

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Core competencies; First line nurse manager; Covid-19 Vaccine ; Nyeri County

Introduction

The first -line nurse managers play a significant role in directing patient care affairs and creating a safe working environment for nursing personnel. They therefore require a number of competencies to be able to effectively carry out their duties for positive patients' outcome as well as uptake of healthcare services. During the COVID-19 Pandemic, nurses under the supervision of the nurse managers played a major role in promoting vaccine confidence in addition to administering the vaccine leading to high uptake. Nyeri County took a lead in vaccine uptake in the country. The purpose of this study was to establish the core competencies that nurse managers in Nyeri County utilized to promote the vaccine uptake.

Methods

A descriptive cross sectional research design was used in conducting this study in all health facilities that were providing COVID-19 Vaccine at lower levels of health care delivery i.e. health centers and dispensaries. The total number of nurse managers who participated in the study were seventy-three (73). A validated model tool for evaluating nurses' managerial competencies was used to identify the key attributes of managerial competencies that were used by first -line nurse managers to attain a high COVID-19 vaccination coverage in Nyeri County. Data on sociodemographic characteristics was analyzed using descriptive statistics in the form of frequency and percentages. The core competencies were analyzed through analytic hierarchy process (AHP) to prioritize competencies. Data was presented in tables. The study adhered to ethical guidelines and was approved by DeKUTISERC, NACOSTI and Nyeri County Health Department.

Results

Majority (77%, n=56) of the nurses who participated were female, (43%, n=31) were aged below 40 years, (77%, n=56) had attained diploma in nursing, (38%, n=28) had worked for a period of less than 5 years and only one participant (1.4%) had received an additional training in leadership and management. In terms of core competencies that enabled them manage COVID-19 Vaccination, the nurse managers gave the highest priority to self-management (0.2834) and lowest priority to management of organizational climate and

culture (0.0027). Further within the three defined competencies for control, self-management was ranked highly (0.6340) while performance evaluation was ranked least (0.1740). Of the competencies that fell under the organizing function,

delegating roles and functions had the highest priority (0.4720) while resource allocation has the least (0.0840). Among competencies relating to the planning function, all the competencies were ranked equally (0.3330) while for those under leadership function, professionalism was mentioned as the most important competency (0.2920) and management of organizational climate and culture as the least important (0.0190). For managerial roles, attitude towards continuous improvement was regarded as the most important competency (0.2630) and analytical competency as the least important (0.0430). Generally, the nurse managers in this study mostly gave the highest priority to competencies in control function (0.4470), while they gave the least priority to those in the organizing function (0.1330).

Conclusions.

The first line nurse managers in Nyeri County played an important role in Covid-19 vaccine uptake by effectively implementing the key managerial functions more so control function. Continued capacity building on managerial competence is highly recommended for all first line nurse manager in the county and in all other counties in the country.

Keywords:

Core competencies; First line nurse manager; Covid-19 Vaccine; Nyeri County

A Socially Constructed Framework for Culturally Congruent Nursing Curriculum Transformation in Lesotho: A Multi-Methods Approach

by Nthabiseng Molise (PhD) | National University of Lesotho

Abstract ID: 94

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Competency-based approach, cultural congruence, facilitative roles, stakeholder engagement, transformative learning.

Background: Implementing a transformative nursing curriculum is strategic for a country's population health outcomes. However, transforming a nursing curriculum is challenging due to the lack of investigation into cultural influences impacting such transformation. Therefore, educators need support to explore what a culturally congruent framework would look like.

Purpose: To socially construct a framework for culturally congruent nursing curriculum transformation in Lesotho.

Methodological approach: This study used a descriptive, qualitative, multiple-method research approach. The transformative learning theory was the theoretical context within the social constructivism research paradigm. The Mmogo-Method™ and the KAWA technique were methods used for data collection during the study's two empirical phases. The Mmogo-Method™ was used to describe cultural influences on curriculum implementation, while the KAWA technique was used to describe the congruency between culture and transformative curriculum implementation. Out of a population of 11, a convenience sample of seven midwifery educators was used for the Mmogo-Method™ and a criterion purposive sampling selection of 14 nursing educators from a population of 64 for the KAWA technique. Additionally, a narrative literature review was systematically performed to establish a relationship between culture and transformative curriculum implementation.

Findings and interpretations: Empirical findings from the Mmogo-Method™, KAWA technique, and the narrative literature review confirmed that culture might well influence the implementation of a transformative nursing curriculum. The findings were used to draft a framework validated by nursing educators. The three emergent framework concepts were: transformative learning; educators; and students. These three concepts were inter-related throughout the learning process.

RUA TSEBO: A NURSE- LEAD INTERVENTION TO IMPROVE KNOWLEDGE AND ADHERENCE TO CHEMOTHERAPY

by FELLENG JONASE | LESOTHO NURSES ASSOCIATION

Abstract ID: 95

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: NURSE-LEAD INTERVENTION

Background: chemotherapy remains an exposition in the treatment of cancer, yet it can be a fearsome or formidable experience for patients due to its potential side effects and impact on quality of life

Aim: The aim of this nurse lead intervention is to improve knowledge of chemotherapy among nurses and improve patients' adherence to cancer chemotherapy.

Method: Communication intervention was employed. The intervention predominantly involved teaching and information sharing to registered nurses using social medial and different virtual platforms. clinic based health education was used to teach and inform cancer patients about chemotherapy treatment, its benefits, side effects, the importance of adherence and consequences of non-adherence. educational materials like videos and easy-to-understand pamphlets were made available. Knowledge of registered nurse and patients was assessed before the intervention and after the intervention. The first analysis was to calculate the mean values of all scales in first (pre-test) and second (post-test) waves. To know if the different between the means was significant, paired sample t-test was calculated.

Results: Nurses (81.8%) who participated in the evaluation answered better during the pre-test and all (100%) of them got everything right in the posttest. The sixty six (66) patients (currently on chemotherapy) were aware of cancer chemotherapy and its adverse effects after the intervention. Five patients have successfully completed and tolerated their chemotherapy.

Conclusion: The effective support not only enhances patient's preparedness and coping mechanism, but also contributes to improved treatment adherence and outcomes. Understanding and optimizing the role of nursing in chemotherapy preparation in crucial for enhancing patient experiences and outcomes in oncology care.

Family planning knowledge and unmet need of Adolescents Girls and Young Women Living with HIV in Hhohho Region, Eswatini

by Nomvuselelo Sikhondze | EGPAF

Abstract ID: 96

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Family planning information, access and unmet need

Abstract

Background: Improving the sexual health, reproductive rights, and access to care for adolescent girls and young women (AGYW) living with HIV begins with an understanding of the unmet needs related to family planning .

Objective: To assess knowledge of family planning methods and sexual and reproductive health needs and services for AGYW living with HIV infection in terms of access, uptake of family planning strategies and unmet needs.

Methods: We employed a quantitative cross-sectional study design, data was captured in Epi-data and analysed using STATA 14.

Results: A total of 190 AGYW participated in the study, mean age of 20.6 years. Participants resided in all four regions of Eswatini, with a majority n= 172 (90.5%) from Hhohho. Participants had varying knowledge of different contraception methods, the most known contraception method knows was the condom, the pill, the injectable and the skin patch respectively and the most participants n=105 (55.3%) had moderate knowledge, n= 65 (34.2%) had high knowledge of family planning methods, and n=20 (10.5%) had no knowledge of family planning methods. About half of the participants cited the health facility as a preferred source of family planning information. More than half (68.4%) of participants were comfortable discussing sexual reproductive health (SRH) issues with a nurse. However, of all the AGYW that went to a health facility 71.1% were not offered family planning services on the day of facility visit. Thus, a majority of participants had unmet need for family planning as only 28.9% assessed family planning commodities.

Conclusion: Most AGYW were aware of the various contraceptive methods available. Moreover, there is still a need to strengthen health education, information access, and address unmet needs pertaining to their sexual and reproductive needs. In addition, increasing service uptake and youth-friendly health services should be paramount.

Fertility intentions among adolescent girls and young women (18-24 years) living with HIV in Hhohho Eswatini

by Nomvuselelo Sikhondze | EGPAF

Abstract ID: 97

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Fertility intentions, adolescent girls and young women

Background: Understanding the fertility intentions of adolescent girls and young women serves as a crucial first step in addressing their unmet sexual and reproductive health needs. It also acts as a valuable tool for improving their access to sexual and reproductive health services (SRH).

Aim: The aim of the study was to assess fertility intentions and determine factors associated with fertility intentions among AGYW living with HIV.

Methods: Quantitative cross-sectional study design used, data was captured in Epi-data and analysed using STATA 14.

Results: The majority of the AGYW (n=139; 73.2%) desired to have children, while 51 (26.8%) did not desire to have children. In the multivariate logistic regression analysis, demographic factors significantly associated with fertility intentions included living with an intimate partner (aOR: 1.5; 95%CI: 1.5-434.3) and having at least one family member employed (aOR: 2.4; 95% CI: 1.1-5.5), with p-values <0.05. Participant age, level of education, and place of residence were not statistically significant (p>0.05).

Conclusion: The findings revealed that most of the study participants desired to have children. A significant number of demographic factors did not contribute to fertility intentions, except for those living with intimate partners and those with higher socio-economic standing. These populations should be accommodated and prepared for safe childbearing and development. There is need for AGYW sexual and reproductive health care needs, particularly in HIV care settings to be addressed.

A Needs assessment/scoping review of eLearning ecosystem to support blended pre-service training for nurses and midwives in Zambia

by Joy-Desta Brandsma | Lola Aladesanmi | Josephine Kapata | Nancy Choka | Beatrice Zulu | Agness Yamba | SolidarMed | Brasys | SolidarMed | SolidarMed | SolidarMed | SolidarMed

Abstract ID: 98

Topic: *Advancing innovation and technology in nursing and midwifery*

Keywords: *Blended learning, Digital transformation, Systems*

Introduction: Digital transformation has positively impacted health service delivery by enabling efficient resource utilization, health software applications, digital data for decision-making, and digital health education. Online blended learning has made significant progress in nursing and midwifery education, improving student learning outcomes globally. Students now have access to international eLearning platforms. It allows for continuity, flexibility, and repetitive learning in addition to repeated question exposure. Various digital platforms can also be integrated with the ability to deliver diverse teaching methodologies. Students can access content anywhere from any device. The benefits to teaching institutions are customization, flexibility in content and capabilities, wider reach, increased efficiencies, and cost-effectiveness. The COVID-19 pandemic has increased the demand for digital learning platforms to ensure uninterrupted learning. The eLearning ecosystem is complex and relies on Internet, Connectivity and Technology (ICT) infrastructure at every level of the systems. This ecosystem involves national as well as institutional capacity to sustain it, such as ICT infrastructure, teaching aids and resources, library and digital resources, and faculty and student digital literacy. The aim of this intervention was to develop a strategy and operational plan to realise enhanced e-learning in nurse/midwife education in Zambia.

Methods: In collaboration with the consultancy firm Brasys, SolidarMed identified and interviewed 26 key informants within nurse and midwifery education. Key informants included staff from the Ministry of Health (MOH) and the Nursing and Midwifery Council of Zambia (NMCZ), public and private sectors (telecommunications, universities, and colleges), who have a stake in nurse education and digital transformation. Organizational readiness at colleges was assessed using Knowledge, Attitude, and Practice Assessment tools. A Consultation Guide for key informants was used to interview stakeholders. A Technology Assessment form was used to assess existing eLearning platforms. Based on the insights the need for a key stakeholder engagement was identified and facilitated.

Results: The policy environment supports digital transformation in nurse education, including the National Digital Health Strategy 2022-2026 referring to the establishment of online education. However, there is limited guidance on how to do this. There are multiple environmental barriers to establishing a comprehensive eLearning platform including resource limitations, compliance requirements, and cybersecurity. The individual and

community factors include limited awareness surrounding government policies and guidelines, resistance to change from traditional teaching methods, low online retention and attention rates, skilled staff turnover, inadequate access to technology and quality assurance challenges. Key factors in support of eLearning are governance, leadership, and commitment; institutional support; ICT infrastructure; digital literacy; equal access to the internet and technology; ability to retain learners; and sufficient change management at different levels. Few stakeholders exist and have implemented eLearning projects in isolation with limited geographic scope and scale. Stakeholders emphasized the need for a strategic framework to harmonize initiatives and utilize existing opportunities. SolidarMed, in collaboration with the MOH and NMCZ, facilitated a stakeholder workshop with the key stakeholders. A national eLearning framework was co-created and developed to support online education as a subcomponent within the National Digital Health Strategy. The focus was to bring multiple stakeholders together to ensure resource mobilization and align initiatives in support of establishing a comprehensive eLearning platform and ecosystem for nurse and midwifery education.

Conclusions: Opportunities and initiatives include integration/harmonisation of existing technology, addressing the infrastructure and resource gaps, collaborating with providers and government institutions, building the capacity of students, faculty and practitioners and supporting quality assurance. Focus areas of the eLearning framework include access, quality, demand, resourcing and sustainability. The key recommendation is to pursue active stakeholder engagement as each stakeholder has a role to play in establishing and the eLearning ecosystem.

Clinical Simulation to Enhance Clinical Education

by Joy-Desta Brandsma | Nancy Choka | Beatrice Zulu | Josephine Kapata | Agness Yamba | SolidarMed |
SolidarMed | SolidarMed | SolidarMed | SolidarMed

Abstract ID: 99

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Facilitated reflection, Immersive, Interdisciplinary, Quality, Simulation

Introduction: Zambia is classified as a low-income country by the World Bank and is currently facing a severe shortage of trained healthcare professionals. This shortage hampers Zambia's ability to provide safe and high-quality medical care, resulting in high mortality and morbidity rates specifically in maternal newborn child health and other service delivery areas. Evidence shows there is a direct correlation between clinical simulation and quality improvements in patient care. Clinical Simulation is known to close the gap between theory and practice and enhance clinical performance and confidence in pre-service and in-service health professionals. To support the Government of the Republic of Zambia's efforts, SolidarMed Zambia is constructing and equipping clinical skills and simulation centres in four hospitals: Kabwe Central Hospital, Kafue General Hospital, Solwezi General Hospital, and Chipata Central Hospital. The aim of this project, SolidarMed Zambia has partnered with Swansea University Medical School (UK) to deliver a customized simulation training program for clinical educators. These clinical simulation educators will lead and teach in the newly established clinical skills centres and ten existing nurse/midwifery colleges, thereby helping to enhance the quality of trained healthcare professionals in Zambia.

Methods: With support from the Welsh Government and assistance from SolidarMed staff, academics from Swansea University conducted a three-day, in-person 'train the trainer' workshop for 26 multidisciplinary lead clinical educators from hospitals and nurse/midwifery teaching colleges in each of Zambia's 10 provinces. The 'train the trainer' workshop content was tailored to the local context, taking into account evidence-based practices and curriculum development principles. Clinical simulation concepts such as scenario creation, demonstrations, briefing, and debriefing were taught and practiced, with the thematic focus areas around maternal and newborn care. Simulation with high-fidelity mannequins and or technologies is not guaranteed in resource-limited settings so the focus is on improvising with the available resources as well as the use of standardized patients-volunteers playing the role of patients.

Results: The 26 educators who attended 'train the trainer' are now responsible for conducting approximately 250 training sessions for over 5,000 students in the coming academic year. These lead educators are involved in quarterly workshops with clinical in-service preceptors who mentor pre-service students. The 'train the trainer' participants reported increased confidence in implementing or expanding scenario-based simulations

within their programs and student populations. They also felt that their own clinical education and skills training capacity had significantly improved. Furthermore, by bringing together educators from across the country, they believed that a Zambian clinical simulation educational network had been established. SolidarMed is further strengthening the network of clinical simulation trainers through further post-graduate training and certification enhancements.

Conclusion: SolidarMed is actively exploring and documenting the feedback and experiences of facilitators and learners regarding the role of clinical simulation in enhancing clinical education. Preliminary findings indicate that clinical simulation training significantly improves educators' confidence and capacity to deliver high-quality training, which is essential in a resource-limited setting like Zambia. By fostering a network of skilled clinical simulation educators and continuing to invest in postgraduate training and certification, SolidarMed aims to ensure the sustainability and scalability of these improvements. The establishment of clinical skills and simulation centres in key hospitals and the integration of these methodologies in nursing and midwifery colleges are critical steps towards addressing the healthcare professional shortage. Ultimately, these efforts contribute to better patient care outcomes and a more robust healthcare system in Zambia.

The Decentralized Training of Nurses and Midwives in Zambia

by Joy-Desta Brandsma | Mwansa Ketty Lubeya | Nancy Choka | Beatrice Zulu | Josephine Kapata | Agness Yamba | SolidarMed | SolidarMed | SolidarMed | SolidarMed | SolidarMed | SolidarMed

Abstract ID: 100

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Health systems, Human resources, Quality, Quantity

Introduction: An adequate health workforce is crucial for delivering health services in Zambia. With 61% of the population residing in rural areas, ensuring access to healthcare in these regions is vital for achieving national health goals. Unfortunately, Zambia is facing a shortage of human resources for health (HRH), with only 11.2 doctors, nurses, and midwives per 10,000 people. This falls well below the World Health Organization's (WHO) recommended minimum threshold of 22.8 doctors, nurses, and midwives per 10,000 people. Attrition rates in the health workforce have also been high, with approximately 10% of Zambia's health workers being lost each year as of 2017. While there has been an increase in the number of clinical health workers, shortages still persist, especially in rural areas. Despite rural areas being home to the majority of Zambia's population (55%), there are only 7,677 doctors, nurses, and midwives available compared to 9,285 in urban areas. A 2016 workforce analysis revealed that only 45% of doctors, clinical officers, nurses, and midwives were working in rural areas. Nurses and midwives, who make up 63% of the clinical health workforce, play a significant role in the health system as they are often the first point of contact in healthcare facilities and hospitals. The purpose of this evaluation was to provide an independent assessment of the program, focusing on its effectiveness, efficiency, impact, and sustainability

Methods: With support from SolidarMed, the Ministry of Health (MOH) and the Nursing and Midwifery Council of Zambia have introduced an innovative model to address this issue. The model focuses on decentralization, increasing the number of training sites, and ensuring training quality. It also includes clinical mentoring for nurse students, rotation between different sites, and blended learning techniques. This model is accredited by the Ministry of Health and is currently being implemented. To evaluate its effectiveness, a mixed-method approach was used, gathering quantitative and qualitative data from various sources. This involved conducting key informant interviews with 21 participants and four focus group discussions with eight participants each, totalling 53 participants. Key stakeholders such as SolidarMed staff, MoH, representatives at all levels, college staff, and nurse/midwife students were included. Additionally, an extensive review of documents and analysis of secondary data were conducted. A deductive thematic approach was used to analyze the qualitative data.

Results: The program successfully achieved its objective of scaling up the model, gaining recognition and support from the NMCZ and MoH. The decentralized model was optimized

through a blended training approach for Registered Nurses, Registered Midwives, and Public Health Nurses. Key factors influencing the project's effectiveness include early and high-level buy-in from the Ministry of Health, comprehensive quality assessments that identified gaps in institutions, transparent and consistent communication by SolidarMed, provision of accommodation for Clinical Instructors and students, dedicated volunteer Clinical Instructors, and infrastructural improvements at St. Luke's and other colleges. Challenges faced by the program included infrastructure gaps in the colleges, transportation issues, poor management styles, and the initial investments required to set up the model.

Conclusions: The program has had a positive impact in the short term and is well-positioned for further scaling up. The number of nursing graduates increased in the first year at all three schools, although there were declines in the two scale-up colleges in the second year due to limitations in infrastructure capacity. Overall, the program was highly effective, demonstrating solid performance in most result areas. It successfully achieved its objective of scaling up the model, and the decentralized model was optimized to a great extent.

Prevalence of Post-Covid symptoms among adults in Primary Healthcare settings in Botswana

by Gaonyadiwe Lubinda-Sinombe | Mabedi Kgositau | Chinememma Deborah Chinagorom | University of Botswana | University of Botswana | A.O Private clinic

Abstract ID: 101

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Botswana, Chronic covid syndrome, Post COVID 19 symptoms, adults, primary healthcare setting

Background

Coronavirus is a new strain that affected humans since December 2019 in Wuhan, China and spread to the whole world. It was declared a pandemic in March 2020 by the World Health Organization (WHO). It affected the respiratory system mostly ranging from common cold to severe diseases. The clients who recovered from the COVID 19 infection still experience the aftermath of COVID 19. However, there is paucity of data on the prevalence of persistent chronic covid symptoms among adults in the primary health care settings in Botswana.

Objective

To determine the prevalence of persistent chronic covid symptoms experienced by clients at the primary health care setting and identify its association with disease severity.

Methods

A prospective design was used. 197 adults aged 18 and above were selected from seven (7) purposively selected clinics in Greater Gaborone District Management Team and one (1) private clinic. A special questionnaire was used to inquire about the current health status of patients and their persistent symptoms in the post- COVID 19 period. Data was entered in SPSS version 27, and descriptive statistics was used to analyse the data.

Results

There was a 100% response rate (N= 197). There were N= 134 (68%) females and N= 68 (32%) males aged between 18 to 76 years. The mean age was 36.55 (SD 13.78) and median 33. Most of the respondents were aged between 28 and 32 years old (18.8%). Most of the respondents were single (48.2%), and secondary school leavers (79.2%). In terms of disease severity, most of the respondents experienced mild disease symptoms (64%), followed by moderate (28.4%). The most common persistent chronic covid symptoms reported were headache 50 (25.4%), shortness of breath 41(20.8%), cough 26(13.2%), chest pains 10 (5.0), palpitations 23 (11.7%), forgetfulness 21(10.7%), fatigue 16 (8.1%), general malaise 13 (6.6%), dizziness 15 (7.1%), while other symptoms from gastrointestinal, dermatology and genitourinary systems were few (less than 5%). There was an association between persistent chronic covid symptoms and disease severity ($p \leq 0.001- 0.003$) except for cardiovascular, gastrointestinal, and neuropsychiatric symptoms ($\geq .005$).

Knowledge, attitude and practices of Exclusive Breastfeeding for infants 0-6 months among Women of Reproductive Age in Manyatta-Kisumu County, Kenya

by Wilbroda Makunda | Uzima University-Kisumu, Kenya

Abstract ID: 102

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: attitude, child mortality and morbidity, exclusive breastfeeding, knowledge, practice

Background & Objectives

Exclusive Breastfeeding (EBF) is the simple and most effective intervention preventing child mortality and morbidity, less than 40% of infants receive benefits of EBF. Approximately 1.3 million child deaths worldwide could be prevented each year if EBF rates increased to 90% (Alive & Thrive, 2009). In Kenya, only 31% of children under 6 months are exclusively breastfed.

Manyatta is one of the largest slums in Kisumu County. In Kenya, only 61% of children under 6 months are exclusively breastfed (WHO, UNICEF 2019). 80-90% of mothers offer water and other liquids to their babies in the first month (UNICEF 2006).

Service register at JOOTRH Children ward reports 240 deaths/ 2800 admissions of children under one year, 90% representation for Manyatta. DHIO 2012 reported that EBF was at 34% in Kisumu district. The KDHS 2008/9 reported that in Kisumu District, 60 deaths/1000 live births were attributed to inappropriate infant feeding practices, this is higher than the national

which was reported at 52.29 deaths per 1000 live births.

Broad objective.

Determine Knowledge, Attitude and practices of Exclusive Breastfeeding for infants up to 6 months.

Specific objectives.

1. To identify socio-demographic factors for WRA in Manyatta sub-location
2. To determine the level of knowledge on EBF among Women of Reproductive Age in

Manyatta.

3. To assess the attitude of WRA towards EBF for infants up to 6months.
4. To determine breastfeeding practices for infants up to 6 months.

Methods:

Study design

A mixed study design which adopted both qualitative and quantitative methods was used.

Target population

Women of reproductive age with children of 6 months and below. 422 women who were recruited participated in the study.

Study site

The study was conducted in Manyatta A. slum of East Kolwa, Manyatta S/Location, Winam Division, Kisumu East sub-county, Kisumu County-Kenya.

Sampling technique

Simple random and purposive sampling techniques were used. Desk reviews were conducted to enable comparison of the findings of this study with previous conducted studies.

Results:

Majority of the respondents 400(95%) had knowledge about EBF in Manyatta with a mean of 1.8months, this is below the widely accepted universal coverage target of 90% (Jones et al 2003). The young group 15-27 years of primary education were the majority who exclusively breastfed babies and the trend reduced with increasing age.

Conclusion/Recommendation:

Despite high knowledge about EBF among WRA in Manyatta, its prevalence is low due to negative attitude towards it.

To improve uptake of EBF, department of maternal Child health should strengthen and expand integration of males and change names on both clinic and booklets to accommodate them to support women in child health programmes.

The effects of technology advances in improving outcomes of patients with pressure ulcers amidst Covid -19 pandemic at Moi teaching and referral hospital, male general surgery ward.

by betty jeptepkeny | moi teaching and referral hospital Eldoret

Abstract ID: 103

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: covid-19, pressure ulcers, ripple mattress

Introduction: wound management can present many challenges to ultimate goal of fast and complete wound healing. Healthcare workers care for patients with pressure ulcers in surgical inpatient and the most important thing is to ensure the ulcer heals as fast as possible.

Problem :Noted Area of concern with poorly managed pressure ulcer patients is increased hospital stay, increased nursing time and high bed occupancy which may lead them acquiring nosocomial infections like covid -19.

The health related burden of pressure ulcers, has resulted in considerable increased hospital stay .The key to establishing a comprehensive prevention and treatment is through evidence based technologies by use of ripple mattresses. This is a topper that has hundreds of rounded contours which evenly spread body pressures and allow support of patient contact skin area through pressurizing of air cushions.

Study design: observational study design

Results: use of ripple mattresses technology on wound care, when utilized with other standard wound care management practices, has lead to achievement of prevention and treatment goals of pressure ulcers.

Conclusion: use of ripple mattresses technology leads to better patient care outcome.

The State of Nursing and Midwifery workforce in Lesotho

by Semakaleng H. Phafoli | Mr. Thabo Ishmael Lejone | Dr. Nthabiseng Molise | Mr. Busa T. Qhala | Mr. Morephe Sylvester Santi | Mr. Sello Ramokanate | LNA | Solidarmed | National University Of Lesotho | Lesotho Nurses Association | Lesotho Nurses Association | LNA

Abstract ID: 104

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Midwifery, Nursing, workforce

Background

The nursing workforce worldwide, is the largest single occupation in the health sector and is a foundation of the interprofessional health teams that deliver on the promise of health for all. A well-performing healthcare system is one that can ensure the delivery of essential health and health-related services to the population, where and when they are needed. In Lesotho, nurses and midwives play a pivotal role in that regard and therefore important to ensure that they are available in adequate numbers, equitably distributed and are satisfied with their employment. In 2022, a study to determine the state of nursing and midwifery workforce in Lesotho was conducted.

Goal

To assess challenges faced by the nurse midwifery workforce in Lesotho, to inform development and implementation of evidence-based solutions to address identified challenges.

Methods

A mix of quantitative and qualitative, exploratory and descriptive design was used. Data was gathered through questionnaires and focus group discussions (FGDs) with different nurse leaders. Convenient sampling was used where questionnaires were given to the registered nurse midwives who were available and willing to participate in the study at the particular health facility. For FGDs, purposive sampling was used to select nurse managers and/or Public Health Nurses from the respective districts, including the Quad team. Quantitative data was analysed using STATA and qualitative data was thematically analysed.

Results and Conclusions

About 370 nurses participated in the study where 76.8% (N=284) were females and most participants (40.8%) were aged between 31 to 40 years, with majority (60.4%) possessing a diploma in nursing. About 49% of participants worked in government facilities, with the highest proportions (48.3%) working in urban areas. More than 70% of the nurses indicated being overworked predisposing them to emotional breakdowns. Over 77% of the participants experienced burnout at least once a week, with 88% experiencing emotional breakdown per week. About 70% of the nursing workforce consider leaving the country, while 41.5% are actually preparing to leave the country for better pay and working conditions.

Findings from FGDs indicated a number of factors contributing to job dissatisfaction

including: general shortage of different cadres of human resources for health, both in numbers and skills which put a strain on nurses who are also inadequate; inadequate pay where salaries were found incommensurate with the workload; poor infrastructure and inadequate resources to help in effective management of clients. Negative influences of party politics were also noted where some of the nursing staff were found unruly and very rude to the clients and management due to certain political inclinations. The above leads to poor image of nursing.

