Conference Book
2022 TUFH Virtual Regional Conference for Africa
Table of content

1. Summary ................................................................................................................. 5
2. Date and Time ........................................................................................................... 5
3. Themes ....................................................................................................................... 6
4. Program ..................................................................................................................... 6
5. Keynote Speakers .................................................................................................... 7
   5.1. Prof. José Frantz .................................................................................................... 7
   5.2. Prof. Godwin N. Aja ............................................................................................. 8
   5.3. Prof. Marietjie de Villiers and Prof. Mike Reid ..................................................... 9
6. Workshops .................................................................................................................. 10
   6.1. Community Engagement for COVID-19 and Health as the foundation of Primary Health Care (PHC) and Universal health Coverage (UHC) ........................................... 10
   6.2. Interprofessional Education (IPE) IPE in Africa: How do we go about teaching it? 11
   6.3. Reflections on COVID Experiences in Practice and Training and Education .......... 12
7. Oral Presentation ........................................................................................................ 12
   7.1. Oral Presentations on COVID-19 Pandemic, Lessons Learned & Way Forward .... 12
      7.1.1. Why was the staff experience so positive in tackling the first COVID-19 wave at the Cape Town hospital of Hope? ........................................................................ 12
      7.1.2. Physical Activity habits amongst South African citizens during the COVID-19 pandemic .............................................................................................................. 13
      7.1.3. Psychological distress and access to mental health services among undergraduate students during the COVID-19 lockdown in Uganda ................................... 13
      7.1.4. The experiences of volunteer contact tracers during the COVID-19 pandemic in Cape Town, South Africa ................................................................. 14
      7.1.5. Negative experiences and coping strategies to stressful situations by undergraduate University students during Covid-19 lockdown period in Uganda ....... 14
      7.1.6. Factors associated with risky sexual behaviours during COVID 19 pandemic among undergraduate students aged 18-24 in selected public and private universities in Kigezi Sub Region ............................................................ 15
      7.1.7. The rural impact: An exploration of the experiences of NGO functioning in within a pandemic context. .............................................................. 15
      7.1.8. Health care workers’ Perceived Self-efficacy to Manage COVID-19 patients in Central Uganda: A cross-sectional study ......................................................... 16
      7.1.9. Knowledge, attitude and barriers to adherence of COVID-19 preventive measures among food market vendors in Nansana municipality, Uganda ..................... 16
      7.1.10. Assessment of Infection Prevention and Control Program and Adherence to National Guidelines on the use of Personal Protective Equipment in the Setting of COVID-19 among Healthcare Personnel at Mama Lucy Kibaki Hospital ....... 17
7.2. Technology to Improve Healthcare and Education

7.2.1. Advantages of an Electronic Recording System for Medicolegal Autopsies in resource-constrained contexts

7.2.2. KaziHealth: An Online Health Promotion Short Learning Programme with Mobile Application

7.2.3. Status of Utilisation of Radiology Information System in selected hospitals in Kampala

7.2.4. Perceived health information technology use, attitudes, and barriers among primary healthcare nurses

7.2.5. Testing and evaluation of a mobile application created for autopsy reporting by Forensic Pathologists in training

7.3. Interprofessional Education and Team Based Care for Africa

7.3.1. Faculty and Student Conceptions of IPE implementation in Health Professional Programmes at the University of Kwazulu-Natal (UKZN)

7.3.2. Teamwork among first year health sciences students in an interprofessional course: A contact theory perspective

7.3.3. KaziHealth: An interprofessional health promotion programme for teachers

7.3.4. Interprofessional education and team based care: How can it be achieved through the four IPEC (Interprofessional education collaborative) competency domains

7.3.5. Osteoarthritis: South African healthcare professionals’ perceptions of a team-based approach in therapeutic medicine

7.3.6. Attitudes and associated factors to IPE among faculty at a Public University in Kenya

7.3.7. Rural Health Quality Improvement Program: A Global Health Partnership Initiative

7.3.8. THE DEVELOPMENT OF GUIDELINES THAT INCORPORATE INTERPROFESSIONAL PRACTICE PRINCIPLES INTO REHABILITATION SERVICES AT A PRIMARY HEALTH CARE FACILITY

7.3.9. Effect of formula scoring on student performance and behaviour in multiple choice summative assessments

7.3.10. LMS In E-Learning: Readiness Of Lecturers and Students at National Teacher Colleges (NTC’S) during Lock down In Uganda

7.3.11. Survey of Masters of Medicine Students in KZN: How far are we with electronic health records/documentation and do these databases influence research type?