Suggested strategies to improve acceptability, satisfaction with working conditions and the image of nursing as stated in the FGDs include development and implementation of policies to aid with retention of HRH especially nurses and midwives; use of objective recruitment process free from bribery and political influences; appropriate placement of nurse midwives where their passion is for better productivity and to establish human resource information system for nurses by the nursing council, which will communicate with that of the MOH and training institutions, to enable tracking of nurses from training to practice including those that have migrated, retired or passed on.

It can be deduced from these findings that most nurses in Lesotho are overworked and underpaid which predisposes them to emotional breakdowns and desire to leave the country which all have negative implication on service delivery. The study has identified some of the challenges faced by the nurse midwives in Lesotho, which will assist in development and implementation of appropriate approaches to address them.

TRAINING INFLUENCE ON THE PERFORMANCE OF MENTAL HEALTH PROFESSIONALS IN SELECTED PUBLIC PSYCHIATRIC HOSPITALS KENYA

by Fredrick Wambu | The Kenya Methodist University

Abstract ID: 105

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Influence, Mental Health Professionals, Performance, Training

Public hospitals have been struggling with issues related to low general performance and personnel productivity. Concerns have been raised about differences in study leave and training received by employees at public health facilities, which explain why employee performance is low. There are serious consequences when employee well-being is not addressed through good training. Failing to prioritize their training can result in increased rates of disengagement, absenteeism, and turnover. The objective of this study is to evaluate how training influence performance of mental health professionals. The study adopted mixed methodologies in a cross-sectional descriptive research design. About 146 mental health professionals, were sampled using stratified random proportionate sampling. Purposive sampling was used to select ten key informants. Content analysis was used on qualitative data, descriptive and inferential statistics were used to analyze quantitative data. The study findings show there is a correlation between training and employee relations ($r=0.584$, $p<0.001$), between training and appraisal ($r=0.529$, $p<0.001$), between training and remuneration ($r=0.415$, $p<0.001$) between training and performance ($r=0.280$, $p < 0.001$). This study recommends that in order to maximize employee performance, hospital management should prioritize the ongoing skill development of their staff. Only via ongoing training and development procedures is this achievable.

Key words: Training, Influence, Performance, Mental Health Professionals

Paediatric Sickle Cell Disease at a tertiary hospital in Malawi: a retrospective cross-sectional study

by Chikondi Sharon Chimatata, Frank Sinyiza, Master Chisale, Paul Kaseka, Pocha Kamudumuli, Balwani Mbakaya chingatichifwe, Joseph Wu | Public Health Institute of Malawi

Abstract ID: 106

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Children, Clinical Complications, Sickle Cell Disease, Sub-Saharan Africa

Introduction: Sickle Cell Disease (SCD) remains a major cause of childhood mortality and morbidity in Malawi. However, literature to comprehensively describe the disease in the paediatric population is lacking.

Objectives: To investigate the demographic, clinical and haematological characteristics of children admitted with SCD at Mzuzu Central Hospital in Northern Malawi.

Methods: A retrospective review of clinical files of children with SCD was conducted at Mzuzu Central Hospital paediatric ward between July 2016 and June 2019. Descriptive statistics were performed to summarise the data. χ^2 or Fisher's exact test was used to look for significant associations between predictor variables and outcome variables (case fatality and length of hospital stay). Predictor variables that were significantly associated with outcome variables ($p \leq 0.05$) in a χ^2 or Fisher's exact test were carried forward for analysis in a binary logistic regression. A multivariable binary logistic regression was used to identify covariates that independently predicted length of hospital stay.

Results: There were 16 333 paediatric hospitalizations during the study period. Of these, 512 were patients with SCD representing 3.1% (95% CI: 2.9%- 3.4%). Sixty- eight of the 512 children (13.3%; 95% CI: 10.5% - 16.5%) were newly diagnosed cases. Of these, only 13.2% (95% CI: 6.2% - 23.6%) were diagnosed in infancy. Anaemia (94.1%), sepsis (79.5%) and painful crisis (54.3%) were the most recorded clinical features. The mean values of haematological parameters were as follows: haemoglobin (g/dL) 6.4 (SD=1.9), platelets ($\times 10^9/L$) 358.8 (SD=200.9) while median value for white cell count ($\times 10^9/L$) was 23.5 (IQR: 18.0-31.2). Case fatality was 1.4% (95% CI: 0.6% - 2.8%) and 15.2% (95% CI: 12.2% -18.6%) of the children had a prolonged hospital stay (>5 days). Patients with painful crisis were 1.7 (95% CI: 1.02 - 2.86) times more likely to have prolonged hospital stay than those without the complication.

Conclusion: Sickle cell disease contributes a significant proportion of paediatric admissions in Malawi with anaemia, sepsis and painful crisis as the most common clinical features. Painful crisis is associated with prolonged hospital stay. Patients with painful crisis were more likely to have prolonged hospital stay. Delayed diagnosis of SCD is a problem that needs immediate attention in this setting. Although somewhat encouraging, the relatively low in- hospital mortality among SCD children may under- report the true

mortality from the disease considering community deaths and deaths occurring before SCD diagnosis is made.

Kgatleng nurses and midwives' experience about the influence of nursing leadership on their continuous quality improvement performance.

by Idah Mmopiemand | Mmapula Linnette Nyepetsi | Mompoloki Maruatona | Nyangagwe Referral Hospital | Kgatleng DHMT | Letsholathebe District Hospital

Abstract ID: 107

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: leadership, nurse leaders, patient care, policy

Background: The healthcare industry is constantly and rapidly changing, and it's only with strong nurse leadership that nurses will continue to grow and help to shape a smarter healthcare delivery system. In fact, effective nursing leadership is essential to optimizing the delivery of healthcare services in clinical practice. Nurses and midwives performance in their respective service areas is vital to quality patient care outcomes, customer satisfaction, timeliness of services and nursing leadership performances have been related to nurse performance.

Purpose: The aim of this project was to explore leadership factors that influence nurse performance and, the role that nursing leadership behaviours play in nurse's perceptions of performance motivation.

Description of the experience: This project is a qualitative descriptive study, which was conducted with nurses and midwives working in Five (5) clinics in Kgatleng DHMT, Botswana. The sample population is 45 nurses and midwives (participants), and the sampling method used to determine the participants was purposive sampling method. Data was collected from forty-five (n=45) informants through unstructured interview which lasted 45-60 minutes.

Ethical considerations: The study was approved by the appropriate ethics and clinical governance committees. As the study took part in the clinical area, it involved all the nursing staff in the selected facilities.

Project Outcome: The results of the project revealed that Nurse leaders should be encouraging, inspirational, supportive, and they must be able to evolve as the nursing profession itself experiences ongoing changes. Nurses believed they should be reward accordingly when task is completed successfully. Nurses perceptions of factors that affect their motivation and ability to perform were grouped into five categories: autonomy, work relationships, resource accessibility, nurse factors, and leadership practices. Nursing leadership practices/behaviours were found to influence both nurse's motivations directly and indirectly via other factors.

Recommendations: The project suggests that nurse leaders should nurture new nurse leaders to push the boundaries of nursing through mentorship and coaching which involves sharing knowledge, skills, and best practices to help nurses grow professionally. Effective nurse leaders listen to employees' feedback, demonstrate flexibility to solve problems, and safely delegate responsibilities to other team members to create healthy work environment.

Not only do nurse leaders improve work environment, strong leadership is contagious and inspires colleagues to grow professionally and take on new leadership roles. Nursing managers and leaders may enhance their nurse's performance by understanding and addressing the factors that affect their ability and motivation to perform.

Conclusion: A goal of healthcare organisation should be to influence the quality of patient care. Empowered nurses are eager to implement EBP to ensure quality of care. From this project, the factors that nurses perceive as motivating them to perform well include autonomous practice, working relationships, resource accessibility, individual nurse characteristics, and leadership practices. Understanding these factors and how nurse leaders can influence them is a necessary step in promoting quality nursing care and the associated positive patient and organizational outcomes. Therefore, healthcare organizations and effective nurse leaders must understand what factors nurses perceive as influencing their motivation to perform well.

KNOWLEDGE OF STANDARD PRECAUTIONS FOR PREVENTING TUBERCULOSIS AND HIV AMONG STUDENT NURSES IN ESWATINI UNIVERSITY

by Ncobile Gina | Eswatini Medical Christian University

Abstract ID: 108

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Clinical, Eswatini, HIV, Infections, Knowledge, Standard precautions, Student nurses, Tuberculosis

Introduction and background: Standard precautions are a set of measures put in place for reducing the risk of transmitting infections such as Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) in the healthcare setting. Many studies from other countries have shown different levels of knowledge regarding standard precautions among student nurses. Lack of knowledge of standard precautions may lead to non-compliance which may later lead to the spread of hospital acquired infections.

Aim of the study: The aim of this study was to assess knowledge of student nurses regarding standard precautions for prevention of TB and HIV.

Methodology: A non-experimental quantitative approach was used to conduct a survey on senior student nurses of the University of Eswatini (UNESWA) using questionnaires. The total population of third, fourth- and fifth-year students was selected through census sampling method. A Statistical Package for Social Science version 26 software was used to analyze the data.

Findings: Among the 105 student nurses who completed the questionnaire, 91% were found to have adequate knowledge on standard precautions. Only 51.9% of the students had received training on TB prevention procedures in the demonstration laboratory while only 63.8% said they received it on HIV. Regardless of their good knowledge, 22.9% of the respondents have been accidentally exposed to blood and body fluids of patients as they practiced in the past 12 months.

Recommendations: Therefore, the researchers recommend that standard precautionary measures on TB and HIV prevention skills be continuously demonstrated to all student nurses in the skills laboratory and in the clinical area.

Nurses and midwives' perceptions about Implementation of evidence-based practice (IEBP): The experience of nurses and midwives in Kgatleng DHMT.

by Mmapula Linnette Nyepetsi | Larona Boitshepo | Idah Mmopiemang | Kgatleng DHMT | Kgatleng DHMT | Nyangagwe Referral Hospital

Abstract ID: 109

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: customer satisfaction, implementation, quality services, research

Background: Implementation of evidence-based practice is crucial to enhance quality health care, professional development, and cost-effective health service. Nurses and midwives should use best, valid, currently available and relevant policies, standard guidelines and books in clinical decision-making practice. IEBP improved quality healthcare and client outcomes in the care setting and thus improved customer satisfaction and reduced customer complaints. Therefore, future projects/research need to explore ways to nurture the documentation of evidence-based practice (EBP) interventions more effectively. Nurses and midwives who have higher educational status, management and service provision experience can reduce barriers to the IEBP. Thus, IEBP achieves quality health care through knowledge, skill, the experience of health service providers, collaborative decision making and good time management.

Purpose: This project was aimed at assessing the perceptions in implementation of evidence-based practice, quality improvement initiatives and associated factors among nurses and midwives.

Description of the experience: This project is a qualitative descriptive study, which was conducted with nurses and midwives working in ten (10) clinics and health posts in Kgatleng DHMT, Botswana. The sample population is 55 nurses and midwives (participants), and the sampling method used to determine the participants was purposive sampling method. Data was collected from fifty-five (n=55) informants through unstructured interview which lasted 30-40 minutes.

Ethical considerations: The study was approved by the appropriate ethics and clinical governance committees. As the study took part in the clinical area, it involved all the nursing staff in the selected facilities.

Results: The results of the project revealed that the best, valid, currently available, and relevant research/project findings were rarely used in healthcare and clinical decision-making practice. Nurses and midwives use experienced based knowledge, and their observations, colleague and other collaborators' support in practice without considering best and current evidence. The project also demonstrated that nurse managers play a significant role in creating the right climate in nursing units for the IEBP, mainly through

their leadership. Nurse researchers, on the other hand, have been trained to address clinical problems using rigorously designed research approaches. When all collaborate, their skills and tools can be effective at various points along the Implementation Science pipeline.

Recommendations: Nurses and midwives play an important role in the implementation of quality improvement projects initiatives, and no successful implementation can be achieved without the involvement of nurses in clinical care/practice, research, policy settings, and other key stakeholders. Nurse researchers should partner with their clinical colleagues and policy makers to introduce practical thoroughness in supporting policy and practice. Organizations have to enhance IEBP for the standard of quality health care service as it is essential to meet patient safety, needs and quality health services.

Conclusion: Despite efforts to promote evidence-based nursing, there is still a gap in the translation of research findings into policies and clinical practice. While nurse researchers provide an increasing body of EBR that could be applied in clinical practice, only a fraction of these initiatives is translated into real-world clinical settings to address the pressing clinical needs of patients and communities.

Finding Best Practice for establishing sustainable specialist nursing training programmes in southern and eastern Africa: a Capability Maturity Model

by Minette Coetzee | Natasha North | The Harry Crossley Children's Nursing Development Unit, Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa | The Harry Crossley Children's Nursing Development Unit, Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa

Abstract ID: 110

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: health workforce, regulation, specialist nursing education

Background: Increased training capacity is urgently required to strengthen human resources for health (HRH) for specialist nursing in Africa. Stakeholders working to establish a fully accredited, sustainable training programme must navigate complex regulatory systems and sectors, including education, clinical services, HRH, and multiple regulators, which is challenging. A Capability Maturity Model (CMM), which is an evaluation science method, depicts the supportive conditions that reliably produce required outcomes, and can support programme sustainability.

Purpose: We applied this approach to articulate the conditions that need to be in place to reliably develop and sustain new specialist (particularly children's) nursing training programmes in Africa.

Methods: We drew on collective experiential knowledge of capacity building for specialist children's nursing in southern and eastern Africa, through the Children's Nursing Educator Forum, to articulate a CMM, using a six-stage process to: identify necessary supportive conditions; specify levels of process maturity; develop domains; characterise levels of capability; consult with stakeholders; and finalise the model.

Results: We articulated a comprehensive CMM describing five levels of process maturity in relation to education, clinical and regulatory systems, HRH systems, and requirements related to overall stakeholder collaboration. The model makes visible the range of regulatory and associated processes involved in developing a new educational programme for specialist nurses, including educational standards, quality assurance, scopes of practice, and systems for licensing and registering specialist children's nurses.

Conclusion: By having a comprehensive overview of the whole pathway, and where they are on it, stakeholders are better able to collaborate towards the shared goal of establishing sustainable training capacity. Stakeholders can use the model as a map to identify where they are in the process of establishing capacity for sustainable training, and be guided about the conditions, resources and actions needed to make further progress.

Moving Best Evidence to Best Practice: early learning from work with nursing teams in 8 facilities across 5 African countries on the Best Practice Project

by Minette Coetzee | Natasha North | The Harry Crossley Children's Nursing Development Unit, Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa | The Harry Crossley Children's Nursing Development Unit, Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa

Abstract ID: 111

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Evidence based practice, best practice, children's nursing, clinical nursing

Background

Evidence-based practice in children's nursing is also a commitment to best outcomes for children. While not every promising practice is 'best' for Africa, healthcare settings in the region are rich in good practice. Through the integration of evidence, promising practice can be further moved to best practice.

'Best Practice' is a global concept that drives quality by using proven methods or tools to measure and review current practice against the best available evidence. EBP refers to using the best available evidence for decision-making and providing efficient and effective care for patients on a scientific basis

Project description

The Best Practice Project, launched in October 2021, by the Harry Crossley Children's Nursing Development Unit in the UCT Department of Paediatrics and Child Health, provided children's nursing teams throughout Africa the opportunity to: improve quality and safety of care for children and their families; achieve measurably excellent, evidence-based nursing practice; and consolidate a high-performing professional culture of excellence and compassion.

Methodology

The project enrolled 10 teams in 8 facilities, across 5 African countries, each guided by a group of specialist-skilled nurses acting as Team Leads.

The project was organised into 4 modules over a two year period. Online teaching and learning and reflection using Appreciative Inquiry and CNDU developed Afrocentric tools and resources, assisted participants to recognise good practice and identify practices and areas for improvement. Two clinical educators, who are also specialist nurse clinicians, provided consistent support. In-country Team Leads were also matched with international nursing leaders for coaching sessions, targeting personal growth and development.

Intentional programme evaluation participant experience and leadership capacity were key. Outcome indicators provided data for service delivery were captured through simple team 'dashboards' with the goal to make progress visible to clinical teams. At the end of the first round of the project, 8 teams received recognition as a Best Practice Unit for Children's

Nursing - the first in Africa!

This presentation will describe the project , the key tools and lessons learnt from this first cohort.

Maternal and Perinatal Outcomes in Women with Eclampsia by Mode of delivery at Riley Mother Baby Hospital: A longitudinal case-series study

by Koech Irene¹, Poli Philippe Amubuomombe¹□², Richard Mogeni¹, Cheruiyot Andrew², Ann Mwangi³, Wycliffe Kosgei¹, Orang'o Elkanah Omenge¹□² | ¹Directoate of Reproductive Health, Moi Teaching & Referral Hospital, Eldoret, Kenya; PO Box 3-30100 Nandi road, Eldoret, Kenya

Abstract ID: 112

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: eclampsia, maternal and perinatal outcomes, mode of delivery, resource-limited settings

Background: Eclampsia, considered as serious complication of preeclampsia, remains a life-threatening condition among pregnant women. It accounts for 12% of maternal deaths and 16-31% of perinatal deaths worldwide. Most deaths from eclampsia occurred in resource-limited settings of sub-Saharan Africa.

Objectives: This study was performed to determine the optimum mode of delivery, as well as factors associated with the mode of delivery, in women admitted with eclampsia at Riley Mother and Baby Hospital.

Methods: This was a hospital-based longitudinal case-series study conducted at the largest and busiest obstetric unit of the tertiary hospital of western Kenya. Maternal and perinatal variables, such as age, parity, medications, initiation of labour, mode of delivery, admission to the intensive care unit, admission to the newborn care unit, organ injuries, and mortality, were analysed using the Statistical Package for the Social Sciences software version 20.0. Quantitative data were described using frequencies and percentages. The significance of the obtained results was judged at the 5% level. The chi-square test was used for categorical variables, and Fisher's exact test or the

Monte Carlo correction was used for correction of the chi-square test when more than 20% of the cells had an expected count of less than 5.

Results: During the study period, 53 patients diagnosed with eclampsia were treated and followed up to 6 weeks postpartum. There was zero maternal mortality; however, perinatal mortality was reported in 9.4%. Parity was statistically associated with an increased odds of adverse perinatal outcomes ($p = 0.004$, OR = 9.1, 95% CI = 2.0-40.8) and caesarean delivery ($p = 0.020$, OR = 4.7, 95% CI = 1.3-17.1). In addition, the induction of labour decreased the risk of adverse outcomes ($p = 0.232$, OR = 0.3, 95% CI = 0.1-2.0).

Conclusion: There is no benefit of emergency caesarean section for women with eclampsia. This study showed that induction of labour and vaginal delivery can be successfully achieved in pregnant women with eclampsia. Maternal and perinatal mortality from eclampsia can be prevented through prompt and effective care.

CHALLENGES IN MANAGEMENT OF RADIATION DERMATITIS AMONG HEAD AND NECK CANCER PATIENTS IN SUB-SAHARAN AFRICA

by 1. CLEMENTINE MBATHA 2. NATHAN KIBET | MOI TEACHING AND REFERRAL HOSPITAL,
ELDORET, KENYA

Abstract ID: 113

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Radiotherapy, Sub-Saharan Africa, challenges, head and neck cancers, radiation dermatitis

BACKGROUND: Head and neck cancers are the 7th leading cause of cancer in Sub-Saharan Africa. A common treatment modality is radiation, which causes radiation dermatitis (RD) in the vast majority of patients. RD can cause severe skin breakdown leading to poor treatment compliance and a diminished quality of life.

OBJECTIVE: The aim of this literature review was to determine, what, if any evidence-based interventions are recommended for use in Sub-Saharan Africa.

METHODS: PubMed and Google Scholar were searched to identify studies addressing radiation dermatitis in head and neck cancer patients. Data base search terms for head and neck cancers to include head and neck neoplasm OR head and neck tumors OR head and neck carcinomas AND radiation dermatitis OR radio dermatitis OR skin toxicity OR radiation induced skin reaction were utilized in the search for articles published in the year between 2014 to 2023. References of related articles was checked for more studies done on radiation dermatitis in LMICs, SSA countries and globally. Data base search for articles published in the year between 2014 to 2023. References of related articles were checked for more studies done on radiation dermatitis in LMICs, SSA countries and globally. Additional gray literature was sought out to gain insights on the current state of radiation services in SSA, aiming to develop a comprehensive understanding of challenges associated with radiotherapy in this region.

RESULTS: There is a notable absence of studies focused on radiotherapy dermatitis in head and neck cancer patients within Sub-Saharan Africa (SSA). The general lack of a definitive gold standard for treatment or a consensus on recommendations adds to the challenges. There is an unmet need to provide guidance to clinicians, particularly in low-income countries, on appropriate management of radiation dermatitis to ensure supportive care. This is largely attributed to studies with poor quality of evidence, conflicting findings among trials and lack of supporting data. Notably, the specific challenges hindering research on this topic in SSA includes significant deficiencies in infrastructure, funding and trained personnel.

CONCLUSION: There needs to be more high-quality randomized controlled clinical trials for treatment of radiation dermatitis. In particular, products need to be developed that are

feasible for low-income countries. Additionally, prioritization of radiotherapy services in terms of funding and training staff remains to be a challenge in SSA. This may have contributed to the limited studies on how to manage radiotherapy dermatitis in the region.

Title: Kgatleng DHMT nurse's experiences and challenges about the practice of hand hygiene on the prevention and control of infectious diseases

by Gabatshwanelwe Mmeti | Priscilla Pelonomi Kitso | Keitumetse Rebabonye | Kgatleng DHMT, Ministry of Health Botswana | Kgatleng DHMT, Ministry of Health Botswana | Kgatleng DHMT, Ministry of Health Botswana

Abstract ID: 114

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: contamination, hand, hygiene, infections

Brief background: When performed correctly, hand hygiene results in a reduction of microorganisms on hands and contributes to prevention of healthcare-associated infection and improved patient safety. Hands are most at risk of contamination with micro-organisms when care is provided in health care settings. It is the golden standard for Infection Prevention and Control. Therefore, hand hygiene is the single most important practice for preventing health care associated infections. The healthcare industry is constantly and rapidly changing, and functional IPC program in the health care settings will help combat the spread of diseases and help reduce the burden of disease in this era of rise in infectious diseases.

Purpose of the project: The aim of the project was to explore factors that influence hand hygiene performance amongst Nurses

To identify the role played by IPC nurse in relation to behaviour change in conjunction with hand hygiene practice amongst nurses

Brief description of the experience: This project is a qualitative descriptive study, which was conducted in 10 facilities in Kgatleng DHMT in Kgatleng District in Botswana, the sample population is 35 nurses and midwives (participants), and the sampling method used to determine the participants was purposive sampling method. Data was collected from (n=35) informants through Observation and unstructured interview which lasted 30-40 minutes.

Outcome of the project: The results of the project revealed that Nurses should be provided with pocket sanitizers and hand washing stations should be availed within reach. Staff did not know about the 5 moments of hand hygiene. There was lack of skills on hand hygiene for most nurses. Workload, staff attitude and limited provision of hand washing commodities also affected hand hygiene practice. Hand hygiene was poorly performed during cold weather conditions because there was no provision of hot water.

Recommendations from the project: An effective risk management system for infection prevention and control involves the identification of hazards, and assessment and control of

risks for patients, visitors, and the health workforce, so far as is reasonably practicable. This approach requires consultation, cooperation and coordination between the health service organization, patients, consumers and members of the workforce.

Nurses should be trained on hand hygiene, five moments of hand hygiene and staff competency assessments should be conducted regularly. Ensure provision of warm water for hand washing at all times and ensure availability of hand washing posters at all handwashing stations to serve as a reminder to hand wash. Hand washing stations be availed within every service point and also conduct regular hand hygiene campaigns to drive towards making hand hygiene a habit even beyond COVID 19 pandemic.

Conclusion: In conclusion the project suggests that the organisation should prioritize hand hygiene through provision of hand washing commodities, trainings, campaigns and commemorations. It should also be noted that effective infection prevention and control practices reduce the risk of transmission of infections between patients, healthcare workers and others in the healthcare environment.

FACTORS CONTRIBUTING TO LATE ANTENATAL CARE BOOKING AMONG PREGNANT WOMEN AT A SELECTED HOSPITAL IN LESOTHO.

by TITI NTHABANE | MPH O RALEFIFI | NATIONAL UNIVERSITY OF LESOTHO | NATIONAL UNIVERSITY OF LESOTHO

Abstract ID: 115

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Antenatal care, Late antenatal care booking, contributing factors to late antenatal care, pregnant woman.

Early Antenatal Care (ANC) booking is essential for reducing maternal and perinatal morbidity and mortality. It facilitates the early detection and management of pregnancy-related complications, as well as the identification of women or girls at high risk of developing complications during labor and childbirth, thus ensuring referral to appropriate level of care. Nevertheless, globally 287,000 women die of pregnancy-related complications annually due to delayed ANC booking with 99% occurring in the developing countries.

For this reason, the study aimed at identifying contributing factors to late ANC booking among pregnant women in a selected hospital in Lesotho. A typical descriptive non-experimental design was used to collect data from a sample size of 55 participants using structured questionnaires. Data was analyzed using Microsoft Excel version 2016.

The study results publicized cultural beliefs and values, unplanned pregnancies, financial, unemployment and work related issues, not being fully informed as to when to start ANC and lack of support coupled with having no decision making powers as the sources of late ANC booking. It is therefore important to strength sexual and reproductive health by continuous information provision and education, with emphasis on benefits of early ANC booking to communities. Also empowering women will have paramount benefit in improving their decision making abilities. Cultural beliefs have to be addressed in a sensitive manner. These are key determinants to be contemplated during the review of the Lesotho ANC guidelines, protocols and policies.

Assessing the knowledge, level and factors affecting assertiveness among nurses in health facilities in Oshana Region, Namibia. A quantitative study.

by *Beatrix Ndavulwa Ndahalele* | Namibia Health Professional Council of Namibia, Namibian Nursing Association, ECSACONM member

Abstract ID: 116

Topic: Policy making, leadership and advocacy in Nursing and Midwifery
Keywords: assertiveness, assess, factors, health facilities, knowledge, nurses

Background and objectives: Assertiveness in nursing is the important footstep in the ladder

of professional progress. Nursing is a profession centred on the nurse-patient relationship. Assertiveness is a healthy behaviour and valuable component in nursing profession which is beneficial to nurse, client, other workers, and community at large. Assertiveness and nursing

are very closely linked to each other, and nursing practice cannot be acknowledged as good if the nurse is not assertive. In the past, nurses and midwives were taught to be submissive helpers of doctors and were typically traditional non-assertive and dependent due to lack of appropriate role models. Globally, assertiveness which is a very essential skill for daily lives, was introduced by Andrew Salter in London in 1949, with the purpose to mean an inner resource to deal peacefully with confrontations and since its introduction, assertiveness became the major focus in changing the stress related behaviours. In Africa studies indicated

a statistically significant positive correlation between total assertiveness skills and psychological well-being score-level. In Namibia there is limited information on studies done on assertiveness among nurses. The purpose of this study was to assess the knowledge,

level and factors affecting assertiveness among nurses in health facilities.

Methods: Data in this quantitative study, was collected from convenient sampling selected registered nurses (n=170) involving three training hospitals in Oshana region, the Rathus Assertiveness Scale (RAS) was adopted to guide the development of a self-administered questionnaire. Demographic data was analyzed using frequencies and percentages of participants. Descriptive statistics and tests for differences or correlation were used to analyze univariate, bivariate and multivariate data. The total scores for assertiveness knowledge and assertiveness level were classified into two (2) levels namely low and adequate and low and high level respectively. Normality testing was performed to test the data distribution. Exploratory Factor Analysis (EFA) and principal components analysis (PCA) was performed to reveal latent constructs or dimensions within dataset that account for variations observed in assertiveness via SPSS version 29 software.

Results: Results indicated that female nurses (51.5%) had high level of assertiveness. Results showed that there is a marginal association between assertiveness knowledge level

and the type of the hospital (p-0.077) and a significant association between the number of years of experience as a nurse and the assertiveness level (p-0.006) among nurses. EFA and PCA indicated the following to be unique dimensions of assertiveness: assertive communication, communication styles in interpersonal relationships and self-centered communication and content analysis identified the following to be factors affecting or barriers to assertiveness: social influence on assertiveness, workplace barriers to assertiveness and other influences on assertiveness.

Conclusion and recommendations:

Firstly, it was concluded that nurses are faced with challenges that hinder the facilitation of assertiveness in health facilities. Secondly, some nurses especially at state hospital had low level of assertiveness unlike those at private hospitals. Furthermore, less experienced nurses

lacked assertiveness that hinder the facilitation of assertiveness in health facilities.

Keywords: assertiveness, assess, nurses, knowledge, factors, health facilities

Improving patient safety and quality: the importance of supporting nurses and midwives in Kgatleng DHMT to engage with innovation in practice

by Senzeni Chulis Monosi | Basadi Motshweneng | Mmapula Linnette Nyepetsi | Kgatleng DHMT | Kgatleng DHMT | Kgatleng DHMT

Abstract ID: 117

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Patient, innovation, nursing, quality, safety

Background: The nursing profession has seen a growing focus on innovation over the last decade. More work remains to solidify innovation as a necessary learning element for the benefit of services and professional nursing contributions to individuals, families, communities, and populations at large. Today nursing and midwifery play a vital and pivotal role in the development, delivery and sustainability of huge, varying and dynamic healthcare systems. To innovate and change within these facilities requires support and utilization of the various toolkits/frameworks to aid the process and evaluate the impact of change. Innovation requires vision, structure, strategy and engagement with stakeholders to evaluate the impact of care/services in order to improve care/services.

Purpose: The purpose for project is to describe how nursing profession can advance through integration of innovation into knowledge, skills, and abilities across all areas where nurses work.

Description of the experience: This project is qualitative descriptive study, which was conducted in 8 facilities, Kgatleng DHMT, sample population of 40 nurses and midwives (participants), and sampling method used to determine participants was purposive sampling method. Data was collected from (n=40) informants through Observation and unstructured interview which lasted 20-30 minutes.

Ethical considerations: The project was approved by appropriate ethics and clinical governance committees. As study took part in clinical area, it involved all nursing staff in selected facilities.

Outcome: Nurses are in a profession of caring, actions of their efforts are directed toward others either directly or indirectly. Those who are recipients of care, experience the greatest health outcomes when care is of high quality. To provide high quality care, nurses need appropriate resources and tools to address care needs. Anything that does not exist naturally in nature was created by an individual or a group of individuals. Motivation for creating new innovations stems from an unmet needs affecting a group of people. Nurses are healthcare professional who spend more time with patients, they can recognize gaps, unmet needs, unavailable resources/solutions that could enhance their caregiving. A nurse is attributed to many nursing resources depended upon today that are staples of caregiving

for nurses and healthcare team.

Recommendations: Successful and sustained innovation and change(s) in practice as suggested requires organizations and individuals working within to create: an organizational culture and working environment founded on ensuring a sound vision, strategy, goals and insightfulness of people to generate and evaluate ideas, make networks with stakeholders in developing robust structures and systems for sharing of information. Results indicates that excellence in practice and innovation requires leadership teams to take responsibility for training, development, recruitment, and reward systems that elevate the innovation.

Conclusion: Innovation in nursing Practice as observed in this project is making significant contributions to improving the quality of nursing care. For some nurse manager's, speed of innovation in nursing practice is not at fast speed to accommodate the enormous global challenges facing nursing's future. On a positive note nurses/midwives should be commended for engaging with fellow professionals, and stakeholder to advance innovation in nursing practice.

Home based care of stroke patients in rural Zimbabwe.

Knowledge of care givers

by Violet Kestha Chikanya | Sindiwe James | Nelson Mandela University, Port Elizabeth, South Africa; Africa University, Zimbabwe | Nelson Mandela University, Port Elizabeth, South Africa

Abstract ID: 118

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Educational interventions, Infection prevention and control, home-based care, primary caregivers, rural setting, stroke, stroke patients

Introduction: Incidence of stroke has increased significantly in some countries of sub-Saharan Africa and its burden lies in the complications of chest, skin and urinary tract infections that accompany the condition. Infections make it difficult to maintain self-care when the patient is discharged from hospital and thus the need to develop some innovative educational interventions to assist in this regard. Hospital stay of patients with stroke is short, whilst post stroke recovery takes a long time at home under the care of primary caregivers with either little or no health care training thus exposing these patients to a variety of risky infections. Activities of primary caregivers are monitored and supervised by village health workers, who are community-based and are widely used in response to the shortage of skilled health workers in resource limited areas including Zimbabwe. Their training does not cover topics addressing infection prevention and control for primary caregivers. Village health workers offer education to patients and primary caregivers in maintaining hygienic conditions at household level to prevent communicable diseases. Primary caregivers have a minimum or no health care training and yet they supplement professional care at home. They provide activities of daily living to patients. However, village health workers do not have a standard tool on infection prevention and control for training primary caregivers caring for home-based stroke patients, hence innovative strategies are required to address the gap. Primary caregivers require adequate training on infection prevention and control for home-based stroke patients.

Objectives: The study sought to describe and explore the knowledge and practices of primary caregivers and information they get from village health workers on infection prevention and control among home-based stroke patients.

Methods: A descriptive and exploratory study was conducted on 200 primary caregivers and 200 village health workers selected using multistage random sampling method. Ethical approval was obtained from relevant Ethics Boards; participants gave informed consent. Participation in the study was voluntary; privacy and anonymity were observed. Data were collected using self-administered questionnaires and interviewer-administered questionnaires from village health workers and primary caregivers respectively. Visual Basic for Applications package analysed the data and analysis of variance examined differences between demographic characteristics of participants. Chi-square test was used to determine whether the socio-demographic information and adequacy of information given

were associated. Statistical significance was set at $p < 0.05$.

Results: Primary caregivers were not well informed of the measures to prevent chest infections and urinary tract infections as they rated themselves poor or very poor in practising these measures. There was a correlation between knowledge of prevention and control of infection to primary caregivers' level of education (chi-square=7.49; $p=0.024$), and residence (chi-square=72.33; $p=0.001$). There was an association between information given by village health workers on rated adequacy of information and information given on: chest infections (chi-square=20.65; $p < 0.0005$), skin infections (chi-square=13.42; $p=0.009$) and urinary tract infections (chi-square=19.20; $p=0.001$). The information given by village health workers to primary caregivers was also associated with residence (chi-square=107.15; $p < 0.0005$). To address the identified gaps, a job aid was developed to enhance the knowledge and skills of primary care givers of rural home-based stroke patients.

Conclusion: Generally, primary caregivers had limited knowledge of infections chest and skin. infections as well as urinary tract infections in home-based stroke patients while the village health workers seldom gave them the necessary information. In pursuit of improving quality of life of home-based stroke patients, it is important to use innovative educational interventions to increase knowledge and skills of primary caregivers through training, refresher courses and use of simple easy to understand job aids as reference when caring for patients.

Male Condom Utilization Barriers by Males at Mafeteng Hospital Lesotho

by Amelia Mashea | National University of Lesotho

Abstract ID: 119

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Barriers, Condoms, Males, Utilization

Background: Condom utilization averted around 50 million new HIV infections globally since onset of the HIV and AIDS pandemic, nevertheless, it has been noted that a significant gaps in availability of condoms is estimated at about 3 billion, particularly in Sub Saharan countries. Condoms are an effective and cost friendly intervention in preventing STIs and unintended pregnancies, but their use seem to be low in Lesotho, the country with the second highest HIV& AIDS prevalence. Males, often dictate sexual behavior in patriarchal societies, significantly influence community sexual and reproductive health outcomes. Despite these benefits, barriers persist. In Lesotho, there is a significant knowledge gap regarding barriers to male condom utilization. With a population of 2.3 million, Lesotho grapples with high HIV prevalence and the primary cause is inconsistent and inadequate condom use. This brings about the country's decision to adopt condoms as a key strategy for reducing HIV transmission. The researchers assessed barriers to condom utilization among males.

Methods: A quantitative descriptive cross-sectional study was conducted at Mafeteng hospital with a sample size of 93 males, aged 18 to 49 years who visited Mafeteng hospital for health services. Stratified simple random sampling method. Five strata based on their different age groups namely: (18-24), (25-30), (31-36), (37-44) and lastly (45-49) years. Solvin's formula was used to determine the sample size This was in accordance with Bureau of Statistics Lesotho (2022), the average number of males aged 18 to 49 who seek health services at Mafeteng hospital and the accessible population that was aforementioned, the population size considered was 1700. The error margin in this study was $e = 0.1$ or 10%.). Drawing lots technique was used to ensure homogeneity of the strata. The respondents were allocated into their respective strata in the proportions 36.6%, 25.8%, 16.6%, 12.7%, 8.3% for the strata (18-24), (25-30), (31-36), (37-44) and (45-49) respectively. This was done in order to maintain the homogeneity of the strata and to adequately represent the natural proportions of the respondents as they seek health services. Only males aged 18 to 49 years who were sexually active; that is, had engaged in sexual activity in the past six months were included in the study. A structured questionnaire was utilized to collect data from males.

Results: The study exposed that respondent aged (18-24) years were median group while (25-30) years were majority. The respondents reported various barriers to condom use. Personal barriers included trust in partners (44.4%, LPM=0.596 at 95% CI) and the thrill of unprotected sex (44.1%, LPM=-0.611 at 90% CI). Sociocultural barriers involved condom stigma (LPM=-0.596 at 95% CI). Health system barriers were highlighted by the lack of

lubricants (83.9%). Product-related issues included insufficient lubrication (21.5%, LPM=0.436 at 95% CI) and unpleasant odor (LPM=0.662 at 99% CI). Tailored education was recommended by (n=79) respondents to improve condom use.

Interpretation: The study revealed poor condom utilization among males with multifaceted barriers spanning demographic profiles; with age and relationship duration decreased perceived threat, personal barriers that included concerns about sexual pleasure and how women perceive condom use. The study further identified sociocultural barriers such as stigmatization of condoms to having an impact on condom utilization and health system disparities in SRH education as well as product-related barriers of poor fit, malodor, and insufficient lubrication.

Adverse Pregnancy Outcomes after Cryotherapy, Thermal ablation and Loop Electrosurgical Excision Procedure for Cervical Intraepithelial Neoplasia treatment among reproductive age women in Zambia

by Victoria Mwiinga | University of Zambia

Abstract ID: 120

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Adverse Pregnancy Outcomes, Cervical Intraepithelial Neoplasia, Cryotherapy, Loop Electrosurgical Excision Procedure, Reproductive Age women, Thermal Ablation, Zambia

Kindly ensure that your abstract aligns with the conference theme and sub-themes outlined. After completing the submission form, review your information carefully before finalizing the submission. If you encounter any difficulties or have questions during the submission process, please don't hesitate to reach out to our [support team](#) for assistance. Thank you for your participation in the conference.

Background and Objectives: Cervical Intraepithelial neoplasia treatments have become essential interventions to manage cervical lesions. Majority of the recipients are women within the reproductive age group, who according to literature may be at risk of adverse pregnancy outcomes. This study investigated the risk of abortions, prematurity, stillbirths and prolonged labor among reproductive age women after Cryotherapy, Thermal ablation and Loop Electrosurgical Excision Procedure treatments in Zambia.

Methods: This cross sectional study analyzed records of 8000 women aged 15 - 49 years either screened with Visual Inspection with Acetic Acid or treated for Cervical Intraepithelial neoplasia at the Adult Infectious Disease Control Centre between January 2010 and December 2020. Data were analysed using STATA version 16, descriptive analysis estimated the prevalence and obtained the frequency distribution of outcomes of interest. Chi-square and Fisher's exact test established the associations at 95% CI. Univariate and multivariable binary logistic regression estimated odds of adverse pregnancy outcomes across the three treatments.

Results: Adverse pregnancy outcomes were more prevalent in the treatment group (39.2%) compared to the untreated group (16.9%). Normal pregnancy outcomes were lower in the treated (60.8%; n = 4000) than the untreated (83.1%; n = 4000). The treated group accounted for the majority of abortions (74.5%), prolonged labour (72.5%), and the untreated accounted for higher proportions of still births (66.7%) and prematurity (53%). Adverse pregnancy outcomes were five and two times more likely in women treated with thermal ablation (aOR = 5.05, 95% CI = 4.01, 6.36, p<0.0001) and Loop Electrosurgical Excision Procedure (aOR = 2.73, 95% CI = 2.20, 3.40, p<0.0001), respectively.

Conclusion: Cervical treatment among Zambian women increases the risk of abortion and prolongs labor. Therefore, cervical cancer preventive techniques should be adjusted, and vigilant monitoring should be maintained during pregnancy, delivery, and the postpartum period to improve maternal and neonatal health.

The effectiveness of a Web-Based Psychoeducation Intervention on Antenatal Depression Help-Seeking Practices among Women in Eswatini

by Lindelwa Portia Dlamini | Mduduzi Colani Shongwe | Min-Huey Chung | Department of Nursing, School of Nursing, Taipei Medical University, Taipei, Taiwan | Department of Midwifery, Faculty of Health Sciences, University of Eswatini, Mbabane, Eswatini | Department of Nursing, School of Nursing, Taipei Medical University, Taipei, Taiwan

Abstract ID: 121

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Antenatal Depression; Psychoeducation; Web-based interventions; RCT; TPB; Eswatini

Background: About a quarter of women in Eswatini experience depressive symptoms during pregnancy. Although numerous psychosocial interventions have been invented to prevent and treat depressive symptoms during pregnancy, help-seeking practices for antenatal depressive symptoms remain suboptimal. This Theory of Planned Behavior - informed trial aimed to investigate the effectiveness of a web-based psychoeducation intervention in improving antenatal depression help-seeking intention and behavior in Eswatini.

Methods: The double-blinded, two-arm trial, which included a waitlist control, involved 70 antenatal women. Assessments were conducted at baseline, immediately post-intervention, and at one-month post-intervention, focusing on assessing depression help-seeking intention, help-seeking behavior, antenatal depressive symptoms, antenatal depression stigma, and health beliefs. Data were analyzed using intention-to-treat analysis, and generalized estimating equations were applied to address the research questions.

Results: The trial results showed that women in the intervention group had significantly higher help-seeking intention scores at both post-intervention ($\beta = 2.90$, $p < .001$) and 1 month follow-up ($\beta = 4.90$, $p < .001$) compared to the control group. Additionally, the intervention group exhibited significantly lower AD stigma at post-intervention ($\beta = -3.26$, $p < .01$) and at 1 month follow-up ($\beta = -5.80$, $p < .001$) than the waitlist control. Health beliefs were significantly higher in the intervention group at 1 month follow-up ($\beta = 2.98$, $p = .04$) compared to the control group, though this effect was not observed in the short term.

Conclusion: The theory of planned behavior - based trial was effective in improving help-seeking intention, reducing antenatal depression stigma and enhancing positive health beliefs. The trial forms a cornerstone for the adaptation of antenatal depression programs into routine maternal care in Eswatini. It supports the use of the constructs of the theory of planned behavior to promote depression help-seeking intention in the antenatal period. The trial also supports the use of web-based technology in low resource settings to improve maternal mental health care.

To Improve Domiciliary Coverage in Hukuntsi DHMT from 30.8% to 100% by March 2024.

by Goitsewang Mothibi | Janet Podi | Hukuntsi District Health Management Team

Abstract ID: 122

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Domiciliary, Inequalities, coverage, diagnosis and health., health, interventions, nursing, quality

The theme resonates well with the Global and Regional Commitments of Africa Agenda 2063, SADC Protocol and sustainable development goals (SDGs) and specifically SDG3 which focuses on Good Health and Wellbeing under the sub-items SDG 3.1 and 3.2, particularly addresses the Reduction of global Maternal Mortality Rate (MMR) to less than 70/100 000 live births and end all preventable deaths under 5 years of age, respectively.

According to WHO, the high number of maternal deaths in some areas of the world reflects inequalities in access to quality health services and highlights the gap between rich and poor. The MMR in low-income countries in 2020 was 430 per 100 000 live births compared to 13 per 100 000 live births in high income countries. This mean that worldwide, a woman dies around every two minutes.

Between 1 April 2020 and 31 March 2021, Botswana recorded 87 Maternal deaths from the National live births of 52 315: translating to MMR of 166.3/100 000. Most of these women died from preventable causes related to pregnancy and childbirth. MOH Performance Improvement reports indicates that a large proportion of deaths occur in Health facilities in Rural areas or tertiary referral health facilities, complications would have occurred at referring centres which are far from Central Business Districts.

As one of the facilities that are far from specialised health centres, Hukuntsi DHMT is not spared from maternal deaths. Coming from a backdrop of MMR of 410.7/100 00 against the target of 70/100 000 live births and the Neonatal Mortality Rate of 8.2/1000 against the District target of < 5/1000, there was a desperate and genuine need to reduce these disturbing rates.

Taking cognisance on the above premised, Midwives had to find lasting solutions to reverse these trends in the District which has one Primary Hospital, two Clinics, one 24 hours Clinic with Maternity, 14 Health Posts, 7 Mobiles stops and go an extra mile particularly that the District is located in rural Botswana at 510KM from the tertiary specialised facilities.

A systemic Performance analysis of reports and historical records on the probable causes of high mother and newly born morbidities, some resulting into deaths revealed that while most of the Performance Objectives and associated initiatives were adequately managed, there was a serious gap in the manner Domiciliary Coverage was conducted in the District. It showed that against the target of 100%, Domiciliary Coverage was 30.4% in 2018/19,

32.8% in 2019/20, 49.3% in 2020/21 and 30.8% in 2021/22. Due to that low performance, the Nursing Administration made a decision to start a Project to **“Improve Domiciliary Coverage in Hukuntsi DHMT from 30.8% to 100% by 31 March 2024”**.

On the sufficiency of this background, this report shows how the DHMT and staff worked around the solutions to improve Domiciliary coverage from 30.8% to 83.4% by 31 March 2024 as well as measures put in place as a way forward to reach and sustain the 100% target. Improved Domiciliary Coverage in the District resulted in early diagnosis and interventions of maternal and neonatal diseases for timely medical care, hence good Health outcomes of mother and child wellbeing.

A Self-Disclosure model for adolescents with perinatally acquired HIV in Eswatini

by Baliwe Dlamini | University of Kwazulu Natal

Abstract ID: 123

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Eswatini, HIV, adolescents, disclosure efficacy, model, self-disclosure

Background: Adolescents living with HIV are faced with difficult decisions about whether, when, and how to disclose their HIV status to others. Despite this obvious challenge, few HIV self-disclosure models exist. The paucity of self-disclosure models has led to low levels of status disclosure among adolescents living with HIV.

Objective: The aim of this study was to develop a self-disclosure model that would assist adolescents with perinatally acquired HIV in Eswatini to disclose their status to others.

Method: The explanatory sequential mixed method design was used therefore, quantitative data was collected first from 361 Adolescents living with HIV between the ages of 15 and 19 and analyzed. For the qualitative phase, the population was made up of 23 adolescents living with HIV, 24 nurses and 4 policy makers. Data were collected from April 2022 to January 2023 in ten facilities. Simple random and purposive sampling were used to select the participants. Data were collected using questionnaires, focus group discussions and in-depth individual interviews. For quantitative data, statistical analysis was utilized, and grounded theory guided the analysis of qualitative data and the development of the model.

Results: HIV self-disclosure is the central concept for this model and it is supported by four major concepts: (i) national HIV strategic framework, (ii) enablers, (iii) adolescent empowerment, and (iv) model outcomes. The description of the model was conducted using Chinn and Kramer's stages of model development.

Conclusion: Disclosure requires the ALHIV to be well informed about HIV before they can be able to efficiently execute this challenging process. The adolescents also have to be equipped with communication skills and demonstrate emotional readiness for disclosure. In this model, nurses' supportive role is essential, and they should discuss with the adolescents the advantages and benefits of self-disclosure.

Contribution: The contribution of this study is that it is the first of its kind to develop an adolescent HIV self-disclosure model in Eswatini.

Health care workers' Knowledge, Attitudes and Practices on cervical cancer prevention; A case of Longisa County Referral Hospital, Kenya.

by Charles Kirui | County Government of Bomet, Kenya

Abstract ID: 124

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Attitudes, Knowledge, Practices, cervical cancer screening, prevention, treatment

OBJECTIVE: To assess knowledge, describe attitudes and explore practices on cervical cancer prevention among health care workers working in the outpatient department at Longisa County Referral Hospital, Kenya.

Background information/introduction.

Cervical cancer is ranked second in Kenya after breast cancer among women 18 to 49 years of age. Poor knowledge, attitudes and practices on cervical cancer prevention account for delay in diagnosis, treatment and prevention, leading to poor survival, early screening and initiation of treatment improves prognostic outcomes. Cervical cancer is the second most common cancer in Bomet County, there is scarce information on cervical cancer prevention in Bomet County.

Methods.

A descriptive, cross-sectional study design was adopted. Both quantitative and qualitative methods were employed to obtain the required information. Participants comprised clinicians, radiographers, nutritionists, laboratory technologists, health records and social workers working in outpatient department were sampled using stratified sampling technique. Normal approximation to the hypergeometric distribution was used to determine the sample size.

Participants working in outpatient and willing were included, those unwilling, absent or too sick to participate were excluded. A pre-tested standard self administered questionnaire was used for data collection to obtain information on; Demography, Knowledge, Attitudes and practices on cervical cancer prevention to to ensure accuracy and confidentiality. Interview schedules were administered to ten respondents who were purposively chosen to respond to research questions. Data analyzed using MS Excel and presented using tables, pie charts and bar graphs. Unstructured data was typed into MS Word and analyzed using SPSS 20.

Results

The participants were 99 health care workers. The report on data analysis showed that 39% of the participants had knowledge on cervical cancer, 40% had experience in cervical cancer screening, 59% got information on cervical cancer from other health care workers and 2% from media and outreaches. 57% reported sexually spread virus as cause of cervical cancer and 58% reported cervical cancer as the leading cause of death. 42% poor hygiene and 38% oral contraceptives both do not predispose to cervical cancer. 22% obesity and

43% alcohol both not risk factors. 58% believed they are not susceptible to cancer and 65% believed there is genetic predisposition. 34% reported that first pregnancy at an early age do not predispose to cervical cancer. 67% were willing to undergo cervical screening, 57% had not done cervical cancer screening and 87% had undergone other screening for reproductive health services.

Conclusion/Recommendation

The level of knowledge was at 39% among the participants, 58% believed they are not susceptible to cancer and 57% had not undergone cervical cancer screening. This shows there is a gap of knowledge, attitude and practices among health care workers working in outpatient. The public believe health care workers have lots of information on cervical cancer and expect to receive when they visit health institutions but to the contrary. The ministry of health of the health should formulate policies and roll out programs to sensitize and train health care workers on cervical cancer so as to be fully versed to educate, screen, treat and roll out prevention strategies cervical cancer in the population. The media and outreaches should be good avenues to promote cervical cancer.

Development and Validation of Audiovisual Materials for Pregnancy in Rural Tanzania

by Miyuki Oka | Alex Jacob Nyaruchary | St. Luke's International University | Muhimbili University Of Health & Allied Sciences

Abstract ID: 125

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: antenatal care, antenatal education, midwifery

Background and Objective

Reducing maternal mortality is one of the 2030 Agenda for Sustainable Development. This is a pressing issue in Tanzania as well, particularly in sub-Saharan Africa, where the decline has been slow. The World Health Organization has tasked the improvement of the quality of antenatal health care as an improvement measure. Most conversations during antenatal care in rural Tanzania are one-sided, from the nurse to the pregnant woman, and rarely from the pregnant woman to the nurses. Owing to the high number of pregnant women coming for antenatal care daily, it is impossible to allot sufficient time to listen to the pregnant women, and the shortage of nursing staff is a serious issue. To improve the antenatal care quality, it is necessary that nurses inform the pregnant women about the physical symptoms during pregnancy and on how to cope with them during health counseling and that nurses and pregnant women have conversations. The present study aimed to verify the content and surface validity of audiovisual materials for pregnancy health counseling.

Methods

In the present focus group interview study, six nurses and midwives responsible for antenatal care in rural Tanzania were targeted. The interviewers were Tanzanian midwives with a Master's degree and experience in doing research work in Tanzania. The interviews were conducted in a hospital. The data collection item was the content validity of audiovisual materials used in pregnancy health education. The three audiovisual materials included were video materials, cards with pictures showing pregnancy symptoms, and board game materials. Regarding these audiovisual video materials, questions on the amount of information, appropriateness of content, appropriateness of terminology, and clarity and usefulness as an educational medium were asked. Ethical permission was obtained from the Ethics Committee of St. Luke's International University (23-A093).

Results

The study participants were six midwives with 2-10 years of experience in providing antenatal care in rural Tanzanian hospitals. The focus group interviews were conducted after the participants had used the three audiovisual materials. Regarding the video

materials, the following comments were made: “It is good to see the fetus growing inside the pregnant woman’s womb;” “The explanations are in English but with Swahili subtitles, so it is easy to understand;” “The Swahili subtitle explanations disappear after a short time, so some pregnant women cannot read them;” and “The subtitles should be longer or translated in Swahili.” Regarding the card materials with pictures showing symptoms of pregnancy, the following comments were made: “some symptoms can be identified by looking at the pictures, but some cannot be identified based on the pictures, so explanations are necessary;” “a sheet of A4-sized paper folded in thirds could be given to the pregnant women to take home so that they could review the contents;” and “it is possible for the pregnant women to learn by themselves if they can read, but those who cannot read would require help.” Regarding the board game materials, the comments were as follows: “it was the first time I had played the game, but I understood how to play it straight away,” “the quiz helps to create conversations and check understanding,” and “we need to find a quiet place to play the game, so it would be better to conduct it in a hospital room.”

Conclusion

Our findings suggest that video, card, and board game materials developed to acquire knowledge on the physical symptoms of pregnancy and encourage conversations could be useful in improving the antenatal health care in rural Tanzania. However, women with limited literacy and the need for reviewable and portable media as well as a conducive place to conduct the program should be taken into account.

PERCEPTIONS OF HEALTH CARE PROVIDERS ON USE OF MULTI-PURPOSE HIV PREVENTION PRODUCTS AMONG PREGNANT AND LACTATING WOMEN

by Sophia Ngugi | Jomo Kenyatta University of Agriculture and Technology, Department of Community Health

Abstract ID: 126

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Long acting HIV prevention products, Multipurpose, Pre-exposure prophylaxis

Introduction

The risk of HIV acquisition among pregnant and lactating women from high burden HIV settings is comparable to high risk cohorts. Susceptibility to HIV acquisition is linked to behavioural, social and biological factors that are unique to the pregnancy and lactating periods. Evidence supports use of oral pre-exposure prophylaxis (PrEP) as a strategy for HIV prevention. Acquisition of HIV during pregnancy has a consequence on a woman's individual health and increases the risk of vertical HIV transmission. Oral PrEP is currently available in many settings, though studies indicate challenges with compliance. To address this challenge, the HIV prevention arena is fast evolving with development of Long-Acting HIV prevention products (LA-HPPs), some of which are designed to address multiple sexual and reproductive health issues such as sexually transmitted infections (STIs) and unintended pregnancy. Healthcare providers have a significant role in promoting the uptake of these products. However, little is known on their perceptions towards the products. We aimed to document perceptions of health providers on use of multipurpose HIV prevention products among pregnant and lactating women.

Methodology: During the formative stage of a discrete choice experiment that sought to determine characteristics of LA-HPPs that would appeal to pregnant and lactating women, perceptions of health care providers were sought through in depth interviews. The interviews were conducted using semi-structured guides among 40 healthcare providers working in maternal child health and comprehensive care clinics in Kiambu and Kisumu counties of Kenya. Inductive and deductive content analytic approaches guided identification of key themes from the qualitative data.

Results: The in-depth interviews were conducted among 29 nurses, 8 clinical officers, 2 pharmacists and 1 HIV testing services provider. The median age was 38 years, (interquartile range [IQR] 31-57), According to the gender analysis, 33 (82.5%) were female and 7 (17.5%) were male. It emerged that health care providers would recommend the multipurpose prevention products because pregnant and lactating are not only susceptible to acquiring HIV, but also to other STIs. They opined that multipurpose products would be

embraced by the women because they would reduce the burden of medication use during pregnancy and lactation. Given that birth spacing is recommended after delivery, health providers recommended development of multipurpose products with contraceptive benefits for pregnant and lactating women. Health care providers expressed the desire to be oriented on how the products work and potential side effects to the user. The safety profile of the products would need to be assured to avoid causing harm to the unborn babies, infants and the individuals.