7.3.12. A breakout room toolbox for conducting synchronous online pharmacy skills group work during the COVID-19 pandemic

7.3.13. Basic Life Support, a necessary inclusion in the medical curriculum: A cross-sectional survey of knowledge and attitude in Uganda

7.3.14. Design thinking to map collaborative pathways for IPE in Africa
7.3.15. Making a rural workforce: How does habitus influence the professionalisation of final year health sciences students from rural SA? ...........................................28

7.4. Developing Africa's Health Workforce..........................................................................................28

7.4.1. Prevalence of Cryptococcus gattii in Ugandan HIV-infected Patients presenting with Cryptococcal Meningitis......................................................................................29

7.4.2. Occupational health hazards and health outcomes among health workers, the determinants and compliance to safety standards in the health facilities in Kigali City, Rwanda 29

7.4.3. Needlestick injuries among clinical students at the college of health sciences, Makerere University, Uganda..............................................................................................................30

7.4.4. A cross-sectional study. Patient-centered Care Movement- Africa: Developing the next generation of Africa’s health workforce through championing patient-centered care. 30

7.4.5. Reflections on data collection for a study on continuing professional development for primary care doctors .................................................................................................31

7.4.6. Gendered knowledge of the Alzheimer's disease and related dementias: A case study of the caretakers ....................................................................................................................31

7.4.7. Prevention, Knowledge, Attitude, and Practices on Malaria Among the Rural Community in Al-Rouf village, Southern Gezira state, Sudan, 2022.........................................................32

7.4.8. Competence of midwives in facilitating breech vaginal births and associated factors in lower level health facilities of a district in Uganda .................................................................33

7.4.9. Overcrowding among health professional training institutions in Uganda, a National survey during the Covid-19 Pandemic.........................................................................................33

7.4.10. Colorectal Cancer in Uganda: A 10-year Facility Based Retrospective Study 34

7.4.11. Health financing in Africa 20 years after the Abuja Declaration: A Literature Review 34

7.4.12. Prevalence of Cryptococcus gattii in Ugandan HIV-infected Patients presenting with Cryptococcal Meningitis..............................................................................................................35

8. Key Dates........................................................................................................................................35

9. Registration......................................................................................................................................36

10. Organization Committee Members................................................................................................37

11. Attendance.....................................................................................................................................38

12. Post Event Survey...........................................................................................................................38

13. Certificates......................................................................................................................................39
1. Summary
The 2022 TUFH Virtual Regional Conference for Africa was hosted by The Network: TUFH, partnered with the University of the Western Cape (South Africa), Student Network Organization, AFREHealth, African Center for Global Health and Social Transformation (Uganda), University of Cape Town (South Africa), Busitema University (Uganda), Nelson Mandela University (South Africa), University of Kwazulu-Natal (South Africa) and, Jomo Kenyatta University of Agriculture and Technology (Kenya).

The conference was hosted on the Zoom platform.

Check out the end of conference video that gives a taste to what the conference was like here or watch below.

2. Date and Time
Day 1: 7 AM – 1 PM UTC – Tuesday, May 17, 2022
Day 2: 7 AM – 1 PM UTC – Wednesday, May 18, 2022
Day 3: 7 AM – 1 PM UTC – Thursday, May 19, 2022
3. Themes

Theme:
- Building Better Together in Africa

Subthemes:
- COVID 19 Pandemic, Lessons Learned & Way Forward
- Developing Africa's Health Workforce
- Technology to Improve Healthcare and Education
- Interprofessional Education and Team-Based Care for Africa