Conclusion: Healthcare providers are in support of multi-purpose HIV prevention products and especially those that have contraception benefits or can prevent sexually transmitted infections. However, before introduction of the products, they require sensitization on the product profiles and their mode of administration. Further research is required to evaluate the safety profile of the multipurpose HIV prevention products.

Drivers of unintended pregnancies in Eswatini

by Thwala SBP^{1,2}, Dlamini B2, Madlopha N3, Mthunzi N3, Nhlabatsi B3 | University of Eswatini, UNFPA

Abstract ID: 127

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Contraception, Eswatini, pregnancy prevention, sexual and reproductive health, unintended pregnancies

Background

Modern contraceptives are effective in preventing unintended pregnancy. The government of Eswatini has made contraception free for users in public primary health care facilities. However, the prevalence of unintended pregnancies remains high at 60% in the country despite government efforts to make contraception available to prevent it.

Objective

What are the barriers to the utilization of modern contraceptives in Eswatini?

Methods

A qualitative enquiry (focus group discussions and key informant interviews) was used to investigate community perspectives on contraception and unintended pregnancies. A two-stage inductive thematic analysis was used. In the first stage, researchers (who also collected data) daily summarised interviews for the day in teams, and came up with preliminary themes. In the second stage, the principal investigator collated themes and categorised findings into broad themes and sub-themes. Emerging themes were then discussed with all researchers and consensus reached.

Results

Eight main themes were identified as follows: unavailability of reliable information; loss of the condom as a contraceptive device; men against use of modern contraceptives; gender based violence; side effects; commodity stock-outs; sexual reproductive health program implementation gaps

Conclusions

A number of obstacles persist to impede the utilization of modern contraceptives by women. These barriers need to be addressed in order to effectively mitigate unintended pregnancies in the country.

Marijuana Use Among Pregnant and Breastfeeding Mothers: A Case Study of Likoni Sub-County Hospital in Mombasa, Kenya

by Marcellina Ndegwa | Technical University of Mombasa & Department of Health Services, Mombasa County

Abstract ID: 128

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Marijuana use, Pregnant and Breastfeeding mothers, self-reported drug use

Marijuana Use Among Pregnant and Breastfeeding Mothers: A Case Study of Likoni Sub-County Hospital in Mombasa, Kenya

Ndegwa Marcellina¹; Msanzu Joseph²; Ngari Moses^{3,4}; [Budambula Valentine*¹](#)

¹Department of Environment and Health Sciences, Technical University of Mombasa, Kenya

²Department of Pure and Applied Sciences, Technical University of Mombasa, Kenya

³KEMRI-Wellcome Trust Research Programme, Kilifi, Kenya

⁴Department of Public Health, Pwani University, Kenya

*Corresponding author: valbudambula@gmail.com

Introduction: Marijuana (*Cannabis sativa*) use among pregnant and breastfeeding mothers is an emerging public health problem that threatens maternal health and child survival. Smoked marijuana contains nearly 60 cannabinoids of which tetrahydrocannabinol is presumed to be primarily responsible for most marijuana-related effects. These cannabinoids contain toxic chemicals that can easily cross placental barrier and breast milk. These chemicals deplete oxygen and nutrients required for normal foetal or child growth and development. Despite its harmful health effects, marijuana is believed to be an effective antiemetic remedy for excessive nausea in pregnancy. During first trimester marijuana use can adversely disrupt embryology process leading to abnormal brain formation and development. Foetal nervous system damage can also occur resulting into long term impairment of growth particularly cognitive and behavioral development. It's for this reason

Methods: This was part of a larger cross-sectional study that was approved by Pwani University ERC (Protocol: ERC/MSc/010/2017). Using purposive and convenient sampling methods, 373 participants were recruited upon obtaining informed consent. A participant assisted questionnaire was used to document self-reported drug use and six panel plus alcohol saliva test kit confirmed actual type of drug used.

Results: Overall, 62.3% of participants self-reported current marijuana use while 42.3% tested positive for tetrahydrocannabinol. Participants who reported using more than one drug had marijuana being among the most preferred combinations of drugs used. On self-reports, marijuana-tobacco-alcohol (n=145, 38.9%) and those who tested positive had tetrahydrocannabinol-alcohol- amphetamine (n=244, 65.4%). A half 50% of participants reported being initiated to drug use by friends, partners (39%), own volition (12%), neighbours (7.6%) and 5.7% by relatives. The main influencing factors were stress (47%); boredom (30%); drug availability (22%); friends (17); partner (6.2%); anxiety (5.7%).

Conclusion: Nearly two thirds of the participants reported current marijuana use. Variation between self-reported current marijuana use and testing positive for tetrahydrocannabinol could be due to false negative test results since saliva tests can detect up to a window period of sixty hours after use. We recommend health education on dangers of marijuana use; upscale mental health awareness; inclusion of a drug use screening indicator during pregnancy and lactation as well as using more accurate tests like for urine toxicology, blood, hair and meconium to determine marijuana use among pregnant and lactating mothers.

Stillbirth Prevalence and Contributing Factors Among Women Giving Birth in Four Hospitals of Eswatini

by Phetsile Nolungelo Thwala | Dr. Abednego Ongeso | Dr. Rose Maina | University of Eswatini | The Aga Khan University | The Aga Khan University

Abstract ID: 129

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Eswatini, birth outcomes, childbirth, factors associated, foetal death, giving birth, hospitals, multi-centre, perinatal mortality, prevalence, stillbirths

Background: Stillbirth significantly contributes to perinatal mortality, with around 2 million cases annually, predominantly in low- and middle-income countries (LMICs). Stillbirth imposes a burden on individuals, families, communities, and the country as a whole. Research on stillbirth is sparse in countries like Eswatini. This study aimed to evaluate the prevalence and associated factors of stillbirths among women giving birth in four selected hospitals in Eswatini, addressing this research gap and informing public health strategies to reduce stillbirth rates.

Methods: This was an unmatched case-control study which analyzed records of stillbirths (cases) and live births (controls) from July 1 to December 31, 2021. Consecutive sampling was used for selecting cases, while systematic random sampling was applied for controls. Secondary data sources were primarily files, with registers providing complementary information. Data extraction took place from August 4 to September 3, 2022, using a piloted tool. The sample size of 1540 was determined using the Fleiss formula for unmatched case-control studies. Data analysis was performed using SPSS version 25, where descriptive statistics were used to summarize maternal and fetal factors, Chi-square or Fisher's tests used to determine statistical significance. Univariable and multivariable binary logistic regression analyses identified factors associated with stillbirths, with a significance level of $p < .05$ and a 95% confidence interval. Ethical and administrative approvals were obtained, including a waiver of informed consent.

Results: The study revealed a stillbirth prevalence of 18.9% (95% CI: .169 - .210). The mean ages of women with stillbirths and live births were 28.3(\pm 6.9) and 26.9 (\pm 6.6) years, respectively. After adjusting for the covariates using multiple LR, significant factors associated with stillbirths were residing in the Hhohho region, alcohol consumption, positive syphilis test, non-use of iron and folic acid supplements, use of traditional remedies, hypertensive pregnancy disorders, abnormal amniotic fluid volume, grade II/III meconium-stained liquor, antepartum hemorrhage, birth before arrival, hospital referral, vaginal delivery, and fetal complications. Protective factors included abstaining from alcohol, birth intervals exceeding 24 months, and timely rupture of membranes.

Conclusion: The study identified a notably high stillbirth prevalence in Eswatini, highlighting significant associated and protective factors. These findings underscore the

need for targeted public health strategies and policy measures, such as enhancing prenatal care services, increasing screening and treatment for infections, promoting maternal nutrition and supplementation programs, implementing community-based health education on the risks of alcohol and traditional remedies during pregnancy, and improving referral and emergency obstetric services. These efforts are essential to mitigate stillbirth risk and improve maternal and fetal health outcomes in Eswatini.

Innovative Approaches to Deliver VMMC Services Package Beyond Healthcare Establishments.

by Mdlabaze Mokete Thokoa | Jhpiego

Abstract ID: 130

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: HIV, VMMC, underserved population

Introduction and Background

Voluntary Medical Male Circumcision (VMMC) has been offered as part of HIV prevention package in Lesotho since 2012 is one of the effective biomedical prevention strategies proven to reduce the risk of HIV acquisition by approximately 60%. However, the effectiveness of MMC as an HIV prevention strategy depends on 80% coverage at population level. Despite the service being widely available, data from LePHIA (2020) indicates that the coverage of MMC is 31.5%, while that of traditionally circumcised men is 31.9%. This suggests that the coverage is still below the levels required to achieve saturation, and the majority of men and boys in the highland's districts are heard boys staying at cattle posts. This emphasizes the necessity of rethinking how HIV interventions are provided to boys and men.

Methods

Men and boys were given health education while herding cattle around the Afriski resort, which is one of Africa's highest elevations (3222 meters above sea level) and has no health facilities. Arrangements for service provision were made for herdsmen who expressed interest in accessing the VMMC services. A team of nurses, mobilizers, and drivers facilitated service delivery using a mobile clinic. A speaker was utilized to alert heard boys that services are now available and that they can come and access them. Another service delivery was scheduled after a month since clients continued to phone and demand services. The similar service was implemented in two other districts to increase access to the underserved populations.

Results

A total of 94 males were provided with VMMC service package during the visits and 225 clients were provided with VMMC service package in the nearby districts where services were replicated as minimum package of HIV prevention services contributing to 5% of quarterly target. All males were screened for Sexually Transmitted infections and received HIV testing services Health education improved literacy on overall health related issue. Educational and community-based programs play a key role in preventing disease and injury, improving health, enhancing quality of life.

Conclusion

The above initiative increased access to VMMC service package to the underserved populations hence promoting their quality of life. These findings suggest that policy-makers, programme planners and researchers might need to consider the intermediate steps on the pathway to increase HIV prevention programs targeting underserved populations and

inform future investments in HIV prevention. This will help to replicate and expand programs while also ensuring their long-term viability.

Improving Tuberculosis Case Detection using Artificial Intelligence in Lesotho

by Lehlohonolo Motlatsi | Jhpiego

Abstract ID: 131

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Tuberculosis, Tuberculosis screening, case detection

Background

The Kingdom of Lesotho, a small mountainous country that is surrounded by South Africa, has a population of 2,090,482. Lesotho is on the global list of 30 high-burden countries for TB and TB/HIV, with TB incidence estimated at 661 per 100,000. In 2022, there were 5,599 new and relapsed persons with TB notified out of 15,000 total TB incidence cases, highlighting that case finding is a key challenge.

TB case-finding has increased from 32% in 2020 to 47% in 2023 but needs to almost double to reach national and global targets for ending TB by 2030. The 2019 prevalence survey showed that more than 60% of people with TB were identified through chest x-rays (83/132, 63%); therefore, a large number of TB prevalent cases would have missed detection by using only the 4-symptom-based screening.

This necessitates greater utilization of chest X-rays in health facilities, especially the high-volume facilities (with concomitant training of more in-country radiologists) for active case-finding activities. To increase TB case notification in Lesotho, the Ministry of Health, through the Center for Excellence, conducted multiple TB screening campaigns in 2023. We evaluated the impact of TB screening using chest X-rays and artificial intelligence (AI) in the Berea district of Lesotho.

Methods/Intervention

The National TB and Leprosy Program introduced new strategies aimed at improving TB notification. The country adopted the WHO guidance on the use of chest X-rays and AI as screening tools. The technology also uses a grading system that allows for improved presumption of TB with a 50% grading cut-off for an abnormal chest x-ray to prompt additional sputum sample testing using either XpertMTB/RIF or XpertUltra for those eligible, thus increasing radiological and laboratory investigation for TB.

Berea was one of the piloted districts with an outstanding result in 2023. The district has a high TB incidence, with a significant number of legal miners as well as ex-miners. Hot spot areas were identified for TB screening campaigns using mobile digital x-rays and AI in the district from January to September 2023.

Results

A total of 635 people with TB were diagnosed. Of these, 288 (45%) were clinically diagnosed with pulmonary TB, while 347 (55%) were bacteriologically confirmed with TB. From January to March, 177 people were diagnosed with TB (disaggregate by clinical and bacteriologic); from April to June, there was a sharp increase in the number of people bacteriologically diagnosed (125) while 74 (37%) reported being clinically diagnosed with

TB; and from July to September 2023, corresponding with the district TB screening campaigns, there was a 50% increase in TB cases reported (130 clinically diagnosed and 129 bacteriologically diagnosed).

Conclusion

Our findings also demonstrated that the adoption of mobile CXR with artificial intelligence has transformed TB screening globally, particularly in low- and middle-income countries. It is especially critical in our setting and others with a high HIV/AIDS burden, as the number of persons with subclinical TB has increased significantly. Operational research may be conducted in the future to provide additional evidence to

Exploring The Lived Experiences Of Ngami DHMT Nurse Managers On Management Of Their Units

by kenalemang Ruth Sebuso | Ministry of Health, Botswana

Abstract ID: 133

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Manager, Nurses, experiences, units

Background: nurse managers coordinate and manage nursing staff, their roles overtime are intricate and this project aims to develop deep understanding of their lived experiences in management of their units/facilities

Methodology: the project is a qualitative project that used semi structured interviews with nurse managers managing hospital wards and the clinics in the district. A total of 20 nurse managers were interviewed.

Results: three main themes that were reoccurring in this project were (1) lack of training on management and leadership, (2) negative attitude by the staff on implementing the daily set objectives, (3) shortage of staff both nursing and supportive staff.

Conclusion: This project highlights the challenges faced by the nursing leadership, including those in control and those beyond their control and the impact of such on health care which affects the health care service delivery negatively.

Recommendations: sponsoring nursing leadership for further studies on leadership and management workshops, provision of more staff by Ministry Of Health to avoid burnout and provision of incentives in the work place to boost staff morale like accommodation, promotions and scholarships are the main possible solutions to challenges faced by the nursing leadership.

ETHICAL APPROVAL: REF NO: NDHMT 1/3/35 I

INCOMPLETE DOCUMENTATION OF DRUG SHEETS IN PATIENTS FILES IN SURGICAL WARDS

by Ntombiyezwe Nyame | Ministry of Health, Botswana

Abstract ID: 135

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: DOCUMENTATION, DRUG SHEET, INCOMPLETE, PATIENTS

Background: Documentation reflects the quality in patient care. It stimulates effective communication between caregivers, drug sheets in surgical ward have been not fully documented for a long time

Aim: the project was aimed at developing a new drug sheet that will be user friendly for the surgical staff

Methodology: project is a retrospective quantitative project, patient files were used as source of data. A total of 30 files were sampled through purposive sampling method

Results:

Data from the drug sheet showed that around 70% of demographic data was documented, while medication information was fairly documented at around 50% and poorly documented was at the back of the drug sheet

Conclusion: the supposition is that the formation of the new drug sheet will address the gaps which were identified during the data collection process like prescription of stats doses that were not properly done, x on the drug sheet not explained, dates in the drugs not documented, no provision for doctors to write designations at the back of the drug sheet and medications were not stopped by the doctors but not given.

Recommendations: this project is the will need to be reviewed continuously to meet the current demands of the health care system. The designed new drug sheet can be used by all nursing units, there is need to educate doctors and nurses on the significance of documentation, daily auditing of the drug sheets and intensifying supervision, availing resources like catriages, computers and papers for printing drug sheets.

ETHICAL APROVAL: REF NO: NDHMT 1/3/35 I

BOSEJA 1 CLINIC NURSES' ATTITUDES, KNOWLEDGE AND BARRIERS IN IMPLEMENTING EVIDENCE BASED PRACTICE IN CLINICAL DECISION MAKING

by MOMPLOKI MARUATONA | Lingani Gaebolae | Ministry of Health, Botswana | Ministry of Health, Botswana

Abstract ID: 136

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: barriers, evidence based practice, implementing, knowledge

Background: Evidence based practice (EBP) provides nurses with a method to use critically appraised and scientifically proven evidence for delivering quality health care to a specific population. Botswana for example is still behind because there is still gap between research and practice, as there is need for nurses who are knowledgeable in conduction research and implementing the research findings

Methodology: A qualitative descriptive study was carried out in this study. The sample population was nurses working in Boseja 1 clinic. For determination of participants purposive sampling method was used and for data collection unstructured interviews which lasted 45 to 60 minutes were used. The inclusion criterion was all practicing nurses in Boseja 1 clinic. All nurses were regarded as participants, only the researcher was excluded as a participant.

Results: From a sample population of seven (n=7) nurses in Boseja 1 clinic showed that the nurses had limited knowledge about evidence based practice but had positive attitudes towards EBP. There is a significant relationship between nurse's knowledge and educational qualifications.

Discussion and Conclusions: The results clearly show that there is need to provide support to nurses by management, ease patient workload to enable nurses to have time and be able to apply research into practice. Motivation is the key factor which nurses need to implement evidence based practice in clinical decision making.

Ethical Approval: REF NO: HPRD: 6/14/1

The use of innovative technologies in Mahalapye district hospital, critical care- a clinical experience

by Kelebogile Dick | Ecsaconm Member

Abstract ID: 137

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: care, critical, district, hospital, innovative, mahalapye, technologies

Brief Background: High care unit in Mahalapye District hospital is equipped with advanced technologies within the hospital that are specifically structured to provide 24-hour support. With the development of medical technologies, HCUs are specialized for more professional treatment of patients. Mahalapye District Hospital High Care Unit is a six bedded unit. It has a total of four multipara-meter monitors, four adult ventilators and 1 paediatric ventilator. The machines are powered by uninterrupted power supply situated in theatre. In-cooperating technology in health care delivery has resulted in accuracy in results, efficiency in time, management of resources and new innovations in healthcare.

Purpose of the Project: The purpose of this project was to explore the experiences of nurses working in Mahalapye District Hospital, High Care Unit with regard to the utilisation of improved technological innovations and its impact on their nursing practice.

Brief description of the experience: This project is a qualitative descriptive study, which was conducted with nurses working in Mahalapye District Hospital HCU, Botswana. The sample population is 7 nurses (participants), and the sampling method used to determine the participants was purposive sampling method. Data was collected from seven (7) informants through unstructured interview which lasted 30-40 minutes.

Ethical considerations: The study was approved by the appropriate ethics and clinical governance committees. As the study took part in the clinical area, it involved all the nursing staff in the selected unit.

Outcome of the project: The data reviewed showed that nurses appreciated the use of medical devices within the unit. Nurses perceived that the use of different medical equipment made work easier and contributed to quality healthcare delivery. Most equipment ensures safety of the patients. However, the challenges included insufficient orientation and training. As the use of technology by HCU nurses becomes the standard in

Mahalapye hospital, these findings suggest that a well-designed orientation and ongoing institutional support may serve to optimize the use of technology. It is also revealed that nurses' ability to manage the technology is gained mainly through experience.

Recommendations from the project: It is recommended that the hospital management conduct

a comprehensive assessment of the nurses' technology skills so that appropriate training programmes can be developed to target their specific needs. Nursing leaders need to appreciate the benefits and challenges that nurses face when using new technologies. It is recommended that administrators consult nurses (as end-users) on issues that arise with the use of technology in HCU setting and find solutions appropriate to the context.

Conclusion: The nurses in HCU appreciated working with medical equipment provided and believed that it improved the quality of nursing care, enhanced workflow and contributed to job satisfaction. Not only do technological innovations help prevent and cure illnesses, but they also improve quality, efficiency and accessibility of healthcare services. It will always have its advantages and disadvantages, but the fact is that it really makes work easier.

REFERENCES:

Gheri, I., Marino, M& Miralles, M.T. 2018 Smart beds in patient care environment of twenty-first century.

Huston, C 2013 The impact of emerging technology on nursing care' online journal of issues in nursing vol 18, no.2

Stakeholders' perspective on transforming midwifery education in Eswatini: A grounded theory inquiry

by Cebesile Precious Dlamini | University of Kwazulu Natal

Abstract ID: 138

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Eswatini, Stakeholders, education, midwifery, perspectives, transforming

Background: Midwives form the largest group in the multi-disciplinary health care team that take care of the mother and the baby throughout the perinatal period. Midwifery education is said to be crucial in producing competent midwives. Midwifery training institutions, including Eswatini have adopted the competence based midwifery education in preparing midwives. However, there is no a comprehensive comprehension of the phenomenon of transforming midwifery education.

Aim: This article presents the perspectives stakeholders on transforming midwifery education in Eswatini.

Methods and analysis: The study employed a qualitative grounded theory approach, which was based on the interpretivist paradigm. The data was acquired during a duration of nine months by means of document analysis and interviews. Participants consisted of government officials from the ministry of health, lecturers in midwifery, unit managers, and preceptors. The data analysis process was initiated immediately after the acquisition of data and involved an ongoing examination and Conceptual comparison, experiences, and categories within and among distinct data sets. The study obtained ethical authorization by the University Ethics Committee in accordance with protocol reference number HSS/0248/019D. Local health research clearance was given by the Ministry of Health ethics board in Eswatini, reference number issued was (FWA 00026661/IRB 00011253).

Findings: Three categories emerged from the data and each category had a number of subcategories. These were (a) antecedents to transform midwifery education (b) attributes of transformed midwifery education and (c) contextual conditions to transform midwifery education. Conclusion: This article demonstrates that midwifery education is crucial for enhancing the outcomes of midwifery care. It highlights that there was a need for the transformation of midwifery education in Eswatini.

Key words: stakeholders, perspectives, transforming, midwifery, education, Eswatini

A model for health professionals to facilitate a wellness program in the state health facilities of Oshikoto Region, Namibia.

by Julia Amadhila, Hans Justus Amukugo, Ndapeua Nehale Shifiona | University of Namibia, School of Nursing and Public Health

Abstract ID: 139

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: model; health professionals; wellness program; health facilities.

Background and purpose: Health professionals in Namibia's Oshikoto region, as well as those in other Sub-Saharan African countries, face significant psychosocial, physical, and personal challenges in the workplace, affecting their well-being and productivity. The demanding nature of their profession, along with high patient loads that expose them to occupational stress and burnout, limited resources, and a lack of self-care, highlight the importance of developing a model to facilitate a wellness program tailored to their specific needs.

The unavailability of wellness programs at state health facilities has an impact not only on the well-being of health professionals but also on the quality of care provided to patients. Wellness programs are intended to improve health, enhance productivity, and help health professionals cope with stress. The purpose of this study was to develop a model for health professionals to facilitate a wellness program in state health facilities. This will be used as a guiding tool to assess needs, manage and maintain a conducive environment, and develop a well-coordinated and supportive wellness program.

Methods: The study was conducted in four phases based on Chinn and Kramer's four steps of theory generation. During Phase 1, concepts were identified and analysed using a convergent mixed method approach that included both quantitative, descriptive and qualitative, exploratory designs. For the quantitative strand, state health facilities (n=3) were purposefully selected and assessed using a checklist. Nurses (n=147) were selected at random using stratified sampling, whereas doctors (n=17) were conveniently sampled. The data was collected by self-administered questionnaires. The data was analysed using the Statistical Package for Social Sciences version 25. For the qualitative strand, nurse managers (n=3) and medical officers (n=3) were purposefully selected from three state health facilities in the Oshikoto region. The data was gathered through in-depth interviews with an unstructured interview guide, an audio recorder, and field notes. The content analysis was carried out following Tesch's qualitative data analysis steps. Phase 2 required the construction of the relationships statement, which served as the foundation for developing the model. Phase 3 involved the model's description and evaluation. Phase 4 entailed developing operationalisation guidelines for the model to guide the effective implementation of the model.

Results: The following findings formed the basis for the development of the model: organisational challenges such as unavailability of wellness policies and wellness programs, lack of consultation for staff recruitment; resource challenges such as staff shortage, inadequate facilities, and equipment; psychosocial challenges such as stress, workload, and insufficient support from management; personal challenges such as inadequate knowledge on wellness program, illnesses and lack of self-care in the work environment. Using the WHO framework and model, psychosocial, physical, and personal environment concepts were identified as the key central concepts and guiding tools to develop this model.

Conclusion and recommendations: Health professionals endure psychosocial, physical, and personal challenges in the workplace that affect their well-being and productivity. Facilitating the psychological, physical, and personal environments in state health facilities is critical for identifying needs, managing, and maintaining a conducive environment for health professionals. It is proposed that the Ministry of Health and Social Services, and policymakers consider implementing the model and recommendations that will facilitate wellness programs in state health facilities.

PREDICTORS OF DELAYED SURGERY FOR PATIENTS WITH SEVERE ORTHOPAEDIC INJURIES: AT A CENTRAL HOSPITAL, ZIMBABWE.

by Maceline Mutsa Mukwamba | chartered institute of customer care relations management

Abstract ID: 140

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: orthopaedics surgery delays

Introduction.

Severe orthopaedic injuries are a global problem with growing prevalence, incidence, extreme treatment costs and unfortunate outcomes. Unexpected cancellations of, and delays to, orthopaedic surgery negatively impact hospital performance and predispose patients to worsening pain, reduced mobility, and deterioration in health. Some studies have recommended that predicting the determinants of survival time to surgery in a population with severe orthopaedic injuries would assist in modelling preventive strategies to reduce complications related to delays in surgical management. This study evaluated the predictors of delayed surgery for adult patients with severe orthopaedic injuries at a central hospital in Harare, Zimbabwe.

Methods.

A retrospective quantitative study design using survival analysis was employed to appreciate the prevalent orthopaedic injuries requiring surgery, the predictors of delayed surgery and the survival time to having an operation based on each predictor. The study population was adult patients (18 years or older) with orthopaedic injuries and scheduled for orthopaedic surgery, admitted from 1 January 2019 to 31 December 2019. A sample of 100 patients with prevalent orthopaedic injuries was used. The follow-up was censored at the time of surgery or the end of the study depending on the event that came first. Qualitative key informant interviews were conducted to complement the quantitative data on reasons for cancellations of orthopaedic surgeries. Apart from the waiting list, variables of interest in Hazard analysis of delayed surgery included, theatre fees, unavailability of special orthopaedic appliances, poor patient condition and unavailability of theatre staff. Other demographic variables considered for Hazard analysis are age, sex, marital status, employment status, and religion.

Results

The Cox regression Breslow method for ties was used for model building and predictors variables that were significant ($p < 0.05$) were included in the model. The variables, nature of injury and reason for the delayed surgery became significant after the creation of interaction variables (nature of injury* reason for delayed surgery) and (admission time in weeks* reason for delayed surgery). The Cox regression analysis showed the hazard of

delayed surgery proved very significant ($P < 0.005$, Log-likelihood = -215.50993, LR $\chi^2 = 110.74$, $P > \chi^2 = 0.0000$) associated with variables: nature of injury, reason for delay as well as the interactions of the nature of injury and the reason for the delays. The Kaplan-Meier method was used to complement model fitting. The Pareto chart identified poor patient condition, lack of orthopaedic appliances and high theatre fees as predictors causing 80% of surgical delays.

Discussion

Key findings showed that there was a great delay before orthopaedic surgery was done, with reasons of unavailability of the surgical team, poor patient condition, lack of orthopaedic appliances and theatre fees having medians of 4 weeks, 5 weeks, 6 weeks, and 7 weeks respectively. Overall 69% of the patients managed to have surgery during the year. As asserted by other researchers, the causes of surgical delay are institution-specific. The findings on several weeks' delays were inconsistent with other global studies, which had an average waiting time of days to at most 4 weeks.

Limitations

Since this was a retrospective study, it was impossible to follow up on undocumented predictors of surgical delays.

Conclusions

Orthopaedic surgery remains critical in reducing Disability-adjusted life years (DALYs). Research has highlighted the importance of patient education and early collaboration between nurses and the surgical team to reduce adverse outcomes. To address surgical delays, institutions should review specific causes to improve the quality of surgical care. Advocacy for policy interventions, including equitable access to orthopaedic surgery and national health insurance coverage, to help ensure the less privileged have timely surgeries. Additionally, conducting cost-benefit analyses will inform the production of efficient institutional policies based on research findings.

Towards advancing nursing practice: Roadmap for developing the clinical scholar and clinical scientist in Africa

by Minette Coetzee | Emily Gondwe-Gama | Children's Nursing Development Unit, Dept of Paediatrics and Child Health, University of Cape Town, South Africa | Directorate of Nursing and Midwifery, Ministry of Health, Malawi

Abstract ID: 141

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: advance nurse practice, clinical scholar, nursing and midwifery, roadmap

Background

The World Health Organization (WHO) global vision for nursing and midwifery advocates development of a nursing workforce with the capacity to meet health systems demand (WHO, 2021). This vision includes a place for advanced practice and specialist nurses but their roles are not globally prescribed. An Africa-based core team are supporting the establishment of a new group of individuals and institutions working to strengthen the specialist and advanced practice nursing workforce in Africa, building on work already undertaken within east, central and southern Africa and global partners.

Methods

A 3-day collaborative workshop in April 2024 provided an opportunity to explore, share experiences and lessons learned, and collaboratively envision a pathway for advancing nursing and midwifery practice and clinical scholarship within Africa. The group included nurse leaders from Kenya, Ghana, Rwanda, Malawi and South Africa.

Results

At our first meeting we made progress with defining key role concepts and looked at how these align with existing global and regional role descriptions. The group also explored what a clinical scholar and clinical scholarship in nursing and midwifery is within the 5 African countries.

We also began to identify priority actions to help us achieve a future where specialist and advanced nurses are practicing to their full potential in African health systems. The discussion of core concepts in tandem with results from a qualitative study conducted in Malawi on "negotiating the advanced nursing role as a clinical scholar" was useful. It described that APNs are pulled to the four corners including: direct patient care and consulting; education and training; strengthening specialist services and professional leadership management. Furthermore, the group looked at identifying priority actions to help achieve a future where clinical specialists and advanced nurses are practicing to their full potential in African health systems

Conclusion

The presentation has been prepared with participants in the Advancing Clinical Scholarship in Africa meeting and will describe this collaborative process of building consensus around a shared vision of advancing clinical nursing and midwifery scholarship and an evolving pathway in these five African countries. It will provide a valuable opportunity to share news

about the group's establishment and engage with colleague members of ECSACONM to continue some of this dialogue, creating awareness of this Africa-led work.

Ref: World Health Organization. (2021). Global strategic directions for nursing and midwifery 2021-2025. World Health Organization. <https://iris.who.int/handle/10665/344562>.

Assessment of pharmacovigilance content in healthcare professions training curricula in Lesotho

by Morephe Santi | Nthabiseng Molise | Busa Qhala | Sello Molungoa | Lineo Tsekoa | Lesotho Nurses Association | Lesotho Nurses Association | Lesotho nurses Association | Lesotho Nurses Association | Lesotho Nurses Association

Abstract ID: 143

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: , curricula, pharmacovigilance

Background

The World Health Organization [WHO], (2004) defines pharmacovigilance as "the science and activities relating to the detection, assessment, understanding, and prevention of adverse effects or any other medicine or vaccine-related problem". Pharmacovigilance plays a vital role in ensuring that health service providers, together with health service recipients, have sufficient information to decide on treatment choices. Curricula in higher education should include learning outcomes that entail correct prescribing, dispensing and administration of medicines safely. Adverse drug reaction (ADRs) should be regarded as a differential diagnosis in clinical assessments, along with gathering a precise treatment history, conducting basic individual causality assessment, and informing patients about potential adverse effects of medications (Comoglio, 2020).

Aim/Purpose

The purpose of the assessment was to determine the extent to which the curricula for health professionals' education and training curricula in Lesotho contain the expected learning outcomes and relevant topics on pharmacovigilance allowing its effective application and knowledge transfer to practice upon graduation.

Methods

In this assessment, there were two techniques utilized to gather data from the documents. These techniques were (1) use of search terms (Perdigao *et al.*, 2024) The search of keywords was based on the frequency of certain words relating medicine safety in layman's terms; appearing in curricula obtainable from the six qualifications that were selected for this study.

(2) Curricular review was done using the WHO-ISoP curriculum inventory and scope of pharmacovigilance, and curriculum core elements of the modular pharmacovigilance curriculum for lecture-based teaching (Beckmann *et al.*, 2014)

Descriptive statistics consisting of frequencies for categorical data were used to summarize the characteristics of curricula documents and finding of the keywords searched. In addition, content inclusion in terms of pharmacovigilance scope and hierarchical level I of each curriculum is summarized in proportions. The findings of the analyses of the data were computed using Microsoft Excel 2010[®] and presented in tables and column charts.

Results

There were six 6 curricula documents received from the HEIs recognized by Council on Higher Education (CHE) and are offering the qualifications of the disciplines for health professionals in Lesotho. The majority of the curricula were from the three-year diplomas programmes. Thus, the curricula received were in the disciplines of pharmacy (2), Nursing (3) and biomedical science (1)

The top ten keywords found were drug (355), medicine (125), dispensing (53), effects (45), dispense and adverse (27), prescribing (25), toxic (18), Prescribe and side (14).

Only 1 curriculum covered the 15 chapters of pharmacovigilance as prescribed by the WHO-ISO-P. The majority curricula covered at least four chapters namely the fundamental clinical aspects of ADRS (6), important ADRS and 'risk driving' ADRS of important medicines (4), counterfeiting, quality defects and medication errors (6), communication (5) and sources of Information (6).

Conclusions

With the assessment on curricula for the programmes that have a purported pharmacovigilance in their respective disciplines, the results show that curricula do have pharmacovigilance with some significant room for strengthening. In all the curricula, pharmacovigilance is not adequately covered, particularly in terms of community health and safety, reporting of adverse events, and benefit-risk assessment of medicines use. The findings indicate that the curricula primarily focus on the fundamental clinical aspects of adverse drug reactions, but lack comprehensive coverage of pharmacovigilance scope and chapters as recommended by the WHO-ISO-P Core Elements of a Comprehensive Modular Curriculum.

Enhancing Capacity for Epidemic Control in Lesotho: Empowering Civil Society Organizations through strengthening their Monitoring and Evaluation, and Quality Assurance and Quality Improvement Skills.

by Semakaleng Phafoli | Palesa Matsása | Nkalimeng Mokhathi | Ivan Terri | Floramae Esapebong-Ray | Patricia Mohlomi | Mpho Khang | Lieketseng Masenyetse | Puseletso Maja | EGPAF | EGPAF | EGPAF | EGPAF | EGPAF | EGPAF | EGPAF | EGPAF | EGPAF | EGPAF

Abstract ID: 144

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Epidemic Control, Monitoring and Evaluation, Quality Assurance, Quality Improvement, Technical Capacity Assessment

Issue

Civil Society Organizations (CSOs) play a pivotal role in helping the Lesotho Ministry of Health (MOH) to attain and maintain HIV epidemic control; therefore, they must be equipped with technical, clinical, and programmatic capabilities. As one of the leading HIV implementing partners supporting MOH, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), was identified by United States Agency for International Development (USAID) to support and transition CSOs into strong national leaders in HIV, AIDS and TB. This was done through providing 24 CSOs with tailored, evidence-based technical assistance (TA) on key areas, including monitoring and evaluation (M&E) and quality assurance/quality improvements (QA/QI) between October 2019 to September 2024. Strengthening CSO's M&E and QA/QI systems is important to ensure availability of reliable data to aid MOH in making informed, data-driven decision-making in its fight against HIV, TB and to maintain epidemic control.

Description

Technical capacity assessments (TCAs) entailed LIP's self-assessment followed by a joint assessment between LIPs and EGPAF TCA team using M&E and QA/QI tool. LIPs' self-assessment promoted organizational wide discussion on their current stage of technical development and enable defining the exact TA needs. Joint TCA meetings enabled collaborative identification of existing gaps to enable development of customized capacity development plans. Once gaps were identified, QI principles were used to systematically and sustainably address the shortfalls and in line with this, EGPAF provided training, mentorship and supportive supervision. This approach assisted CSOs to independently develop appropriate systems, implement and sustain learnt M&E and QA/QI skills. TCAs were conducted annually to assess the LIPs' M&E and QA/QI capacities and their level of transition towards graduation. Attained of 100% on the tool indicated that the LIP has reached first level of graduation and the second attainment of 100% denoted second and final level of graduation where the LIP would then be graduated in the particular area.

Lessons Learnt

The baseline TCA revealed a competence gap in M&E and QA/QI across all the CSOs. More

than 90% of the CSOs didn't have a standardized documentation process, M&E and QI plans, and no centralized M&E department nor dedicated staff. Where there were M&E dedicated staff the level and quality of documentation varied greatly, leaving the organizations unprepared to meet standardized documentation and reporting requirements. As a result of EGPAF TA, 100% of CSOs have functional M&E systems, QI plans and improved data collection, use and visualization; 91% are implementing and reporting QI activities and conduct routine data quality assessment (RDQA) and more than 90% have a dedicated QA/QI staff.

Through use of QI projects, 80% of CSOs report improved target attainment and donor reporting. An anonymous survey revealed improved program and general staff performance for more than 80% of the CSOs and about 50% met required minimum M&E and QA/QI standards.

Next Steps

EGPAF's continuation to provide TA to all CSOs is crucial to enable them to attain minimum M&E and QA/QI standards. As of June 2024, 13% CSOs had attained complete graduation while 38% reached first level of graduation on one or more areas denoting sustainability of TA received.

For those LIPs that have reached complete graduation, they are weaned from EGPAF TA provision, while the Foundation will continue providing targeted TA to the 49% that have not yet reached complete graduation and the 38% that reached first level of graduation, until they reach complete graduation level or until the end of the project in September 2024.

WOMEN'S SATISFACTION WITH THE QUALITY OF MIDWIFERY CARE PROVIDED IN THE POSTPARTUM PERIOD AT LIRA DISTRICT, UGANDA.

by Winifred Ukoha | Department of Midwifery, Faculty of Nursing and Midwifery, Lira University and Seed Global Health

Abstract ID: 145

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Evaluation of care, Midwifery care, Midwifery home care, Patient perspective, Patient satisfaction, Postnatal care, Postpartum, Quality of care, Respectful care

Domiciliary midwifery, as a form of community midwifery practice, is a midwife-led continuity of care practiced in some countries worldwide, including Uganda. This care involves at least one follow-up visit by a domiciliary midwife at a woman's home in the postnatal period. This care aims to extend the continuum of midwifery care, as the early neonatal period is critical for the mother and the neonate. Domiciliary midwifery provides respectful, culturally acceptable maternity and women-centred care. In Uganda, this care involves daily follow-up of women by student midwives and their supervisors until seven days postnatally.

Purpose

The study aims to assess the level of postpartum women's satisfaction with the quality of midwifery care received from Midwifery students during the domiciliary practice in Lira City.

Method

In this cross-sectional quantitative study that targeted women who received domiciliary care from undergraduate midwifery students, data was collected from 198 women between June and July 2024 using a modified version of the patient satisfaction tool and measurement of midwifery quality postpartum care tool. Data analysis was conducted using SPSS version 27.

Ethical approval

Ethical approval to conduct the study was obtained from the Lira University Research and Ethics Committee before data collection (Ethics number LUREC-2023-56). Verbal and written informed consent were also obtained from all the research participants.

Results

Preliminary results showed high satisfaction (92%) with the quality of care provided to postnatal women during domiciliary midwifery practice. Most women reported that they were diligently followed up until seven days after delivery. There were, however, some

mixed reactions regarding the timing of visitation and some interference with cultural practices and beliefs, such as applying honey on the gum of neonates to prevent false teeth.

Discussion

Research indicates that this care is associated with improved maternal and neonatal outcomes as it emphasizes the importance of personalized support, continuity, and empowerment. This continuity of care also prioritizes women's needs and preferences to improve birth outcomes and overall satisfaction with care.

Assessment of the health services given to HIV/AIDS and mental illness core-infected patients attending Mathari National Teaching and Referral Hospital, Nairobi County, Kenya

by JANE W. IRUNGU | Mathari National Teaching and Referral Hospital Nairobi County Kenya

Abstract ID: 146

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Comorbidities, HIV, Non-adherence, advocacy, mental illnesses, stigma

Background

The care given to HIV/mental illness co-infected aims to improve the quality of life of the patients, prevent additional mental illnesses and combat emerging and re-emerging of other comorbidities e.g. pulmonary tuberculosis which is a global pandemic.

However, despite efforts made for easier accessibility of ART, HIV/AIDS care and management among mentally ill individuals seems not to be any better.

The study aimed to establish the challenges preventing the optimal care and treatment and make recommendations

Objective - To assess the challenges affecting the management of HIV/AIDS as a co-morbidity in mental illness in Mathare Hospital.

Methodology

A descriptive cross-sectional study was carried out targeting an estimated population of 123 patients. Both qualitative and quantitative data was obtained and analyzed using SPSS version 25.

Consideration was sought from Mathari Hospital, National Commission for Science and Technology (NACOSTI), Kenyatta University ethics and research committee and 18 counties where data was to be collected.

Results

Majority of patients were aged >40 years of age 53.7% (n =66). More than half of them were females 61.8% (n=76) and majority were self-employed 39% (n=48) most of the patients were not married 56.9% (n=70).

On adherence

Patients - only 26% said that they did not adhere to care and treatment.

Relatives - 72% reported that patients were not adherent to care and treatment.

Healthcare workers - majority of patients did not adhere to care and treatment 76.9%

Availability of patients support system

Patients - majority of the patients said they got support from families, friends and relatives.

Relatives - 60% said that there was no support system in community.

Healthcare workers - 50% said there were no support system in the community.

Presence of other comorbidities. Health workers and focused group discussion highlighted the prevalence of other comorbidities e.g. tuberculosis which they attributed to non-adherence to care and treatment.

Conclusion

Although majority of the patients and their relatives were happy with the services offered at the facility, a lot of improvements are required.

The study revealed that patient support systems are available at the facility but not so in the community.

Majority of the patients reported that they adhered to treatment and care, but doubts were cast on this as majority of the relatives and health care givers disagreed, pointing out adherence to treatment was minimal if not missing completely.

Adherence to treatment and care among the patients therefore remains a major challenge, yet it is very crucial as far as the recovery of the patients is concerned.

Non adherence to treatment and care has also been shown in this study to lead to the development of other comorbidities like hypertension, tuberculosis and additional mental illnesses.

Challenges

Patient reported financial difficulties and stigma, health workers complained lack of cooperation from patient and inadequate knowledge. Care givers complained of patients running away from homes, abuse by patients and inadequacy in skills.

Despite patient's wishes for homecare and management, most patients' relatives wished for permanent hospital admissions of their patients.

Recommendation

The role of a nurse in this is to advocate for awareness campaign, recommend employment of more staff, regular trainings of care givers, enhanced community involvement in patients care, advocate for guideline for management of patients with mental illness/HIV infections. Health workers recommended advocacy through media. Recommend the government to include issue of comorbidities in social development goals (SDGs)

FACTORS INFLUENCING THE UPTAKE OF CERVICAL CANCER SCREENING SERVICES AMONG WOMEN AT SITHOBELA HEALTH CENTRE

by Ms Ntombifuthi Mbonane | University of Eswatini

Abstract ID: 147

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: and uptake, awareness, cervical cancer, cervical cancer screening

Background:

Sithobela Hospital provides CaCx screening services; however, no studies have been done at Sithobela Hospital to measure the utilization of the CaCx screening by women yet. Meanwhile women around Sithobela commonly present with advanced undiagnosed CaCx disease in the Hospital. Identification of factors associated with the uptake of CaCx screening will potentially inform prevention strategies that enable early detection and treatment of the lesion to promote the odds of treatment success.

Objective:

To identify factors that influence the utilization of cervical cancer screening by women at Sithobela Government Hospital.

Method

A cross-sectional, survey design was employed. A stratified random sampling method was used to select 409 women accessing Sithobela Hospital. STATA 14 was used to perform descriptive analysis. Data was collected using a structured-administered questionnaire. The questionnaire elicited information about socio-demographic characteristics, knowledge of cervical cancer, attitudes, practices of women towards cervical cancer screening, and psychosocial factors contributing to uptake of cervical cancer screening among women at Sithobela Hospital. Univariate analyses were done using Stata 14 and significance level at 5%.

Results:

The main factors identified as significantly influential in the utilization of CaCx screening were: age of 30 years and above (AOR=5.79; CI=3.18-10.5) as well as knowledge of the existence of CaCx (AOR=2.71; CI=1.46-5.04). These were both highly significant ($p<0.000$). Factors found to discourage women from the uptake of CaCx screening were: awareness that one's family history of CaCx predisposed one to the disease, and being screened for CaCx by a male health practitioner. Knowing that a family history of CaCx predisposes one to cervical cancer (AOR=0.56; CI:0.31-2.17; $p=0.05$), and the feeling of shame when

screened by male health provider (AOR=0.50; CI:0.28 - 0.90; p=0.02) significantly reduced the likelihood for women to screen for CaCx.

Conclusion:

Being screened by a male health provider and knowing that family history increases risk of developing CaCx dissuaded women from taking up CaCx screening in the Sithobela population. Age and awareness of CaCx are important influences for women to utilize CaCx services. Female health providers should therefore be considered for cervical screening services for Swati as they are culturally more acceptable. Health education on cervical cancer screening should also be strengthened to dispel myths and encourage women to utilize screening services.

Public Health Emergencies and Quality of Nursing and Midwifery Services: Lessons from Malawi

by Emily Gondwe-Gama | Dixon Jimmy-Gama | Ministry of Health, Malawi | Freelancer

Abstract ID: 148

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: nursing and midwifery, public health emergencies, quality services

Background

Between 2020 and 2023, Malawi experienced multiple public health crises including Covid-19, cholera, polio outbreaks and tropical cyclone Freddy that had devastating effects on the quality of health care services including the nursing and midwifery care. The emergencies worsened the existing weaknesses and challenges in the health care delivery system in Malawi (Kazanga et al. 2022). This study explored factors that could affect quality of nursing and midwifery services in Malawi during public health emergencies.

Methods

The study reviewed various documentation including reports related the management of health services provided during the public health emergencies. It included the review of policies that were implemented and health service delivery organization and management during the outbreaks, and their potential effects on the quality of nursing and midwifery care in Malawi.

Results

The study revealed several factors that could affect quality of nursing and midwifery care. Over 665,000 Covid-19 cases were added on the already increased workload for the health care workers including nurses and midwives. There were 4 field hospitals established in the tertiary facilities to cater for the serious Covid-19 cases from across the country. In addition, new Covid-19 isolation units and cholera camps were established in all 29 districts for Covid-19 and cholera patients respectively. Furthermore, the emergencies caused sicknesses among health workers including nurses and midwives in the country. For instance, a study in Blantyre revealed a 12.3% sero-prevalence for SARS-CoV-2 among health workers. This contributed to public health emergencies related absenteeism from work.

On the other hand, tropical cyclone Freddy led to an establishment of over 700 integrated outreach clinics in the camps for the internally displaced persons albeit lack of appropriate structures such as tents. Furthermore, a total of 63 health facilities were affected while 24 were severely damaged including ART client records. The cyclone also displaced 152 HCWs including nurses and midwives which led to staff shortages. Lastly, there was weak coordination among various stakeholders involved in emergency response leading to

inequitable resource mobilization and allocation for health care provision including nursing and midwifery services.

Discussion

The increased number of covid-19 and cholera cases, the establishment of field hospitals, Covid-19 isolation units, cholera camps, and community outreach clinics as well as increased number of health care providers affected by the emergencies demanded more nurses and midwives to provide services to the affected population. Due to limited availability of nurses and midwives, re-deployment of already inadequate nurses and midwives to these new establishments could affect the quality of nursing and midwifery care. Furthermore, these new establishments could also take some resources initially planned to be used in the routine service delivery points. This could contribute to poor service quality. The damaged facilities and facility documentation records due to disasters affected the provision and continuity of quality care.

Conclusion

Overall, the study calls for a need to have a public health emergency plan for nursing and midwifery practice to maintain the provision of quality services during crises. Facility staff in disaster prone areas need to be trained in public health emergency management and response. Moreover, there's need to strengthen coordination of public health emergency response in disaster prone districts to deliver equitable and sustainable quality health services.

Factors associated with poor neonatal outcomes at a shiselweni regional hospital of Eswatini

by Lomagugu Vilakati; Siphiwe BP Thwala | University of Eswatini

Abstract ID: 149

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Early neonatal period, associated factors, late neonatal period, poor neonatal outcomes

Background

The neonatal mortality rate remains high in Eswatini and Hlathikhulu Government Hospital experiences the same. Systematically studying the factors that contribute to poor neonatal outcomes is important in order to potentially inform strategies to mitigate them.

Objective

To identify factors associated with poor neonatal, outcomes in Hlathikhulu Government Hospital (HGH) in the Shiselweni region of Eswatini.

Methods

120 cases of neonates with poor outcomes (near misses or deaths) were selected and matched to 120 controls (neonates without complications). Data on the demographics and health characteristics of the neonates, as well as their corresponding maternal socio-demographics were recorded. STATA 14 was used to describe the data, as well as perform bivariate and multivariate regression analysis to identify factors that contribute to poor outcomes of the neonate.

Results

Intrapartum related factors were identified and these were: foetal distress during labour (AOR=34; CI=6.30-181.0; $p<0.000$); referral of the mother from a peripheral health facility during labour (AOR=14; CI=5.0-42.0; $p<0.000$); foetal mal-presentation during labour (AOR=10; CI=2.0-56.0; $p<0.00$); prolonged labour (AOR=5.0; CI=1.1-18.2; $p=0.03$) maternal diabetes during pregnancy (AOR=13.0; CI=2.0-89; $p=0.01$); and the partograph not used to monitor the labour (AOR=2; AOR=2.3; CI=1.0-5.4; $p=0.036$). Health system factors were also identified and are: unavailability of neonatal drugs (AOR=6.0; CI=2.4-16.4; $p<0.000$); and the use of unskilled health providers to look after sick (AOR=3; CI=1.3-6.0; $p<0.00$).

Conclusion

Factors accounting for poor neonatal outcomes were mainly either due to complications during labour or health system problems that compromised the quality of care

Covid-19 nursing and Midwifery lessons at Moi Teaching and Referral Hospital.

by Boit Lydia | Moi Teaching and Referral Hospital(MTRH) Eldoret, Kenya.

Abstract ID: 150

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: MTRH-Moi Teaching and Referral Hospital.

Background

Moi Teaching and Referral Hospital (MTRH) is a level 5 hospital in Eldoret, Kenya that strives to be the leading Multi-Specialty Hospital for Healthcare, Training and Research in Africa. The facility is committed to effective implementation and continual improvement of a [\[1\]](#) (QMS) that complies with ISO 9001:2015 Standard requirements with applicable Statutory and Regulatory requirements [\[i\]](#).

The Covid-19 Pandemic was first reported in March 2020 with cumulative total approximate of 339,000 cases reported between 2020 and 2022 by the national ministry of Health. During this period an estimate of 200 expectant mothers were managed at MTRH.

Pandemic management and prevention require multifaceted approach and strict adherence to protocols of screening, patient isolation, management, discharge and follow up. On this case, as guided by the Kenya Covid-19 RMNH Guidelines.

Objectives

1. To share learning on nursing and midwifery infection prevention and disease management during Covid 19 pandemic.
2. To share approaches for increasing provision of timely, cost-effective and patient-centered nursing and midwifery specialized healthcare services.

Methodology/Interventions

MTRH with the onset of Covid19 in 2020 **Designating Testing and Isolation Centers** with immediate procurement of Personal Protecting Equipment for medical staff. The hospital immediately **trained staff on screening, assessment and care for persons testing for Covid-19** and isolation procedures including for expectant and nursing mothers. The hospital **invested in pandemic research** with research and academic institution for better understanding of the pandemic and mitigation measures. MTRH using community health promoters and local health centers utilized **community outreach** to intensify community Covid-19 awareness, rapid screening and sensitization on symptoms and reporting channels.

Antenatal care clinics included **rapid pre and post screening and management for**

Covid -19 and maternity wing. Last but not least was **intensifying Covid-19 immunization** for all at risk group and adults over 18 years to reduce incidence of the Covid-19 pandemic. This severity of any positive case as compared to women not active on Covid-19 Vaccine.

Results

There was a 25% test positivity rate, with many cases being asymptomatic or mildly symptomatic. Patients with severe symptoms, especially those with comorbidities, were prioritized for hospital care, while others were managed through home-based care. Increased knowledge and Covid-19 screening and management skills among health care providers at MTRH including those in-charge of maternity. Increased uptake of motherhood package of care in one client visit (HIV screening, Cervical cancer screening and Family planning) with the need to reduce client frequent visit on avoidable circumstances. Reduced Waterborne and sanitation related diseases reported among infants and nursing mothers due to increases WASH awareness and sanitation adherence. Reduced Covid19 severity among covid-19 vaccinated patients with less admissions with increased home based isolation care.

Conclusion and recommendation

Covid-19 interfered with people's movement and health seeking behavior due to associated pandemic fear. This reduced adherence to medication among women and youth especially for contraception and family planning and associated STI screening. The adoption of provision of multiple services to clients in one visit increase chances of early screening, continued adherence to medical care among pregnant and lactating mothers and prevention of STI and unwanted pregnancies during pandemic like Covid-19. Continuous capacity building of health workers, midwives and community health promoters is a long term solution in addressing pandemic associated stigma, fear on utilizing health facilities. It also strengthening community linkages, referrals for continued care, timely screening and in facility safe motherhood and care of infants, pregnant and lactating mother among other community persons during pandemic.

[1] Quality Management System

[i] <https://www.mtrh.go.ke/>

Strengthening AYSRH Services to Reduce Teenage Pregnancies and Improve Maternal Health in Dodoma City

by Lena Mfalila | Jhpiego

Abstract ID: 151

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Teenage Pregnancies; AYSRH services; TCI -High Impact Interventions; TCI University

In Tanzania, teenage pregnancies is a major public health problem requiring concerted efforts to curb. In 2017, TCI a "business unusual" approach to scaling up and sustaining proven urban reproductive health solutions introduced in Tanzania. TCI enables local governments to scale up Family Planning (FP) and AYSRH High-Impact Interventions (HIIs), leading to sustained improvements in urban health systems and increased use of modern contraception, particularly among the urban poor. From 2022 to 2024, HIIs were implemented in Dodoma City Council and Chamwino District Council, including integrated FP and AYSRH community dialogues, outreaches, in-reaches, and quality youth-friendly services. Additionally, in-person and virtual coaching supported local governments in successfully implementing evidence-based FP and AYSRH interventions for optimal scale and impact. Dodoma region has a high prevalence of teenage pregnancies, with 21.2% in 2022 according to the Tanzania Demographic and Health Survey (TDHS). These pregnancies are often unintended or unwanted, increasing the risk of unsafe abortions and maternal deaths.

This study outlines a comprehensive approach to address unintended teenage pregnancies and maternal health issues through the enhancement of AYSRH services. Utilizing TCI's high-impact interventions and online training platform (TCI University) for healthcare providers is expected to significantly improve adolescent and youth health outcomes.

The immediate objective is to expand quality youth-friendly services targeted at both in school and out-of-school youth through TCI's evidence-based HIIs. TCI's coaching model, "Lead, Assist, Observe," will be employed, beginning with high-intensity coaching ("Lead"), gradually reducing intensity as confidence is gained ("Assist"), and eventually allowing the team to operate independently ("Observe").

A comprehensive study will focus on adolescent and maternal health, teenage pregnancies, and AYSRH services to establish a foundational understanding and identify knowledge gaps among healthcare providers (HCPs).

For out-of-school youth, pregnancies are often due to early marriages or unintended sexual acts, including rapes. This intervention highlights the magnitude of the problem and its impact on young people, emphasizing the need for collaboration with healthcare providers to improve women's health. It calls for continued efforts to reduce teenage pregnancy rates and enhance AYSRH outcomes in Dodoma

Pre-16th ECSACONM Conference capacity building of nurses on research methods and abstract writing improves their knowledge and confidence to write conference abstracts in Eswatini

by Mduzuzi C. Shongwe, PhD | Nkosazana R. Mkhonta | Tengetile R. Mathunjwa-Dlamini | Nomsa Magagula | Nomsa Makhanya | Bhekisisa Mngometulu | Trevor Sithole | Sibonile Dlamini | Phetsile Mamba | Joy Mavuso | Gcinile Buthelezi | University of Eswatini, Department of Midwifery Science, Mbabane, Eswatini | ECSACONM Eswatini Chapter Executive Committee member | University of Eswatini, Department of General Nursing, Mbabane, Eswatini | University of Eswatini, Department of General Nursing, Mbabane, Eswatini | ECSACONM Eswatini Chapter Executive Committee member | Ministry of Health, National Health Research and Innovation Department, Mbabane, Eswatini | Ministry of Health, National Health Research and Innovation Department, Mbabane, Eswatini | Southern Africa Nazarene University, Department of General Nursing, Manzini, Eswatini | Wellness Centre, Manzini, Eswatini | Ministry of Health, Epidemiology & Disease Control Unit, Mbabane, Eswatini | Ministry of Health Cooperative Agreement, Mbabane, Eswatini

Abstract ID: 152

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Abstracts; Research methods; research process; 16th ECSACONM conference; Eswatini

Background: Over the years, abstract submissions in local as well as in ECSACONM conferences have been dominated by researchers from academia, with few abstracts from health care facility-based authors, yet clinicians have vast amount of routinely collected data that they can generate abstracts from. Clinicians also engage in a number of quality improvement projects at facility level, but these have not been widely shared as best-practice abstracts in conferences. We therefore conducted a capacity building of nurses from health facilities of various levels from all four regions of Eswatini to empower them on research knowledge and to improve their confidence and skills to write conference abstracts prior to the close of the 16th ECSACONM conference submission window.