4. Program

*Each session was recorded and is available through YouTube (click on session)*

<table>
<thead>
<tr>
<th>Dates</th>
<th>May 17, 2022</th>
<th>May 18, 2022</th>
<th>May 19, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Time</td>
<td>7 AM - 1 PM UTC/ 9 AM - 3 PM South Africa /10 AM - 4 PM Uganda / 8 AM - 2 PM GMT</td>
<td>7 AM - 1 PM UTC/ 9 AM - 3 PM South Africa /10 AM - 4 PM Uganda / 8 AM - 2 PM GMT</td>
<td>7 AM - 1 PM UTC/ 9 AM - 3 PM South Africa /10 AM - 4 PM Uganda / 8 AM - 2 PM GMT</td>
</tr>
<tr>
<td>07:00 - 07:15 AM UTC</td>
<td>07:00 - 07:45 AM UTC</td>
<td>07:00 - 07:45 AM UTC</td>
<td></td>
</tr>
<tr>
<td>Opening Ceremony</td>
<td>Keynote Godwin Aja</td>
<td>Keynote Marietjie de Villiers/Mike Reid</td>
<td></td>
</tr>
<tr>
<td>07:15 - 08:00 AM UTC</td>
<td>07:45 - 10:00 AM UTC</td>
<td>07:45 - 09:15 AM UTC</td>
<td></td>
</tr>
<tr>
<td>Keynote José Frantz</td>
<td>Oral Presentations on Interprofessional Education and Team Based Care for Africa</td>
<td>Regional to Global Journey</td>
<td></td>
</tr>
<tr>
<td>08:00 - 10:00 AM UTC</td>
<td>Oral Presentations on COVID-19 Pandemic, Lessons Learned &amp; Way Forward</td>
<td>09:15 - 10:00 AM UTC</td>
<td></td>
</tr>
<tr>
<td>1-hour break</td>
<td>1-hour break</td>
<td>1-hour break</td>
<td></td>
</tr>
<tr>
<td>11:00 AM - 12:00 PM UTC</td>
<td>11:00 AM - 12:00 PM UTC</td>
<td>11:00 AM - 12:45 PM UTC</td>
<td></td>
</tr>
<tr>
<td>Workshop Community Engagement for COVID-19 and Health as the foundation of Primary Health Care (PHC) and Universal health Coverage (UHC)</td>
<td>Workshop Interprofessional Education (IPE) in Africa: How do we go about teaching it?</td>
<td>Oral Presentations on Developing Africa’s Health Workforce</td>
<td></td>
</tr>
<tr>
<td>12:00 - 1:00 PM UTC</td>
<td>12:00 - 1:00 PM UTC</td>
<td>12:45 PM - 1:00 PM UTC</td>
<td></td>
</tr>
<tr>
<td>Oral Presentations on Technology to Improve Healthcare and Education</td>
<td>Reflections on COVID Experiences in Practice and Training and Education</td>
<td>Closing Ceremony</td>
<td></td>
</tr>
</tbody>
</table>
5. Keynote Speakers

5.1. Prof. José Frantz

Prof. José Frantz - José Frantz (PhD) is an academic leader and currently the Deputy Vice Chancellor: Research and Innovation at the University of the Western Cape where she is responsible for the strategic vision of research and innovation. Prior to this position she was the Dean of the Faculty for Community and Health Science at UWC (2013-2017). Her strategic interests include the promotion and advancement of research for impact through knowledge exchange and capacity building in health professions education and faculty development. She has secured research funding both nationally and internationally to continue research and do capacity development in the field of health professions education and development of emerging researchers. Her commitment to human capacity development is reflected in the numbers of Master’s (45) and PhD students (15) that she has supervised and her academic activities in terms of teaching, learning and research is evident in her more than 100 publications.

Abstract:
Interprofessional education has evolved over the last 20 years in the higher education sector. As we share best practice, we are able to identify context specific models for our institutions as this is an important aspect that needs to be driven for sustainability. The aim of this paper is reflecting on interprofessional education models in higher education institutions in Africa and highlight the barriers with the aim to provide possible solutions for the identified gaps. As we move towards the 2030 SDG goals we as health professionals and health professional educators are tasked to find solution to promote goal 3 which focuses on improving health and wellbeing for all. The higher education sector also has to contribute to providing quality education to our students and thus we need to reflect on our interprofessional offerings to constantly improve so that we address the health of societies. As part of this presentation, the experiences of a resource constrained university are highlighted and the areas of influence highlighted to continue to sustain interprofessional education for 20 years.

To review the PowerPoint, click here.
To review the recorded session, click here.
5.2. Prof. Godwin N. Aja

Prof. Godwin N. Aja - Godwin N. Aja, DrPH, is a Professor of Public Health at the Graduate School Public Health Department, Adventist International Institute of Advanced Studies, Philippines, with 28 years’ experience in public health teaching, research and community service. He was formerly the Chair of Department of Public Health, Babcock University, Nigeria. He is the current President of Association for Public Health Teaching, Research and Service; Member, Advisory Board of Cochrane Nigeria; Treasurer, Women and Health Together for the Future; and Africa Representative on the Board of The Network: Towards Unity for Health.