Description: The Eswatini Faculty of Research under the ECSACONM Eswatini Chapter and the Eswatini Ministry of Health, Epidemiology and Disease Control Unit (EDCU) and the National Health Research and Innovation Department (NHRID) jointly conducted five (5) days workshops, with two days reserved for research methods and abstract writing sessions for nurses in each of the four regions in May-June 2024. A pre-training survey embedded in Google Form was used to assess the perceived knowledge (none=0, low=1, moderate=2, high=3) about the research process, research methods, and their confidence (not confident at all=0, somewhat confident=1, confident=2 and very confident=3) to write abstracts. Capacity building activities were offered to participants through didactic, interactive and practical sessions.

During the first three days, the EDCU team capacitated the nurses on analysis of surveillance data for data-driven decision-making, including having practical sessions where

the nurses performed descriptive analysis based on routine data from their respective regions. On the fourth day, the ECSACONM team capacitated them on how they can convert their results into scientific abstracts as well as into best practice abstracts. On the last day, the participants formed groups and developed draft abstracts based on the results they had produced on the second and third day, and thereafter presented their draft abstracts to the workshop facilitators who gave them feedback in real time. Participants were first asked to peer-review the abstracts of their colleagues using the knowledge gained during the previous day. Thereafter, participants were asked to complete a post-training survey via Google Form, asking them similar questions as in the pre-training survey. We performed two sample tests for proportions in Stata 17 to examine statistically significant differences in the proportions of the self-reported knowledge and confidence before and after training.

Lessons learned: Data for 127 pre-workshop survey participants and 122 for post-workshop survey were analyzed. The majority were female (73.2%, $n=93$) and had first degrees (69.3%, $n=88$). After the trainings, there was a statistically significant increase in the proportions of those who reported moderate/high level of knowledge on: the research process (39% vs 91%, $p < .001$); research methods (36% vs 93%, $p < .001$); and on writing research abstracts (15.8% vs 93.4%, $p < .0001$). Similarly, there was statistically significant increase in the proportion of those who reported that they were confident/very confident to: generate a title for an abstract (2.8% vs 46.7%, $p < .0001$); write a research abstract (2.8% vs 44.3%, $p < .0001$); write best-practice abstracts (20.6% vs 34.4%, $p = .02$), critique abstracts (1.9% vs 38.5%, $p < .0001$), and to select a study design for their abstract (2.8% vs 42.6%, $p < .0001$).

Conclusion and Recommendation: The workshop participants reported improved knowledge and confidence to write abstracts after the trainings. Other ECSACONM member countries may consider adopting this best practice to enhance the research-related skills and improve the knowledge and confidence of nurses within the ECSA region.

: Strengthening simulation teaching methodology of faculty.

by Phelelo Marole and Frances Ganges | Jhpiego Corporation

Abstract ID: 153

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Simulation Teaching Methodology

Background:

The need for investment and progress in midwifery education is clear, as indicated in the 2021 State of the World Midwifery (SoWMy) report, and recommendations from the WHO Strategic Directions for Nursing & Midwifery 2021-2025. When *educated to international standards and supported*, midwives can provide up to 90% of RMNCAH services. However, ensuring that preservice education (PSE) programs produce competent and quality providers requires multiple inputs, such as qualified faculty.

In collaboration with midwifery regional partners, educational capacity frameworks (ECFs) were co-designed and piloted. The ECF tools focused on the preservice education domains of curriculum, faculty, students, clinical practice sites, and infrastructure and management.

The tool helps the school assess their capacity to deliver high-quality education by “unpacking” the large, complex PSE domains into smaller functions and stages. This helps schools to pinpoint gaps and areas of need. Once gaps are prioritized, schools can outline specific, achievable steps to address them.

Following the ECF pilot, the Institute of Health Sciences, Gaborone (IHS) prioritized the need for faculty strengthening in teaching skills, specifically simulation, through design of skills lab, and faculty training in simulation, skills teaching, and management of the skills lab.

Purpose: To develop clinical skills and simulation teaching competency of the IHS faculty

Methods: To facilitate the implementation of simulation as a standard methodology in their teaching, the faculty arranged to be trained by *Laerdal Global Health* in a skills training course and the first level of SimBegin. **SimBegin**, developed by *Laerdal Medical* and *SAFER Simulation Centre*, is a blended learning simulation facilitator course that aims to build competence and confidence in planning, conducting, and debriefing simulation scenarios.

At the end of the training, the learners adapted and conducted the scenarios following the core debriefing and briefing structure. The faculty practiced the simulation skills among themselves with feedback from peers. Once faculty began to teach students, using the techniques and principles learned, they each document their skills teaching and sim lab sessions with learners.

Key Findings: Twelve (12) learners participated in the skills training and SimBegin Level I course comprising 8 midwifery faculty, 2 general nursing faculty, 1 Ministry of Education staff, and 1 participant from Jhpiego. The 5-day training was facilitated by three Laerdal Global Health staff from Tanzania. The training was divided into both eLearning and face-to-face sessions. The skills training used Peyton's four-step model and all participants were given a chance to practice the use and application of the model. The content of the three-module SimBegin course included asynchronous (e-learning) sessions, a CORE debrief workshop and face-to-face simulation sessions. After the training faculty adapted and developed scenarios to use during simulation and skills teaching. Skills training helped the faculty internalize the teaching strategies, which they used to teach 45 midwifery students.

Implications for Midwifery Education and Practice.

Academic and clinical instructors must have basic educator competencies and expertise to impart both knowledge and clinical skills. Aside from emergency skills and procedures, simulation can also be used for counseling, health education, and clinical decision-making. PSE faculty will need support to ensure they are adept in clinical teaching skills and utilize the most effective ways to utilize simulation as a teaching tool.

TASK SHIFTING AND TASK SHARING IN RELATION TO PROVISION OF PRIMARY HEALTH CARE SERVICES IN THE GREATER GABORONE DISTRICT HEALTH MANAGEMENT FACILITIES: NURSES' PERSPECTIVES

by Itireleng Olefile | Peter Baleseng | Ministry of Health, Botswana | Ministry of Education & Skills Development, Botswana

Abstract ID: 154

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: task sharing, task shifting

Background: Scarcity of human resources for health has been identified as one of the primary constraints to the provision of primary health care services. The demand for healthcare services is increasing due to several factors. Botswana, like many other countries has adopted the task shifting and task sharing (TS/S) concept to alleviate shortages of skilled manpower.

Methodology: The study utilized a qualitative cross sectional design framed on phenomenology. The Greater Gaborone District Health Management Team (GGDHMT) facilities were purposively selected and the sample size (N= 87) was determined by data saturation. Semi structured face to face interviews were conducted with the participants. Data was analyzed according to the themes that emerged from and within the categories of data.

Results: The study revealed two thematic areas. TS/S was regarded a positive development on the part of the clients. In GGDHMT, where shortage of human resource creates bottlenecks in the delivery of services; TS/S has made a significant contribution to increasing access; with shorter waiting times, quick diagnosis and treatment interventions and limited chances of being lost to care. Task shifting and task sharing was seen to help improve access to healthcare services, especially in areas with limited healthcare resources. With proper implementation of TS/S, more people are able to receive timely and essential care. Conversely, TS/S was perceived as a challenge in terms of inadequate resources where nurses are made to respond directly to the scarcity of resources. They also perceived the concept as a cost-cutting strategy, where the employer doesn't want to take the responsibility to pay them for the expanded roles and increasing burden of responsibilities.

Discussion and Conclusions: Nurses are fulfilling an important role in Botswana's

healthcare system. Most nurses agreed that task sharing should be prioritized over task shifting. Most importantly in relation to the task shifting approach, extending the scope of practice and increasing the burden of responsibility without commensurate incentives is likely to have a demotivating effect. Task shifting should not be viewed as a cost-cutting strategy. Therefore, task shifting plans must be financed adequately to take nurses' job satisfaction into account.

Recommendations: It is important to note that the global health workforce shortage is a complex and evolving issue, and it is recommended that ongoing monitoring, research, and concerted efforts are needed to address the challenges and ensure adequate healthcare for all populations.

POST NATAL DOMOCILIARY CARE AS AN INTERVENTION TOWARDS REDUCED MORTALITY AND MORBIDITY IN NEW - BORN INFANTS AND WOMEN IN THE CHOBE DISTRICT

by PORTIA MOYO | Ministry of Health

Abstract ID: 155

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Post natal, Qualitative, Quantitative, Research, WHO, domiciliary, infant, maternal, midwives, morbidity, mortality, post-partum, purposive sampling

INTRODUCTION

Domiciliary is a process whereby the health workers travel to the homes of delivered mothers to assist with personal routines. Increasingly, over the past twenty years, the delivery of domiciliary care has been organised according to market principles and portrayed as the ideal type of formal care. Researchers have experienced those women in the world report similar concerns and issues about their post natal health, infant feeding needs and expectations. Certainly priorities will differ, depending on where women give birth and the model of care available. The research shows that regard the consequences of early discharge for mothers and babies mixed. Recent evidence has suggested that early discharge may not be randomly distributed across all socio demographic groups of birthing women, and that the structures of home care have an important influence on maternal and child outcomes. In the context decreasing lengths of hospital stay the aim is to evaluate how post natal domiciliary care will reduce infant and maternal mortality and morbidity in the Chobe district. Statistics for domiciliary from January 2023 to May 2024 is 152 we had 1 severe neonatal jaundice at day 4 post-delivery, pregnancy induced hypertension

Literature review revealed there is lack of research pertaining to postnatal care in the home and postnatal care is marginalised in terms of the broader context of midwifery care. Domiciliary midwives are dedicated to excellent service provision, operating with vast array of knowledge, skill and experience. Despite limited resources and a changing healthcare context the safety, health and well-being of mothers and babies is not compromised. Therefore reduced maternal and infant mortality due to lack of domiciliary visits is one of the priorities of reproductive health programs of World Health Organization (WHO). Benefiting from appropriate social support, such as receiving homecare, has a vital role in both mothers and infants' adaptation and health. Lack of domiciliary visits and desirable health services is the most vital barrier to improvement of maternal and infant health. The effect of domiciliary on maternal and infant health needs to be considered.

Main objective: To investigate factors that may contribute to increased morbidity and mortality in infants and mothers within the domiciliary period.

METHODOLOGY

The study will be conducted in the Chobe district as a systemic review of multiple databases. Data will extract from the registers in chosen facilities where we will find the causes of neonatal sepsis, cord infections, neonatal jaundice, gapped episiotomy, infected wounds post surgeries, engorged breasts.

RESULTS

The outcome or results of domiciliary in the Chobe district is that it has empowered and controlled over these women and infant's lives, promoting a higher quality of lives. Furthermore domiciliary care benefits people of all ages and needs, such as individuals with special requirements, recovering from surgeries, deliveries and including those who lost their infants during delivery.

CONCLUSION

Implementation of domiciliary as an old and useful method in the health system of Botswana especially in the Chobe district can increase mother's knowledge about their own health and their children enhance their ability to adapt with the postpartum period, and improve the health level of vulnerable groups. However in the Chobe district we are experiencing mothers coming back to the hospital with septic wounds, babies having jaundice due to poor breastfeeding, gapped episiotomies due to poor care of sutures, engorged breasts due to poor baby attachment. Though the district is facing some challenges of lack of manpower, transport, distance, poor communication when giving addresses, failure to locate patients physical address the district is able to do domiciliary with the little resources it has.

Facilitate the combination of Western prevention and Indigenous practices for malaria prevention among rural communities in Ohangwena region

by Selma Ingandipewa Uushona/Jakob Angara Sheehama/ Hermine Iita | University of Namibia

Abstract ID: 156

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Combination, Indigenous practices, Malaria prevention, Rural communities, Western prevention

Background: The Ohangwena region experiences outbreak crises that occur annually with variations in severity. The purpose of this research paper was to explore and describe perceptions and experiences of rural communities on the western and Indigenous practices of malaria prevention in the Ohangwena region.

Method: A convergent parallel mixed method was used. The qualitative, explorative, contextual phenomenological quantitative, descriptive, analytic, and a cross-sectional study design were conducted. Multistage sampling was used simple random sampling with replacement and purposive. The quantitative data was electronically analyzed with Statistical Package of Social Science, and manually using Tesch steps for qualitative data. The tools used were survey and interview. The information was collected with a questionnaire from 402 respondents. The interview guide was used in qualitative data from individual interviews and focus group discussions. The actual number of the interviews was determined by saturation.

Results: Employment is high among the respondents, at 62.6%. The finding indicated that the respondents obtained a mosquito net from free distribution, The Ministry of Health and Social Service accounts for 66.2%, followed by free donations from non-governmental organizations (NGOs) like Trans-Kunene initiatives, churches, and the Red Cross represented by 15.8 compared to 13.6% responded who bought nets for themselves. The lowest percentage 4.4 % received free nets from friends and family. The factors that prevent the use of the net, are expensive 68.7%. Other 12.7% of respondents experienced discomfort while fearing itching, and not a priority yielded 9.3%. Most of the respondents, 62.6% are unemployed and they depend on free net distribution. The findings revealed the respondents are from low-salary occupations, prevent them from owning the net.

The participants indicated that nets are not affordable, and not user-friendly as they cause discomfort such as itching. On the other hand, problems of lack of income and unemployment make it difficult.

The two themes emerged: Dependency on free distribution of net and lack of integration of Indigenous prevention practices in malaria intervention.

The findings confirmed that rural community depends solely on free net distribution campaigns of the MoHSS as the main source and some donor organizations.

They also narrated that there are no retail shops for net in the villages. The participants said they relied on the free net campaign, but they experienced waiting longer to receive. From the focus group discussion, participants perceive indoor residual sprays and nets as trusted.

malaria prevention practices that are best. However, they are not adequate for everyone. The indoor residual spray team is only applied in selected villages where confirmed positive cases are diagnosed. Despite positive diagnosis cases, some house structures are not accessed for spray. We are not confident in indigenous practice, they are documented in the training manual.

Conclusion: The net free distribution creates dependency among rural communities despite the lack of strengthening the use of Indigenous practices in commenting insufficient Western intervention. It was recommended that Western intervention and Indigenous practices need equal advocacy and complement each other to achieve sustainable malaria prevention and care, maximize resources, and bridge the resource gap.

Developing a theory grounded in the social processes affecting competence and confidence development in student Midwives: Zimbabwe.

by Unice Goshomi | Women's University in Africa

Abstract ID: 157

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Competence Development, Confidence Development, Grounded Theory, Social Processes, Student Midwives., Theory Development

Introduction and aim: Learning has been described as a change of behaviour related to experience and it occurs as the individual interacts with the environment as they add information and knowledge to what they already know. Learning is posited to be a process and categorised as cognitive learning (getting theory), acquisition of skills and affective learning (change in values, feelings and beliefs). Teaching involves assisting someone to learn and teaching and learning is an interactive process. In Zimbabwe, a one-year midwifery-training programme, based on a competency-based curriculum, aims to develop essential competencies for midwifery clinical practice and sound professional judgement, as required by the International Confederation of Midwives (ICM) *Global Standards for Midwifery Education*. This study aimed to Develop a theory grounded in the social processes affecting competence and confidence development in student midwives

Methods: The study used the critical realists' methodological principles in focusing and choosing the study approach within the context the Grounded Theory framework. This included both the mechanisms which cause events and the theory explaining causation and exposing variations between variables observed in the phenomenon. Data was collected using in-depth interviews to explore the knowledge views and practices of midwives regarding ICM core competencies, using theoretical sampling to recruit 36 participants (21 newly qualified midwives, 4 tutors, 5 ward supervisors, 3 clinical instructors, and 3 acting clinical instructors) from 2 central hospitals A and B who train midwives in Zimbabwe until data saturation was reached.

Data analysis: Constant comparative analysis was used on the qualitative data to develop categories to build a grounded theory of social processes facilitating or hindering competence and confidence development in midwives. After which coding framework was designed which facilitated thematic analysis using the Clark and Braun framework of 2014.

Results: The qualitative interviews revealed, the difference between schools in terms of school policies, the way facilitators planned and organised clinical settings to facilitate student learning. The dualist nature of the student and the facilitators determined their thought processes, perceptions of self and those around. Such dualism meant that some students enjoyed the support, guidance and constructive feedback received while others did not. This disparity in experience was caused by differences found in the interacting

individual's perceptions and beliefs towards each other and the meaning attached to the environment around them; this also created tension and conflicts and conflict resolution processes. The concept of dualism was revealed to be a major issue in skill acquisition and development as it also determined whether the participants were either collectivists or individualists brings together three theories, extending the [Benner \(1984a\)](#) Skill Acquisition and Development model. The three theories are the Social Learning Theory by Bandura (1977), the Novice to Expert theory by Benner ([Benner, 1984a](#)) and the current study model Competence and Confidence Development Model. These facilitated to explain how the dualistic nature of an individual and their confidence and competence were related via a student learning typology combining individualism-collectivism and rate of learning with six phases of skill acquisition. Consequently developing the: Dualistic Individualistic-Collectivistic Skill Acquisition and Development Model (DI-CSADM).

Conclusions: Midwifery schools in Zimbabwe must consider policies, the training environment, student learning styles and the teaching processes required for students to acquire the clinical skills and theoretical knowledge necessary to become competent qualified practitioners

Assessing knowledge, attitudes and practices related to hypertension disease among residents of a rural community at Ncojane, in Botswana

by Ogomoditse Elias | Ncojane clinic

Abstract ID: 158

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Attitudes, Hypertension, Knowledge, Practices

Background: Hypertension constitutes a major public health concern worldwide, due to its frequency and mortality. The high blood pressure is chronic circulatory disease and is one of the widespread non-communicable diseases (NCDs) globally, (Bashaar et.al.2019). It is a long-term condition, often asymptomatic, which is revealed by cardiovascular and renal complications. Hypertension is preventable, but mismanagement leads to serious medical complications, like, heart failure, coronary vascular disease, encephalopathy, acute renal failure and intracranial or subarachnoid hemorrhage. Ncojane is located in a region of Botswana that has been identified as having one of the highest rates of hypertension in the country. Studies have shown that hypertension affects up to 35% of the adult population in certain rural areas of Botswana, making it an important public health concern that warrants further investigation and implementation research findings by nurses and other stakeholders. Despite being a preventable and manageable condition, many individuals are unaware of their hypertension status and lack knowledge about its risk factors, symptoms, and appropriate management. Hence a need to conduct this project to close the identified gaps among the rural community of Ncojane.

Purpose: The researcher will conduct this Knowledge, Attitudes and practices research project aimed at assessing existing Knowledge, Attitude and practices regarding Hypertension disease among respondents to pave way for utilization of this data in advocacy, inform policy and further research.

Methods: A qualitative, descriptive research design utilising self-developed structured questionnaire was used to capture data to assessing existing Knowledge, Attitude and practices regarding Hypertension disease among respondents to pave way for utilization of this data in advocacy, inform policy and further research. A purposive sampling method was used selecting respondents working in the Ghanzi DHMT, Ncojane clinic in Botswana.

Ethical considerations: The study was approved by the appropriate ethics and clinical governance committees. As the study took part in the clinical area, it involved all the nursing staff in the selected facilities.

Results and Discussion: Despite the growing evidence of increasing burden of hypertension and other risk factors of cardiovascular diseases (CVDs) in Botswana and similar Sub-Saharan region, there is still little evidence of in-depth understanding and

knowledge, attitudes and practices of hypertension especially in rural areas. Findings reflects that most of the nurses seemed to have immediate (74.3%) or good (14.0%) knowledge of hypertension based on the knowledge score, and only 11.8% had limited knowledge. The risks of hypertension seemed to be poorly known by the healthcare workers. Health promotion activities were identified as a major gap in this community limiting promotional materials for healthy lifestyles such as nutritious foods, recreational physical activity and accessing healthcare timely. Participants proposed community-based activities as an effective way to reach out to community members for prevention and management of hypertension. The project findings highlighted the need for improved health promotion efforts to increase knowledge, improve attitudes and practices of hypertension prevention and management among rural community members.

Conclusion: Hypertension is a global health concern, and its prevalence is increasing in the African region. Rural communities face specific challenges, including limited healthcare infrastructure, cultural beliefs, and socioeconomic factors. By conducting this project, areas of improvement and developed targeted interventions to enhance hypertension knowledge, attitudes and practices among Ncojane nurses were achieved. Ultimately, the findings of this project contributed to reducing the burden of hypertension-related complications and improving the overall health outcomes of the rural community members.

Digitization of Learning for Midwives : Lessons From Zimbabwe

by Dr Lilian Gertrude Dodzo | Ministry of Health and Child Care, Zimbabwe

Abstract ID: 159

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Digitalisation, e-learning, midwifery education

Background

The advancements of technology have transformed the health delivery system, revolutionized communication, and improve the continuity of education. The rapid pace of technological progress continues to inspire innovation and shape our country. Zimbabwe has not been left behind with Ministry of Health and Child Care taking strides in improving nurse and midwifery education through the introduction of electronic learning (e-learning).

The COVID-19 pandemic highlighted significant vulnerabilities in traditional educational systems, including the disruption of midwifery education in Zimbabwe. In response, a project was initiated to establish a comprehensive e-learning management system to complement in-person training for midwifery learners. This initiative aimed to standardize training, ensure continuous availability of educational content, and automate administrative tasks such as marking, assessing course completion rates, and collating marks, thereby enhancing cross-campus collaboration.

Methods

- The Nursing Directorate, supported by UNFPA and other donors in the Health *Resilience* Fund, adopted an iterative approach to develop the e-learning system.
- The process involved informaticians, instructional designers, learners, and educators.
- An assessment was conducted to determine preparedness to implement e-learning by the nurse and midwifery schools and it revealed that almost all needed Information, Communication and Technology (ICT) equipment, appropriate infrastructure and Wi-Fi availability.
- A total of 22 tutors from various nursing schools participated in three phases of facilitator-led content development.
- The agile software development methodology was employed, led by a team of Zimbabwean informaticians. Local content was created to ensure relevance and applicability for the schools.
- ICT equipment was procured for the midwifery training schools after conducting an assessment to determine the needs of each school. and computer laboratories have been established at all schools.
- ICT training for learners and midwifery educators is ongoing.

Results

The e-learning platform was successfully developed and initially tested at Chinhoyi School of Midwifery. It is accessible via a website (<https://www.nursingmidwiferyzim.org/>) and a mobile application, allowing students to access notes and activities on their mobile phones. The platform was officially launched by the Minister of Health and Child Care of Zimbabwe on 20 June 2024, marking the start of its rollout to 22 midwifery schools across the country.

Recommendations

The successful digitization of midwifery training in Zimbabwe demonstrates the feasibility and importance of such initiatives thus the recommendations include:

- It is crucial for the nursing and midwifery community in the ECSA region to implement similar platforms not only for midwifery but for all nurse training programs.
- Active stakeholder participation, including learners, educators, and clinical mentors, is essential for effective resource allocation, change management, and adoption of the e-learning system.
- Future efforts should prioritize inclusive development processes to ensure comprehensive and sustainable integration of digital learning in nursing and midwifery education.
- ICT training should be conducted for all nurse and midwifery educators and learners for effective implementation of e-learning.

References

Christin P, Online Learning Platforms: The Different Types and Their Benefits,2024.United States of America.

Johnson K, Thompson M. Midwifery Care [online]. London: Elsevier; 2020. Updated 2022 Feb 10.

Lowe N, Hansen S. Midwifery Care: A Guide for Practitioners [eBook]. New York: Springer; 2020.

Smith J, Johnson K. The role of midwives in prenatal care. Journal of Midwifery Practice [Internet]. 2022; 10(2): 123-135. DOI: 10.1016/j.jmwh.2022.02.002

World Health Organization. E-learning courses are transforming our way of learning.Geneva:WHO;2023 [cited 2023 Jul 6].

World Health Organization. Midwifery [Internet]. Geneva: WHO; 2022 [cited 2022 Jul 12].

Factors Associated with Vesico Vaginal Fistula Among Women Attending Kitovu Hospital

by Margaret Alioru | Margaret Alioru Nurse and Lecturer Clarke International University

Abstract ID: 160

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Kitovu Hospital, Vesico Vaginal fistulae, Women Child birth

Background

Vesico-vaginal fistula remains a major public health issue in the developing world. Over 80% of cases result from neglected obstructed labor, and the condition may follow 1-2 per 1000 deliveries, with an annual worldwide incidence of up to 500 000 cases. This study therefore aimed to assess factors associated with VVF among women attending Kitovu Hospital.

Methods

A cross-sectional research design was adopted among pregnant teenagers aged 24 years and above who were attending Kitovu Hospital. The structured questionnaire was administered, data was collected and entered in EPI-INFO 2020 software and was cleaned and analyzed using STATA version 15.0. Binary logistic regression was done to examine the factors independently associated with VVP among women attending Kitovu Hospital. The chi-square test was done to determine the level of association between the social economic, and health related factors associated with VVP among women attending Kitovu Hospital.

Results

Our study findings revealed that the prevalence of vesicovaginal fistula among women attending Kitovu Hospital was 3.17%. Factors such as being single (AOR: 0.06; 95%CI: 0.005-0.909; $p = 0.005$), tertiary education level attendance (AOR: 0.43; 95%CI: 0.349-158.482; $p = 0.049$), income level of 100,000 -200,000 and of 200,001-300,000 (AOR: 0.12; 95%CI: 0.015-0.991; $p = 0.015$ and (AOR :0.16; 95%CI: 0.019-1.339; $p = 0.019$), residing within a distance of above 10 kilometers from the hospital (AOR:15.21; 95%CI: 1.29-179.3; $p = 0.009$), women who had made three and four ANC visits (AOR: 0.03; 95%CI: 0.001-1.249; $p = 0.001$) and (AOR: 0.02; 95%CI: 0-1.654; $p = 0.000$) respectively. Lastly, home delivery (AOR: 2.14; 95%CI: 0.019-1.03; $p = 0.019$) and vaginal delivery mode (AOR: 0.059; 95%CI: 0.007-0.529; $p = 0.007$) were the factors independently associated with VVP among women attending Kitovu hospital.

Recommendations

Implementing initiatives to enhance healthcare accessibility in remote areas, promoting education and awareness campaigns on VVF prevention and early detection, and strengthening existing antenatal care programs is very crucial to prevent Vesico Vaginal Fistula.

Key words: Vesico Vaginal Fistula, Women and Kotovu Hospital.

HIV SIMULATION INTERPROFESSIONAL EDUCATION TRAININGS: SCOTT COLLEGE OF NURSING EXPERIENCE

by Mateboho Makamohelo Leohla | Scott College of Nursing

Abstract ID: 161

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Interprofessional Education, mannequins, simulation

Background & Objectives:

In Lesotho, there are limited opportunities for interprofessional education in training institutions and hospitals. Different professionals are trained according to their specialties independently hence no collaborative patient care. In most cases professionals even criticise each other since they are not familiar or aware of each others roles.

Objective: To describe the experience of Scott College of Nursing in relation to the implementation of HIV simulation Interprofessional Education (IPE) trainings

Methods:

Development and testing of evidence-based guidance documents which included checklists and scenarios. Partner hospital's Management was sensitized about the HIV simulation IPE trainings. This specifically referred to the Manager Hospital Nursing Services and the Medical Superintendent. Six trainings were conducted which involved the Medical Officers, Nurses, HIV Counsellors, Laboratory Technicians, Pharmacy Technicians, Student Nurses, Nurse Educators and others. Some topics covered during the trainings included the Pre-exposure prophylaxis, HIV/TB Co-infection, male and female condom insertion, Pre-exposure prophylaxis and ART adherence. Demonstration by the Facilitator using relevant mannequins, individual practice, return demonstration and simulation rounds were conducted to ensure learning has taken place.

Results:

The first training was on the 31st of March to 2nd of April 2023 where 15 participants were trained. They included 1 HIV counsellor, 1 Laboratory Technician, 1 Pharmacist, 6 nurse-midwives and 6 student midwives. The second training was on the 21st to 23rd of April 2023 where 15 participants were trained. They included 1 HIV counsellor, 1 Laboratory Technician, 1 Pharmacist, 6 nurse-midwives and 6 student midwives. The third training was on the 19th to 21st of May 2023 where 15 participants were trained. They included 1 HIV counsellor, 1 Laboratory Technician, 1 Pharmacist, 6 nurse-midwives, 5 student midwives

and 1 nurse educator. The fourth training was on the 2nd to 4th of June 2023 where 15 participants were trained. They included 1 HIV counsellor, 1 Laboratory Technician, 1 Pharmacist, 6 nurse-midwives, 6 student midwives. The fifth training was on the 23rd to 25th of June 2023 where 15 participants were trained. They included 2 student nurse, 4 nursing assistants, 6 student midwives, 2 nurse midwives and 1 Laboratory Technician. The sixth training was on the 21st to 23rd of July 2023 where 14 participants were trained. They included 3 nursing assistants, 7 student nurses, 2 nurse midwives and 1 Pharmacist and 1 Anaesthetic nurse. The participants appreciated the HIV simulation IPE trainings. They also liked the fact that various professionals were brought and trained together utilizing an interprofessional approach which they never experienced before. Participants learned and appreciated role each of the professionals play and they recommended more of the trainings in future.

Conclusion/Recommendation:

It is evident that IPE fosters collaborative practice and blending IPE with HIV simulation training ensures that HIV care competence is achieved among different professionals. As there are limited opportunities for IPE in Lesotho, innovative approach to foster IPE such as HIV simulation IPE trainings need to be adopted. Interpersonal relations and collaboration between the co-workers were enhanced as reflected by the participants feedback so more of this trainings are needed. Participants' came up with more innovative strategies to improve patient care so the organizations should implement interprofessional trainings for positive client outcomes in relation to HIV care and treatment.

. Occupational Health and Safety of students and staff has a stake in Midwifery Education.

by Phelelo Marole and Frances Ganges | Jhpiego Corporation

Abstract ID: 162

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Educational Capacity Framework. Occupational Health and Safety

Background: Investment in nursing and midwifery pre-service education in low and middle-income countries has been inadequate and sporadic. This has affected the health and safety needs of the learners. The need for investment in midwifery education including the health and safety of learners, is clear but most training institutions have not determined the needs for the health and safety of learners to be able to address them.

As part of the Health Training Institute's efforts to become a school of excellence in midwifery education, we assessed technical capacity needs. Specifically, we used the Educational Capacity Framework (ECF) and organizational capacity needs using the Integrated Technical Organizational Capacity Assessment (ITOCA) and Government Performance Index (GPI) tools. The Institute prioritized governance and legal structure which facilitated an analysis of obligations with respect to occupational health and safety.

Improving the occupational health safety of staff and learners demonstrates that leadership cares about the well-being of students and staff resulting in fewer injuries, greater satisfaction, better relations, and better student performance.

Purpose: The purpose of this project was to assess the awareness of students and staff on the prevention and management of fire outbreaks in the institution.

Methodology: We developed and administered a survey to a purposeful convenience sample of students, faculty, administrative staff, cleaners, and casual staff. The survey was developed by faculty and focused on the fire outbreak component of occupational health and safety. A self-administered paper and pencil survey questions were distributed to the Heads of departments based on the number of respondents sampled from the departments. Instructions on how to complete the survey questions were discussed with each of the Heads of departments.

Key results: 118 participants responded to the survey. 80.5% were students, 19.5 were staff members, 56% were females and 44% were males. The mean age was 28.3 years.

Ninety-six percent of respondents knew about the availability of fire safety measures in the institute, 90.2% knew about the availability of smoke detectors, most of the respondents did not know about the presence of fire marshals(59.5%), majority(58.2) did not know how to use fire extinguisher, majority of the respondents did not know how to use fire hose reel, only 18.6 % knew about the availability of fire hydrants and only 22.6% reported that they

have once used the fire assembly point.

The majority of the respondents do not have sufficient knowledge regarding the prevention and management of fire outbreaks in the institution.

Implications to Midwifery Education and Practice.

- These results can be used to advocate for strengthening occupational health and safety for the students of the Health Training institution.
- A safe learning environment can help improve the academic performance of learners hence increasing the number of midwives produced which will impact the health of the mother and child.
- A safe learning environment helps reduce absenteeism which can help learners have better outcomes.
- These findings helped the Institute of Health Sciences define and organize what is important to themselves and the students as regards occupational health and safety
- This survey demonstrates that there is an essential need for collaboration that can be used to advance midwifery education excellence in low-resource settings.

The emergence and re-emergence of pandemics pose significant challenges to global health, necessitating robust responses from healthcare professionals, particularly in nursing and midwifery.

by Munyaneza Jean De La Croix | NA

Abstract ID: 164

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: ABSTRACT

Problem Statement

The emergence and re-emergence of pandemics pose significant challenges to global health, necessitating robust responses from healthcare professionals, particularly in nursing and midwifery. Evidence-based practice (EBP) and innovations are crucial in enhancing the capacity of these professionals to effectively combat pandemics. This study examines the role of EBP and innovations in nursing and midwifery, focusing on their impact in managing and mitigating the effects of emerging and re-emerging pandemics.

Methodology

This research employs a mixed-methods approach, combining quantitative and qualitative data to provide a comprehensive analysis. Quantitative data is gathered through surveys and statistical analysis of healthcare outcomes in various pandemic scenarios. Qualitative data is collected via interviews and focus groups with nurses and midwives, exploring their experiences and insights on the implementation of EBP and innovations. A systematic review of relevant literature supplements the primary data, ensuring a robust foundation for the study's conclusions.

Results

The study reveals that the integration of EBP and innovations significantly improves patient outcomes during pandemics. Key findings indicate that healthcare settings utilizing EBP protocols and innovative technologies, such as telehealth and advanced diagnostic tools, report lower infection rates and better management of critical cases. Additionally, nurses and midwives who engage in continuous professional development and training in EBP demonstrate higher levels of confidence and competence in pandemic response.

Conclusion

The research underscores the vital role of EBP and innovations in enhancing the efficacy of nursing and midwifery during pandemics. By adopting these practices, healthcare systems can better prepare for and respond to the complexities of emerging and re-emerging infectious diseases. The study advocates for ongoing investment in EBP training and the development of innovative healthcare solutions to fortify the frontline defense against future pandemics.

Discussion

The findings highlight the critical importance of EBP and innovations in strengthening

nursing and midwifery practices during pandemics. The study concludes that continuous investment in EBP training and the development of innovative healthcare solutions are vital for preparedness and effective response to future pandemics. Broader implications include the need for healthcare systems worldwide to prioritize EBP and innovation to improve resilience against emerging health threats. Future research should focus on longitudinal studies to further validate these findings and explore additional innovative strategies in healthcare.

References

1. Melnyk, B. M., & Fineout-Overholt, E. (2015). Evidence-based practice in nursing & healthcare: A guide to best practice. Wolters Kluwer Health.
2. World Health Organization. (2020). Strengthening the health systems response to COVID-19. Technical guidance #1: Maintaining the delivery of essential health services.
3. Campbell, J., & Dussault, G. (2015). A framework for action on interprofessional education and collaborative practice. World Health Organization.
4. Davidson, P. M., & McGrath, S. J. (2021). The role of nurses in combating COVID-19. *Journal of Nursing Management*, 29(5), 963-966.

Enhancing Compassionate Care for Multidrug-Resistant Tuberculosis Patients through Targeted Health Communication Skills Training: A Tanzanian Case Study

by *PENDO MARTHA JOSEPH SHAYO* | *Grace Shayo* | *Stellah Mpagama* | *Kibong'oto Infectious Disease Hospital* | *Kibong'oto Infectious Disease Hospital* | *Kibong'oto Infectious Disease Hospital*

Abstract ID: 165

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Compassionate Care, Health Communication, MDRTB, Patient Satisfaction, Tanzania., Training Program

Background: The management of patients with multidrug-resistant tuberculosis (MDRTB) is highly complex due to the presence of multiple needs, underlying comorbidities, and emotional distress, all of which necessitate compassionate communication. In Tanzania, communication issues frequently lead to patient complaints, highlighting the need for improved communication practices within the health sector. MDRTB patients often encounter comorbidities that complicate treatment regimens, emotional distress requiring empathetic communication, and a necessity for clear and comprehensible information regarding their condition and treatment. Staff interviews revealed several patient complaints, including inadequate information provision, breaches of confidentiality, lack of empathetic care, and staff overstepping professional boundaries.

Aim: To enhance compassionate care for MDRTB patients through targeted health communication skills training for healthcare providers.

Method: A comprehensive training program was developed and implemented, focusing on basic communication skills, emotional management, empathetic care, stress management and professional boundaries. Approximately 90% of hospital staff participated in this interactive and practical training program, which incorporated real-life scenarios and role-playing exercises to enhance learning outcomes. The content and objectives of the training were clearly explained to participants.

Results: Feedback from participants indicated significant improvements in their communication skills and emotional control. Participants reported a greater ability to convey information clearly, manage their own emotions, provide empathetic care, manage stress, and maintain professional boundaries. Many participants felt that the duration of the training was too short and suggested extending it. They reported becoming aware of their own weaknesses and felt a 75% improvement in their skills post-training.

Participants highlighted the aspects of the training they found most beneficial, including:

- Basic communication skills
- Dealing with emotions

- Optimistic thinking
- How to deal with stress and prevent burnout
- Wheel of life
- Reaching your goals

The training program was highly praised, with recommendations for nationwide expansion and the availability of training materials in digital formats to ensure wider accessibility.

Conclusion: The communication skills training program substantially enhanced compassionate care for MDRTB patients, thereby improving treatment management and patient outcomes. The findings suggest that such training is crucial for healthcare providers managing complex patient needs. Recommendations include increasing the number of participants, conducting post-training follow-ups, and extending the training to all healthcare workers across the country to ensure consistent and compassionate care for all patients.

Quality improvement: Increasing the Final outcome uptake of HIV exposed infants at 18months in MPH, Botswana

by Kgomotso Magunga | Chilakidzilo Mawelo-Mmadinare | Ministry of Health, Mmadinare Primary Hospital, Botswana | Gositamang Venson- Mmadinare Primary Hospital (PNOI)

Abstract ID: 166

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: HIV exposed infants, Increase, Testing rate

Introduction

According to Botswana PMTCT guidelines, March 2011, all HIV exposed infants must be tested for HIV at 6 weeks, post weaning and at 18months, hence get timely proper care. Timely infant testing for HIV is very critical to ensure that optimal treatment outcome among exposed infants.

To reduce new child HIV infections, uptake of, and compliance with interventional services in the PMTCT of HIV cascade are critically important.

Aim

To increase the HIV testing rate of HIV exposed babies from 42.4% to 100% by May 2024.

Methods

Retrospective, cross sectional study was conducted in MPH, Botswana. Data was abstracted from birth cohort registers.

We reviewed the birth cohort register from January 2021 to May 2022. Out of 85 infants, on 39 infants had their final out results documented (42.4%).

Results

November 39/85(42.4% baseline)

December 49/85(57.6%)

January 58/85 (76.4%)

February 65/85(76.4%)

March 69/85 (81.2%)

April 72/85(84.7%)

May 76/84 (89.4%)

Above results indicate an increase in testing rate. There was a great improvement in testing rate of HIV exposed infants on monthly basis.

Conclusion

All tested children' above were negative according to registers. To get improved results, we reinforced on education, physical follow ups were done by community testers, who even went to cattle posts for follow ups. Some follow ups we made by phone. We realized that babies are not captured in the cohort register at birth but rather as their come for their

CWC regular follow ups.

Recommendations

Personnel to be trained on PMTCT guidelines to close the gaps. All HIV exposed infants to be captured birth for timely follow ups, continue with intensified education especially to those in the rural areas. Continue engaging community testers.

Project to be extended so that we find the remaining 10.6%.

Associated factors that hinder use and uptake of Pre-exposure prophylaxis among pregnant adolescents in one of the regional hospitals in Lesotho

by Maithabeleng Litlallo Tsolo-2 | Scott College of Nursing

Abstract ID: 167

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Adolescent, PrEP

Background & Objectives

Pre-exposure prophylaxis (PrEP) has been advocated by Health Ministries into their HIV prevention programs, including Lesotho, which has the highest adult HIV prevalence and incidences in the world. The World Health Organization recommended PrEP use by anyone at considerable risk of contracting HIV. A rise of 25% of HIV among teenage girls and young women is evident in the Sub-Saharan Africa and Lesotho is not an exception. In one of the regional hospitals in Lesotho, use and uptake of PrEP among adolescents is unsatisfactory. The aim of the study was to describe associated factors that hinder use and uptake of PrEP among pregnant adolescents in one of the regional hospitals in Lesotho.

Methods

This was a diploma in midwifery study and a quantitative cross-sectional descriptive design was used for the study, and a purposeful sampling, a non-probability sampling technique, was employed. The sample was pre-determined as guided by the learning outcomes of the curriculum of the students. Study population comprised of all HIV negative pregnant adolescents attending antenatal clinic at one of the regional hospitals in Lesotho. Data was collected through the use of a questionnaire and was analyzed using Microsoft Excel and descriptive statistics was used to present data in the form of charts.

Results

A total of 25 pregnant adolescents participated in the study as per the requirements of the learning curriculum.

Their age groups were 12 to 18 years made up 42% and 19 to 24 years made up 58%. 64% participants were multi-gravida while 36% were primigravida. Their marital status; 68% were married, 16% were single and 16% were separated from their partners. In terms of educational status, 64% completed high school, 20% tertiary while 16% ended at primary level. Majority (42%) did not utilize PrEP because they perceive that they do not feel at risk of acquiring HIV. There was lack of knowledge among participants as (30%) indicated that they did not know about PrEP existence. Some participants (12%) are reluctant to use PrEP because their male partners are against it. 10% of the participants did not like taking daily pills and 6% fear side effects.

Conclusion/Recommendation

There are people who still lack information about PrEP, hence health education about its benefits to males and public at large is required. Awareness campaigns on radios and television spots should be used. Male partners be encouraged to get involved in issues

related to maternal child health.

Caring behaviour of midwives who nurse women during childbirth in Botswana: quantitative study

by Nancy Osupile Potokwane | Kgatleng DHMT-Deborah Retief Memorial Hospital

Abstract ID: 168

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Caring behaviour, Childbirth, Maternity unit, Midwife, Woman

Background: Caring behaviour is defined as nurturing another to whom one feels a personal sense of commitment and responsibility, is fundamental to the psychosocial component of midwifery. However, there is an increasing number of complaints of the uncaring behaviour of midwives in facility based childbirth across the countries including Botswana.

Aim: to identify and describe the caring behaviour of midwives who nurse women during childbirth in Botswana; determine the inhibiting and facilitating factors of the caring behaviour of midwives who nurse women during childbirth; and make recommendations to midwives and unit managers which might lead to the optimisation of caring behaviour amongst midwives in Botswana.

Methods: A quantitative, descriptive research design utilising self-developed structured questionnaire was used captured data to identify and describe the caring behaviour of midwives who nurse women during childbirth. A purposive sampling method was used selecting respondents working in maternity units in the Kgatleng and Greater Gaborone regional health districts in Botswana.

Ethical considerations: The study obtained ethical approval from the Nelson Mandela University Research Ethics Committee - Human (REC-H) reference number H20-HEA-NUR-010, a permission letter to conduct study from Health Research and Development Division Committee (HRDDC) in Botswana reference number HPDME 13/18/1.

Findings: About 200 respondents participated in the study. The questionnaire was divided into three sections. Section A: Demographic attributes revealed that the respondents were mature, skilled and experienced based on the number of years as a midwife. Moreover, study implies that the respondents felt satisfied working in facility based childbirth units.

Section B: Identification and description of the caring behaviour of midwives, the results revealed that majority of midwives demonstrated caring behaviour during childbirth to 17 statements versus 21. The responses were measured according to a 5-point Likert scale from 1 to 5 ranging. Only four of the statements indicated midwives did not completely meet the professional standards of midwifery practice.

Section C: Determination of the inhibiting and facilitating factors of caring behaviour when nursing women during childbirth. Data showed several factors that inhibit the caring

behaviour of midwives, such as a shortage of staff which lead to work overload and burnout, a poor working environment, lack of verbal appreciation from supervisors, lack of equipment, the young age of the woman, parity of the woman (first childbirth) and the negative behaviour of the woman.

Recommendations: recommendations informed by the study, focused on the preferred caring behaviours identified which might lead to optimisation of caring behaviour amongst midwives and unit managers when nursing women in public maternity units in Botswana. These strategies recognised that core competencies for midwifery care must go beyond professional skills and knowledge, and highlight the importance of the psychosocial and emotional components of caring as day-to-day procedural activities.

Conclusion: caring behaviour is a central pillar of midwifery, as it involves midwives showing respect, kindness and empathy towards labouring women, which facilitates positive childbirth outcomes. The uncaring behaviours of midwives' elicited negative responses from women, and thus compromises their right to receive the highest standard of maternal care during childbirth.

Innovative ways for screening Tuberculosis: Occupational Health Nurses

by FLORENCE MOYO | Baines Occupational Health Services

Abstract ID: 169

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Nurses, TB risk group, Tuberculosis screening, innovative screening, miners

Introduction

The world is changing and advancing in many ways and health care workers need to come up with innovative ways to promote health, prevent diseases and death. In the quest to addressing SDG 3, OHN are in the fight to end TB, silicosis and HIV in artisanal and small scale miners (ASMs) .Zimbabwe has a triple burden of, TB, HIV and Silicosis (Moyo.D et al) .Occupational Health nurses together with other health care workers are offering TB, HIV and silicosis screening services, HIV counselling and testing services, health education to ASMs in the hard to reach mining sites. OHNs promote the health of workers in all occupations to ensure a health workforce and (to the bottom line). ASMs are at a higher risk of TB, HIV and Silicosis due to their high exposure to silica containing dust and lack of PPE to protect themselves. TB prevalence in ASMs in Zimbabwe is 39 times higher than the National TB prevalence in the general population

Methods

Under the KNTB, USAID funded project, the health team goes out for screening outreaches in the hard to reach artisanal and small-scale mining sites. Occupational Health nurses are part of the team and are involved in screening the miners for TB, HIV and silicosis. The offer HIV testing and counselling services, TB screening services, health education talks and counselling sessions for miners diagnosed with silicosis and silico-TB. The health teams camps at the remote, hard to reach mining sites for days offering these free services. The health team together with the nurses work with the miner's leadership so that they have access to these remote mining sites. Those presumed with TB have sputum collected for gene testing.

Results

More ASMs who are at a higher risk of TB are screened and those diagnosed with TB are initiated on treatment and linked to care at their nearest health facilities. Those diagnosed with silicosis which is a high-risk factor for TB are initiated on TB preventive therapy to prevent TB infection. Knowledge on TB, HIV and Silicosis is given leading to behavior change, adherence to TB treatment is emphasized to prevent Drug resistance. Relationship is built between the miners and health team.

Discussion

Occupational health nurses work outside the hospital or ward settings and go the remote mining sites. These ASMs have no access to occupational Health Services compared to miners working at the big formal mines. Their risk of contracting TB is 3-4 times more if they have silicosis and 5-6 times if they are HIV positive. A multiplicative factor occurs if

one has both silicosis and is HIV positive, they are 15-18 times at risk of suffering from TB. Bringing the screening services onsite to the remote mining areas creates relationships, eliminates stigma and barriers such as travelling long distances, loss of production time. The high-risk group (ASMs) has access to screening services at their workplaces in the remote areas and are linked to care at their nearest health facilities. This reduces the TB, HIV and silic

Education Innovation through Education Capacity Frameworks: Results from Field Test in Three Countries

by Nicole Warren | Phelelo Marole | France Ganges | Johns Hopkins University School of Nursing | Jhpiego | Jhpiego

Abstract ID: 170

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Africa, acceptability, appropriateness, feasibility, midwifery, pre-service education, self-assessment

BACKGROUND:

Midwives play a pivotal role in progress toward improving maternal-newborn outcomes. When educated to international standards, midwives can provide nearly 90% of SRMNAH interventions. However, the global shortage of midwives threatens this potential. Africa leads the world in midwifery workforce shortage and urgently needs greater numbers of qualified, competent midwives. And a strong midwifery workforce can only be achieved - and sustained - through ensuring quality midwifery preservice education programs.

In sub-Saharan Africa, the needs of pre-service education programs are overwhelming and school leaders and donors struggle to prioritize investments. Given the ongoing crisis in maternal and newborn health, innovation is needed to address these challenges. The Educational Capacity Frameworks (ECFs) were developed to provide midwifery schools with an ability to self-assess and prioritize investments in resource-constrained settings. ECFs unpack complex PSE domains into smaller functions and stages/levels. Once the gaps are identified, schools can select specific issues to address. However, the ECFs had never been tested with end-users.

PURPOSE: 1) To report field test findings results from the ECF pilot, including self-assessed maturity for each ECF domain and acceptability, appropriateness, and feasibility and 2) describe feedback from end-users about the experience.

METHODS: Schools field tested the ECFs and shared their self-assessed level of capacity in each of five pre-service education domains (curriculum, student, faculty, clinical sites, and infrastructure and management). To assess acceptability, appropriateness, and feasibility, we used a validated Likert scale. We used descriptive statistics to summarize these data. Qualitative feedback from end-users was collected using the "Rose, Bud, Thorn" approach. These data were summarized by those categories.

RESULTS: The ECFs were piloted in three regions of Sub-Saharan Africa: East, Central Southern Africa, French-speaking West Africa, and English- Speaking West Africa at midwifery schools in Botswana, Togo and Ghana with enrollments of 60, 42, and 350, respectively. All midwifery schools were nationally accredited, public institutions set in urban areas. Data included in this report was from 40 people across the 3 countries.

Overall, to complete one ECF, schools reporting spending between 1 and 30 hours having 1 to 9 meetings, and engaging 3 to 18 participants. Overall, schools self-assessed that their Infrastructure and Management domain was most developed ; Clinical Sites were consistently assessed to be least developed. Nearly all participants agreed or strongly agreed that the ECFs were acceptable, appropriate and feasible. Participants reported that the ECFs helped identify weak or neglected areas and created an awareness of what was taken for granted. The ECFs had the potential to help achieve global standards and improve collaboration.. Concerns addressed the length of the ECF, unclear instructions and terminology, and sections that attempted to cover too many concepts at once.

IMPLICATIONS: The ECFs are an innovative strategy for midwifery schools to internally assess and prioritize areas for improvement and/or investment. Input from Ministries of Health and regulatory bodies must be considered. Individual schools' results can guide budgetary decisions and help prepare for external assessors. Since pre-service domains are similar across disciplines, the ECFs may be useful for other health provider education programs as well. Additional research is needed to determine ECF's appropriateness with other disciplines and in other geographic areas.

Challenges faced by health care workers living with disabilities in a National Referral Hospital, Kenya

by Christine Mwikali Musee | Kenyatta National Hospital, Kenya

Abstract ID: 171

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Challenges, Disability, Support, workplace

Background & Objectives:

Disability mainstreaming is a global agenda aimed at addressing the challenges that people living with disabilities face. International and local law, policies address the plight of this population and thus the need to regularly monitor and evaluate their status. A policy, strategic plan and Performance contracts address these challenges to enhance health, job satisfaction, welfare and performance. The objective was to identify the common challenges faced by PLWDs (workers).

Methods:

This was a cross-sectional study, data was collected using Redcap Computer application, though focused group discussions, observation checklists, and key informant interviews and assisted administered questionnaires. Quantitative data was analyzed using Statistical Package Social Scientists computer (SPSS) package version 29. Categorical variables have been presented using frequency tables and graphs. Qualitative data was transcribed to develop themes in line with the research objectives. Sampling was a census.

Results:

This is the first research regarding disability mainstreaming. The response rate was 72.9%(n=51). Highest level of education-diploma 31%, mean age 47.6 years, majority female 58%, nature of disability for majority was physical 82%, 70% was acquired; 66.8% were housed at KNH. Challenges encountered include physical (accessibility 43.1%, washrooms 25.5%, transport 29.4%, residence/accommodation 11.8%), decision making 17.7%, training 35,3%, medical treatment 15.7%, working hours 33.3%, emotional, functional, career, communication, misunderstanding challenges. Overall satisfaction level of PLWDs was 59.3%.

Conclusion/Recommendation:

This workforce faces some challenges that are being addressed. Accessibility to buildings, treatment, training, ought to be improved. Availability of accommodation, transport, support supervision and adjustment of working hours is critical.

"Bridging Gaps: Assessment of Nursing Education Curricula in the WHO-AFRO Region"

by M. Providence Umuziga | Emmanuel Adesuyi | Innes Agbenu | Esther Bauleni | Santi Sylvester | Kwalar Ginyu Innocentia | Tallam Edna | University of Rwanda | Institute of Nursing Research | University of Ghana | Daeyang University | Lesotho Nurses Association | University of Buea | GNLI ICN Facilitator

Abstract ID: 172

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: ICN, Nursing education, WHO AFRO region, bridging gaps, nursing curricula

Background

Nurses and midwives are pivotal to the global health workforce. The current globalization in healthcare necessitates that education aligns with skills and competence. However, there are significant variations across the WHO-AFRO region, impeding the mobility of nurses from one country to another within the region. This highlights the need for standardizing nursing and midwifery education to facilitate regional nurse migration and address the high unemployment rates among nurses in many countries in the region. The inconsistencies in nursing and midwifery education curricula within the WHO-AFRO region result in nurses and midwives possessing varying competencies. Therefore, addressing these curriculum gaps through standardising core competencies is essential.

Aim

This study aims to solve both present and future problems by bridging the nursing curricula gaps in the WHO-AFRO region.

Method

A quantitative design was employed to evaluate the nursing and midwifery curricula against the WHO prototype in seven WHO-AFRO focus countries, which included Malawi, Ghana, Kenya, Rwanda, Cameroon, Nigeria and Lesotho. A checklist was developed, with credit hours measured as follows: 1 credit equals 15 hours of theory and 1 credit equals 45 hours of practical work across all recommended courses. Charts were created to illustrate the variance between the countries. Inverted bars on the chart indicate countries with fewer credits on average, while upright bars indicate countries with more credits compared to the WHO prototype.

Results

The findings revealed that the average credits compared to the WHO curriculum were higher in several countries, including Malawi (3.55), Ghana (3.39), Kenya (3.09), Rwanda (1.57), and Cameroon (0.57); equal in Nigeria (0.00); and lower in Lesotho (-1.83). However,

some other important subjects were missing in the WHO curriculum.

Conclusion

There is an inconsistency in the bachelor's degree curriculum for nursing across the WHO-AFRO region. Additionally, some important subjects were missing from the WHO prototype curriculum. It is necessary to support the review of existing nursing and midwifery curricula in member countries to harmonize core competencies. Establishing a committee to spearhead the adaptation process involving key stakeholders is also required to ensure the retention of core competencies.

Early experiences in the introduction of Heat Stable Carbetocin (HSC) for Postpartum Haemorrhage(PPH) prevention and the WHO first response bundle for PPH treatment in 36 health public facilities in Kenya

by Michael Muthamia | Jhpiego

Abstract ID: 173

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: postpartum haemorrhage Heat Stable Carbetocin EMOTIVE WHO first response bundle AMPLI-PPHI

Background

Each year, about 14 million women experience PPH resulting in about 70,000 maternal deaths. This amounts to a PPH case approximately every 1.5 seconds and PPH death every 6 minutes. Postpartum hemorrhage (PPH), is the leading cause of maternal mortality responsible for 27% of global maternal deaths (and 40% in Kenya). PPH related deaths are linked to many factors including lack of quality assured medicines and supplies. Three underutilized drugs; Heat-stable carbetocin (HSC), tranexamic acid (TXA), and misoprostol, recommended by WHO and the Ministry of Health (MOH), if availed across all healthcare facilities, hold promise in changing the PPH trajectory. Accelerating Measurable Progress and Leveraging Investment for Post-Partum Hemorrhage Impact (AMPLI-PPHI) Project with support from Unitaid in collaboration with Ministry of Health and Makueni County is catalyzing early adoption of PPH innovations.

Methodology

AMPLI-PPHI has donated 3 years supply of HSC, and TXA to 36 health facilities and Misoprostol to 15 facilities in Makueni County. Capacity strengthening efforts focused on both PPH prevention through use of quality assured medicines and PPH treatment using the WHO first response bundle within fifteen minutes of PPH diagnosis. The medicines were introduced from January 2024. The following interventions were implemented to prepare health facilities 1. multi-cadre facility based low dose high frequency training on PPH, commodity management, pharmacovigilance and data management 2. Awareness creation among healthcare providers through continuous medical education and job aids 3. Dissemination of client literacy materials through community influencers, community health promoters and health talks at health facilities. 5. quality improvement interventions such as Maternal and Perinatal Death Surveillance and Response and facility review meetings. 6. National level advocacy. Routine and supplemental data is being collected to monitor progress.

Results

In the 36 supported public health facilities, 84.7%(n=1430), 98.7%(1402), 99.1%(n=1529), and 99.7%(1393), 99.8% (1507) of women seeking birthing services in January, February, March, April and May respectively received heat stable carbetocin for PPH prevention. From January to May 2024, 79 women were screened as likely to give birth outside a health facility and issued with misoprostol for PPH prevention in case they give birth outside of a health facility. Out of the 79, 5 gave birth outside a health facility and 4 used misoprostol. All the four women used the misoprostol for PPH prevention correctly. We have observed safe and appropriate use of PPH medicines in all the thirty-six supported facilities. No adverse event reported between January 2024 to May 2024. Heat Stable Carbetocin is now known as “Kausha(“the dryer)” in Makueni County based on limited postpartum blood loss after active management of third stage of labour. The pre-intervention fresh still birth rate is 0.61% compared to 1.25% during intervention. 100%(n=43), 100%(48), 100%(n=35), 100%(29) and 38(100%)in January, February, March, April and May respectively received the WHO first response bundle for PPH treatment. Facility mentors have reported reduced need for blood products for PPH. There were 12 PPH related deaths in Makueni County in 2022 compared to zero PPH related deaths in 2023 and 2024 so far. HSC and tranexamic acid can now be used across all levels of facilities in Kenya, Kenya Medical Supplies Authority procured 360,000 ampoules of HSC, national guidelines and national training package revised in line with latest evidence. Makueni county is procuring calibrated drapes for objective postpartum blood loss measurement for every birth.

Conclusion

Recent WHO recommendations can be safely introduced. Early introduction experiences in Kenya have yielded promising results.

Quantification of Products for Prevention and Management of Post Partum Haemorrhage: Insights from a Service-Delivery Quantification Model in Kenya for FY2023/24 to FY2025/26

by Mr. Kiio Morris | Jhpiego

Abstract ID: 174

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Free flow uterine balloon tamponade, Heat Stable Carbetocin, Non-pneumatic Antishock Garment, Postpartum hemorrhage, Tranexamic acid

Background

Postpartum hemorrhage (PPH) remains a leading cause of maternal mortality globally^[1] particularly in low-resource settings like Kenya. 40% of maternal deaths attributable to obstetric haemorrhage^[2].

New PPH Health Products and Technologies (HPTs) such as Heat Stable Carbetocin (HSC), Tranexamic acid (TXA), Free flow uterine balloon tamponade (FFUBT), Non-pneumatic Antishock Garment (NASG) have potential to change the PPH trajectory in Kenya. A critical step in availing these HPTs is determining the quantities required in the national supply chain through a scientific quantification process. This abstract presents the quantification process, tool, assumptions and the quantities required for the public sector in Kenya for fiscal year (FY) 2023/24 to FY 2025/26.

Methodology

The quantification process was led by the Division of Reproductive and Maternal Health (DRMH) in collaboration with supply chain implementing partners. The quantification employed a delivery-based (compared to consumption-based) tool that translates data on number of births and PPH cases to into uterotonic and tranexamic acid need for one financial year. The tool uses several assumptions including number of births requiring induction, augmentation and PPH prevention and treatment by facility level, current uterotonic mix, projected level of adoption of HSC, cost of each HPT and the doses required for PPH prevention and treatment. Additional assumptions for FFUBT and NASG included proportion of PPH cases due to atony, proportion of PPH cases that don't respond to the first response bundle and proportion that proceed to hypovolemic shock and minimum quantities by facility level.

The key assumptions included 100% of women seeking birthing services will require uterotonic for PPH prevention and 60% of them will be given HSC for PPH prevention. Clinical dosage for PPH prevention and treatment was based on the national guidelines of PPH prevention and treatment.

Data sources included historical consumption patterns, Kenya Health Information System (KHIS) service data (number of facilities by county and facility level, number of births, number of live births and number of PPH cases). Forecasting techniques such as time-series analysis and trend extrapolation were utilized to estimate future demand at 95% confidence level. The key outputs were quantities of HPTs required by product, county and financial year.

Findings

The national requirements for financial year 23/24 was estimated at 731,767 ampoules, 555,385 ampoules, 532,245 tablets, 56,836 500mcg ampoules, 20,430pcs, 14,008pcs of Oxytocin, HSC, misoprostol, TXA, FFUBT and NASG respectively. The total cost for these HPTs for FY 23/24 was estimated at \$2,663,230.

The approved quantification report was used as an advocacy tool. Kenya Medical Supplies Authority(KEMSA) used the quantification report to successful procure 360,000 doses of HSC. At the time of procurement, this was the biggest order from a public sector entity.

Conclusions

The service-delivery quantification model for PPH prevention and management in Kenya for FY2023/24 to FY2025/26 offers a comprehensive framework for ensuring that healthcare facilities are well-equipped to handle PPH cases. By leveraging data-driven insights, strengthening supply chain management, investing in capacity building, ensuring adequate financial planning and implementing a strong monitoring and evaluation system, can significantly improve its maternal health outcomes. The successful execution of this model will require sustained commitment and coordination among all stakeholders involved in maternal health.

References

- [1] L. Say *et al.*, "Global causes of maternal death: A WHO systematic analysis," *Lancet Glob Health*, vol. 2, no. 6, pp. 323-333, 2014, doi: 10.1016/S2214-109X(14)70227-X.
- [2] Ministry of Health Kenya, "Saving Mothers' Lives: Confidential Enquiry into Maternal Death First Report POLICY BRIEF," vol. 242, pp. 0-3, 2017.

Impact of GRASPIT training in five Kenyan hospitals

by Christine Mwikali Musee | Kenyatta National Hospital, Kenya

Abstract ID: 175

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: GRASPIT, improvement, leadership, project, training

Background & Objectives:

GRASPIT is a health workers training is a Kenyan-UK partnership. GRASPIT promotes systematic approach to assessment and treatment of acutely sick patients. GRASPIT Course was accredited by National Resuscitation Council of Kenya (NRCK) in 2012 and is currently been delivered in more than ten hospitals between 2012 and 2018. This is the first research to evaluate the impact. The objective of the study was evaluate the impact of GRASPIT in Kenya

Methods:

This was a cross sectional study done at Kenyatta National Hospital, Kisumu, Nyeri, Kajiado, Karatina. Respondents were trained healthcare workers, their supervisors and the GRASPIT TOTs. Pre-post course test scores, training evaluation forms and confidence evaluations were analysed. Questionnaires, key informant interviews and focused group discussions schedules were the tools used.

Results:

During GRASPIT training most participants exhibited increased dexterity. Post course surveys elicited increased knowledge, improved skilled and 30% increase of confidence level. Pre/post, test scores showed 25-31% improvement. All sites indicated improvement in promptness of recognizing deterioration in patients (70-90%), using a structured approach. They were 70-90% better in initiating appropriate simple treatment, 80-90% better in managing patients in pain and 80-90% more comfortable. They were 60-90% escalating care, 70-90% better communication skills and 80-100% supervisors indicated improved patient management. Satisfaction level was 83.1%. Factors that influenced GRASPIT trainings were having own trainers/equipment, managerial support, lectures, venue, staffing ratios, evaluations, reference materials, consultations.

Conclusion/Recommendation:

GRASPIT training in Kenya showed invaluable outputs, outcomes and impact on different categories of health care staff despite wide spread resource constraints. This forms a baseline scientific evaluation of GRASPIT. GRASPIT is instrumental in patient care and its simple critical principles are useful to fill health care gaps in all levels of health care in

Kenya.

Evaluation of impact of springboard quality improvement and leadership training: a case study of Nyahururu, Nanyuki and Kwale health facilities; Kenya

by Christine Mwikali Musee | Kenyatta National Hospital, Kenya

Abstract ID: 176

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: SPRINGBOARD, leadership, project, quality improvement, training

Background & Objectives:

Evaluating impact of healthcare training demonstrates its significance and informs of prospective training, evidence-driven decision-making, while informing stakeholders. When healthcare training evaluation and implementation of findings is done regularly, the product is Continuous Quality Improvement and best standards as envisioned in Kenyan social pillar for Vision 2030 through Kenya Quality Model for Health. This research sought to evaluate impact of Springboard project, quality improvement projects and the factors influencing success

Methods:

This was a cross-sectional study conducted in Nyahururu, Nanyuki and Kwale Healthcare facilities. It was census-based including 59 (100%) participants who underwent training in quality improvement and leadership training; from Nyahururu 22 (37.3%), Nanyuki 23 (39%) and Kwale 11 (18.6%) and others 3 (5.1%). A self-administered questionnaire, a key-informant interviews of 11 participants from Kwale, 10 from Nyahururu and 10 from Nanyuki were done targeting supervisors/managers regarding participants-projects and performance of trained workers. Three focused group discussions (6-11 participants each) were undertaken.

Results:

Of the respondents 100% (n=59), 66.1% were trained at foundation course while 33.9% undertook both foundation and advanced courses; 98.3% (n=58) were able to disseminate and apply knowledge and skills received. Overall training satisfaction level was 89.7% (knowledge- 91.5% and skills- 87.3%). The participants-projects 100% (n=14), 57% (n=8) were from Nyahururu, 35.7% (n=5) Nanyuki while 7.1% (n=1) were based in Kwale; 92.9% (n=13) were fully/partially successful-at an average of 75%. Percieved project usefulness to self and to patients was 88.4%and 95.7% respectively. Project success was influenced by various factors

Conclusion/Recommendation:

Springboard training was useful. Leadership, projects, resources and supportive-supervision improved healthcare. This information enlightens future training. Study sites received evidence to improve participants-projects.

Mapping burn injury trends among children in a national referral hospital using global information system

by Christine Mwikali Musee | Kenyatta National Hospital, Kenya

Abstract ID: 177

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Burn injury, children, cost, prevention, treatment

Background & Objectives:

Burn-injury in income-constrained settings has not been adequately studied. Burn-injuries in children below 15 years cause high mortality and morbidity. Globally 80-95% preventable burns occur in low and middle income countries.. In South Africa and Kenya burn-injuries in children are influenced by environmental and social economic patterns. However, most studies have not visualised burn-injury distribution using global information system, thus this study visualises distribution of burn-injury in children using global information system, and identified contributing factors to its occurrence and prevention efforts.

Methods:

The study was a cross-sectional, in a national referral hospital. Written interviews by burn-injured children and their parents/guardians and key informants and focused groups interviews of healthcare workers and hospital managers were done. Quantitative data was analysed using Statistical Package for Social Scientists computer package. Qualitative data was transcribed, grouped, coded and analysed.

Results:

Factors that predispose children to burns-injury included gender (54% males), age (below two-years 31.5%); being indoors, scalding (51.1%), lack of playground, overcrowding, lack of separate cooking-place; and failure to prevent (74.3%). First-aid was delayed and unscientific (55% and 83%, respectively). Lack of money, traffic-jam, misconceptions, health-facility preference, poorly-equipped care-facilities, delays and referrals were common hurdles.

Conclusion/Recommendation:

Global Information System displayed findings in an easy to visualise way. Factors contributing to burn-injuries and preventive-measures were identified. Multipronged collaborative effort is recommended to address burn-injury.

Factors Associated With Psychoactive Substance Use Among Adolescents Treated In Kenyatta National Hospital, Kenya

by Christine Mwikali Musee | Kenyatta National Hospital, Kenya

Abstract ID: 178

Topic: Policy making, leadership and advocacy in Nursing and Midwifery

Keywords: Psychoactive drug use, adolescents, prevention, treatment

Background: Adolescence is associated with tobacco smoking and alcohol consumption, psychoactive substances (PAS) use and addictions, sexual debut, unwanted pregnancies, abortions sexually transmitted diseases, Human Immunodeficiency Virus infection and Acquired Immune Deficiency Syndrome, school drops outs, violence, suicide and homicide and street families, poor health seeking behaviour and antisocial conduct.

Objective: To determine common PAS used by adolescents treated in Kenyatta National Hospital (KNH); the factors associated with this use, and the health care implications among adolescents.

Methods: This was a cross-sectional study, done in youth centre and mental health department in KNH. Study population was youth aged 10-24 treated in youth centre with psychoactive substance use (PASU) and the Health Care Practitioner (HCPs) serving these youth. Questionnaires were employed for the youth and HCPs. Focussed groups were held for adolescents, HCPs and Key informant interviews (KIIs) for HCPs in management position. Quantitative data was analysed using Statistical Package for Social Scientists (SPSS) Version 22 to elicit measures of centrality; chi square was employed to explore associations. A cut of P value 0.05 determined statistical significance. Themes of qualitative data were grouped, coded and analysed. Audio-taped information was transcribed, themes developed and coded for analysis. Check list information was analysed.

Results: Common forms of PAS used were wine, spirits, traditional alcohol, Khat/Miraa, Kuber, Heroin, Cocaine, Bhang, Glue and prescription drugs and a combination. Spirits was statistically significant (P value 0.01) in regards to rampant consumption.

Factors that influenced tendency to use PAS included peer pressure (18%), availability of PAS (16%), absent parenting (11%), poor social support system (11%), single parent homes (9%), violence in homes (9%), poverty, being rich (9%) and hormonal stress (8%). Availability of PAS was statistically significant (P value 0.04). Gender was statistically significant (P value 0.006), age (P value 0.029), marital status (P value 0.006), level of education (P value 0.23) is relationship to duration of PASU. Friends, as a source of PAS, were statistically significant (P value 0.003).

Majority (95%) of adolescents perceived KNH services to be useful; 90% affordable; 90% received all services sought for. Quality (based on respect 93.3%, equity 93%, privacy 90%,

confidentiality 94%, friendliness 90%, non-judgemental treatment 92%, received freedom to air opinion 93%, involvement of significant others in care 93%, cleanliness 93%, comfort 83%, getting information 33%, take away information material provision 13%. Majority 61% said turn-around time was just right; 99% would recommend KNH other people. On HCPs, 87% felt referral system was appropriate and 93% had treatment protocols and 61% had participated in adolescent PAS researches, while 89% had undertaken part in outreaches. HCPs said that, about a half (47%) of clients walk in without appointments, 23% felt resources were adequate. Overall HCP satisfaction with the care they give was 71% while adolescent overall rating of services received was 82%.

In addition to the treatment for PASU, adolescents sought for, contraceptives, condoms, HIV counselling, pregnancy/maternal care, pap smear, miscarriage and post abortion care, sexual issues, behavioural deficits care, homosexuality intervention, PASU related convulsions, poor adherence to treatment given, mental illnesses, poor performance in school, post-stress management psychiatric treatment; bipolar mood disorder, violence tendencies, too much sleep, stealing, eating too much/too little. From the sources of PAS and factors associated with PASU, treatment of adolescents requires multisectoral approach which has been discussed. In this clinic there is multidisciplinary approach to care.

Conclusion: Common PAS used by adolescents treated in KNH, the factors associated with PASU, and the health care implications have identified.

Enhancing participants' confidence in preventing and managing postpartum hemorrhage via the comprehensive training approach of Helping Mothers Survive Bleeding After Birth Complete.

by JimKelly Mugambi | Jhpiego

Abstract ID: 179

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: Maternal Newborn Health

Background

Obstetric hemorrhage is a major cause of maternal mortality during the perinatal period worldwide. In Kenya, it is the primary cause of maternal deaths, with half of these cases occurring postpartum period. A multitude of interconnected factors within the maternal health ecosystem affect Post-Partum Hemorrhage (PPH) management, such as inconsistent practices by health providers and reluctance to adopt new technical knowledge. To address this, Accelerating Measurable Progress and Leveraging Investments for PPH Impact (AMPLI PPHI) in collaboration with Ministry of Health and department of health Makueni County is implementing a health system strengthening package in 36 facilities in Makueni County, Kenya. This initiative includes training healthcare providers in PPH prevention, early detection, and treatment, utilizing the WHO first response bundle.

Competency based education is effective in improving service providers' knowledge skills and self confidence in PPH prevention (*Masumah et al 2021*). The project is implementing a competency-based training approach to improve service providers' knowledge skills and confidence in PPH prevention and management.

Methodology

AMPLI PPHI employed a tested facility based Helping Mothers Survive Bleeding After Birth Complete (HMS BABC) training approach. The approach uses short, simulation-based team learning at the job site (termed "low-dose, high-frequency" [LDHF] training), followed by deliberate skills practice and other quality improvement activities facilitated by peer practice coordinators who offer continuous mentorship at the facility level. A trainer to trainee ratio of 1:6 was maintained in all the trainings. The trainings were conducted in October to December 2023 reaching a multidisciplinary team of 345 Midwives, 9 Medical doctors, 65 Clinical Officers, 2 Obstetricians/gynecologists and 5 anesthetists. To assess the change in confidence levels in PPH prevention and management, the confidence levels before, after the training, and six months post training for Active management of Third Stage of Labor, use of Heat Stable Carbetocin, early detection, PPH management with first response bundle, and Manual Removal of the Placenta (MRP) were assessed. The rating

scale for the confidence levels ranged from Extremely confident to Not confident at all. Data were analyzed through Excel and presented in Charts.

Results

Overall, there was a 55-percentage point increase in participants reporting to be very confident across the eight assessed skills before and after training, with a sustained 39-percentage point increase six months post-training. The percentage point increase for each skill assessed at six months post-training is as follows: HSC use - 81%, clinical bundle - 59%, PPH management - 41%, TXA use - 40%, shock detection and management - 36%, and manual removal of the placenta - 24%. Health care providers have reported a decrease in the need for referral.

Conclusion

Adoption of a sustainable training approach for the healthcare providers in prevention, early detection, and treatment of PPH that incorporates evidence-based strategies is key in improving maternal outcomes. The HMS BABC training for PPH prevention and management was associated with an increase in the level of confidence across all the skills assessed.

It is anticipated that this increase in confidence levels will be associated with improved quality of care in PPH prevention and management in the supported sites

INFECTIOUS DISEASES STIGMA AMONG HEALTH CARE WORKERS: EVERYONE'S CONCERN

by Kestone Lyambai, Mavis Mwiinga Mtonga, Esther Chirwa, Chrispine Brian Mwila, Peggy Mugala Mumba, Beatrice Mwansa Chisashi and Lonia Mwape | University of Zambia, School of Nursing Sciences, Department of Mental Health and Psychiatry

Abstract ID: 180

Topic: Nursing and midwifery, research and implementation effectiveness

Keywords: Frontline, Health Workers, Infectious Diseases, Stigma

Infectious diseases such as cholera and COVID-19 have profoundly impacted countries worldwide, including Zambia. These diseases have overwhelmed healthcare systems, disrupted daily life, and created significant socio-economic challenges. However, beyond the direct challenges posed by these diseases, a significant issue has emerged; the stigmatization of patients, their contacts, and frontline health workers, who are often perceived as sources of infection. This study aimed to explore the extent of infectious disease stigma and its impact on frontline health workers in Zambia.

A descriptive cross-sectional study was conducted in Lusaka, Chilanga, and Kafue districts of Zambia, involving doctors, nurses, midwives, and clinical officers. Hospitals and health centres were purposively selected, while 384 participants were conveniently selected from the target population. Data were collected through structured questionnaires and analysed using SPSS version 27. Chi-square and logistic regression analyses were performed, with a significance level set at five percent.

The study findings revealed that 70.2 percent of healthcare workers experienced stigma related to infectious diseases, with 20.1 percent facing severe levels of such stigma. Notably, the department in which one worked was significantly associated with the level of stigma experienced ($P = 0.003$). Stigmatization predominantly originated from the community, followed by family and self. Reasons cited for this stigma included a lack of knowledge about preventive measures and fear of contracting the disease within the community. Despite these challenges, healthcare workers demonstrated coping mechanisms, relying on faith in God, positive thinking, and the expectation that community attitudes would change through enhanced sensitization and education about COVID-19 and Cholera.

This study highlights that infectious diseases related stigma affects healthcare workers significantly, especially those serving in Cholera and COVID-19 isolation centres. By recognizing the broader implications of infectious disease stigma beyond COVID-19 and Cholera outbreaks, it becomes evident that comprehensive strategies are required to tackle this problem effectively and support healthcare workers on the frontline.

Rephrase with Ginger (Ctrl+Alt+E)

The Impact of Digitally Supported Training and Mentorship in Improving Newborn Survival Rates among Six Regional Referral Hospitals in Tanzania.

by Happiness S. Kabululu | Ziada J. Sellah | Maimunat Alex-Adeom | Julius D. Tingai | Lemmy M. Mabuga
| Author | Co-Author | Co-Author | Co-Author | Co-Author

Abstract ID: 181

Topic: Advancing innovation and technology in nursing and midwifery

Keywords: innovation, maternal care., newborn

Background

The three main causes of neonatal deaths in Tanzania which account for three-quarters of all newborn deaths, are birth asphyxia (31%), preterm complications (25%), and infections (20%). Helping Babies Breathe (HBB) concepts, as included in ENC (Essential Newborn Care) Now! is the teaching of skills for the initial steps of neonatal resuscitation within resource-limited environments and is shown to reduce neonatal mortality by up to 47% and fresh stillbirths by 24%¹. ENC Now! is a remotely facilitated, digitally supported series of training modules adapted from HBB. ENC Now! was designed to support providers' learning and clinical practice using a blended learning approach whereby participants are engaged in digitally delivered course content.

The main purpose of the initiative is to improve newborn survival rates.

Methodology

The ENC Now project deployed a tele-mentoring program that creates communities of learners by bringing together healthcare providers and experts in topical areas using didactic and case-based presentations. Digital equipment to support virtual training were provided to the six Regional Referral Hospitals implementing the project which are Mbeya, Katavi, Morogoro, Sokoine, Ligula and Tumbi.

Baseline data prior training was collected from six local champions which involved pre knowledge assessment, OSCE and BMV assessment. Training of Trainers to 6 local champions was conducted followed by mentorship to 30 Master trainers and training of 75 learners from all six regions.

Results

The initiative resulted in a significant improvement in healthcare providers' knowledge and

confidence levels, leading to enhanced clinical practices and more effective management of neonatal conditions. The project has resulted to a significant impact on reducing neonatal deaths in various regional referral hospitals.

As indicated by the data from January 2023 to June 2024, there has been a noticeable reduction in neonatal deaths across multiple quarters. In particular, hospitals such as Ligula, Mbeya, Katavi, and Morogoro have seen substantial decreases in the number of neonatal deaths. For instance, from April to June 2023, the highest number of neonatal deaths was recorded, but this number decreased in the subsequent quarters, demonstrating the effectiveness of the interventions.

The project utilized digital tools for training and mentorship, equipping healthcare providers with the knowledge and skills needed to improve newborn care. This digital approach ensured consistent and up-to-date training, leading to better clinical practices and improved outcomes for newborns.

Conclusion and Recommendation.

The continuous decline in neonatal deaths, especially in hospitals like Morogoro and Mbeya, underscores the positive impact of this project. It highlights the importance of innovative training methods and ongoing support in enhancing healthcare quality and ultimately saving the lives of newborns.

While the program has successfully reduced perinatal deaths in these six regions, there remains a critical need to expand this initiative nationwide and improving Emergency Obstetric and Newborn Care services across all levels of healthcare

Strengthening Frontline Health Workers' Supply Chain Capacity in the Sub-Saharan Region

by Namrata Singh | Mary Anuoluwapo Shula | Amal Santhosh | Julius Tingai | Empower School of Health | Empower School of Health | Empower School of Health | ECSACONM

Abstract ID: 182

Topic: Midwifery and women health nursing as an outcome for maternal and infant health

Keywords: Capacity Building, Frontline Workers, Supply Chain Management

Background:

The healthcare workforce is vital to a nation's healthcare system, yet capacity building is often

overlooked. Sub-Saharan Africa faces a dual challenge of resource constraints and a lack of skilled health workers, compounded by uneven workforce distribution, limited financing, and outdated training models. This weakens supply chain systems, affecting access to medicines and patient care, particularly in rural areas. To address the competency gaps in frontline supply chain management (SCM), Empower School of Health with the support of Johnson and Johnson and its implementing partners ECSACONM and Ethiopian Pharmaceutical Network (EPN) collaborated to build SC capacities of nurses and frontline workers across Kenya, Rwanda, Botswana, Nigeria and South Africa.

Methodology:

As a part of this project, Empower designed, hosted and delivered 13 online modules at no cost to learners. The courses were developed based on learning gaps identified by a targeted needs assessment on the prospective target audience. 329 participants including nurses and midwives from health facilities along with 43 senior health professionals participated in the needs

assessment survey across the 5 countries. Based on the findings, modular topics were defined and the pathway to acquiring continuing professional development (CPD) points were defined. Under technical collaboration with nursing and midwifery councils, the content covered basic SCM concepts required by nurses, midwives and frontline workers. The course modules include procurement, cold chain management, inventory, ordering, reporting, good storage practices, rational medicine use, waste management and communication skills, and feature videos, case studies, reference cards, and pre- and post test assessments. The course packages were shared with nursing councils in the region and in collaboration with regulatory authorities/councils from Botswana, Kenya, Rwanda, South Africa, Malawi, Eswatini, Lesotho, Zimbabwe, Zambia, Tanzania, South Sudan, Seychelles, Mauritius, Uganda, Namibia, Mozambique, established the provision of a single CPD point for each course. Learners from these countries are entitled to receive 13 CPD points if all courses are completed. The courses were uploaded to the learning management platforms of Empower School of Health, ECSACONM and EPN, and advocacy efforts commenced to increase uptake of the courses among the target audience.

Results:

As of April 2024, there were 1192 participants enrolled across all three platforms. Participants range from a wide range of countries and the highest proportion of users come from the target countries in the region: Kenya, Nigeria, Ethiopia and Zimbabwe. The average course completion rate is 14% (32% on Empower's LMS, 9% ECSACON's LMS, 2% EPN's LMS). Research shows completion rates for online courses (defined as the percentage of enrolled students who completed the course) vary from 0.7% to 52.1%, with a median value of 12.6%. Feedback from 210 learners have majority stating that the courses were easy to use and the courses would be beneficial to their careers. Participants reported an average 14% increase in their knowledge after taking the courses.

Conclusion and Recommendations

The role of local stakeholders like ECSACONM was pivotal in achieving country buy-in and CPD point allocation. Additionally, transferring the courses to in-country platforms as well as providing technical assistance on hosting and maintenance of the courses, builds in-country capacity and contributes to the sustainability of project gains, while allowing for uninterrupted access to courses at the local level. As per user feedback, there is need to enrich the topical content with more technical concepts and expand the courses to a diploma course. There has also been in-country demand to translate the courses to French language to accommodate language preferences of Francophone Africa.



Axis Solutions

Mobility. Agility. Security.

Founded in 2001, Axis Solutions is a proudly Pan-African
Healthcare x ICT Solutions provider.

Our focus is on providing innovative and transformative solutions that
address unique needs of our diverse clients.

Operating across 12 African countries, We have collaborations with
world-class partners to deliver value-driven solutions that make a
real impact.

At Axis Solutions, we are committed to advancing
technological healthcare across the African continent,
while staying true to our roots and serving communities with
integrity and excellence.

Mobility. Agility. Security.



EMPOWER

SCHOOL OF HEALTH

We offer **Digital Learning solutions for the health workforce**, to transform physical learning into uninterrupted digital learning.

Digital Content

Unhindered access to courses
Self-paced e-learning

Digital Learning Platforms

Open-source knowledge and collaborative platforms
Web & Mobile learning

Analytics

Measuring intervention impact at all levels
Dashboard/Real time Data/MIS

Our partners:



The World Continuing Education Alliance



Visit us at www.empowerschoolofhealth.org

✉ Contact Mary Shula to Collaborate: coordinator@empowerswiss.org

Get in Touch

East Central and Southern Africa College of Nursing and
Midwifery - ECSACONM

Plot No.157, Oloirien Njiro Road, P.O. Box 1009 Arusha,
Tanzania

Tel: 255-27-254 9362; 254 9365/6

Fax: 255-27-254 9392

E-mail: info@ecsacon.org

Website: www.ecsaconm.org