Abstract:
The burden of disease and death in the African continent is colossal. The African Union’s Agenda 2063 calls for, “An integrated, prosperous, and peaceful Africa, driven by its own citizens, representing a dynamic force in the international arena.” Thus, responding to the call for collaborative action requires some reflection on where we are coming from as a continent (our historical past), where we are today and where we are going, in achieving Health for All Africans. This presentation offers some insight on how health professionals, health professions educational institutions and partners can contribute more to (re)building better health systems and practices that would address the current, emerging, and re-emerging challenges that have bedevilled Africa, which have been exacerbated by the recent COVID-19 pandemic.

To review the PowerPoint, click here.
To review the recorded session, click here.
5.3. Prof. Marietjie de Villiers and Prof. Mike Reid

Prof. Marietjie de Villiers - Prof Marietjie de Villiers is Professor in Family Medicine at the Faculty of Medicine and Health Sciences (FMHS) at Stellenbosch University, South Africa (SA). She has extensive leadership experience in medical and health professions education (HPE) having served as deputy dean at the FMHS, President of the SA Academy of Family Physicians, Council member of the World Organisation of Family Doctors (WONCA), and held executive positions on the Health Professions Council of SA and the Association of Medical Councils for Southern Africa. She is the immediate past President of the African Forum for Research and Education in Health (AFREhealth) and is a member of The National Academies of Science, Engineering and Medicine’s Global Forum on Innovation in HPE, in Washington DC. She is the AFREhealth Coordinator for the Strengthening Interprofessional Education for HIV (STRIPE HIV) Project. She has published more than 100 scientific papers, book chapters, reports, and other publications, and has been awarded the South African Association for Health Professional Educationalists national distinguished educator.

Prof. Mike Reid - Mike Reid is an Assistant Professor of Medicine in the Department of Medicine at the University of California, San Francisco (UCSF). He currently serves as Associate Director of the Center for Global Health Diplomacy, Delivery and Economics, and since the start of the COVID-19 pandemic, as Executive Director of UCSF’s Pandemic Initiative for Equity and Action. Mike is a board-certified infectious disease physician whose
analytic work and research has focused on donor financing for tuberculosis, estimating financing needs and improving impact. Between 2017 and 2020, Mike ran the secretariat of the Lancet Commission on Tuberculosis which led to the publication of ‘Building a TB-free world’ Commission report in 2019. Since the start of the COVID-19 pandemic, Mike’s role has expanded to support COVID-19 related policy, research and technical work, and he now oversees a large pandemic-focused public health initiative at UCSF. He completed medical school at Cambridge University and medical residency in London, England and New York, USA. He received his MPH from UC Berkeley and did his ID fellowship at UCSF in San Francisco. Mike has published more than 80 peer-reviewed publications primarily focused on TB, HIV, donor financing and health system strengthening.

Abstract:
Starting in April 2019, the African Forum in Research and Education (AFREhealth), in partnership with the University of California, San Francisco (UCSF) and with funding from Human Resources and Services Administration (HRSA) embarked on an ambitious project, Strengthening Interprofessional Education to improve HIV care Across Africa (STRIPE HIV). Seventeen HIV/AIDS and three COVID modules were developed. In year one, 5050 learners and 565 facilitators were trained in 125 interprofessional workshops and 18 webinars across 70 partner institutions. With the onset of the COVID pandemic in 2020, virtual online technology solutions had to be developed to sustain the trainings. A learning management system (LMS) was built from scratch and Zoom technology based training options were implemented. Intensive capacity building to support the new technology based learning was done through multiple webinars and workshops. Additional modules on Wellbeing and Compassion, and Teamwork and Collaboration were developed and offered to assist health care workers with additional demands presented by the COVID pandemic. In addition, a Leadership Development programme was developed and implemented for mid-career faculty. In year two, 26 universities and 110 affiliated partners across Africa trained 7101 learners and 337 facilitators in more than 600 clinical sites across 14 countries. This presentation will share the project evaluation results and lessons learnt in implementing technology based interprofessional learning at such scale. Strategies for sustainability going forward will be explored.

To review the PowerPoint, click here.
To review the recorded session, click here.

6. Workshops

6.1. Community Engagement for COVID-19 and Health as the foundation of Primary Health Care (PHC) and Universal health Coverage (UHC)

Description:
WHO has defined community engagement as “a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes”. There are benefits to engaging communities in promoting their health and wellbeing. It is even more significant during public health emergencies, as it involves those affected in understanding the risk they face, and the response actions. In this panel we share our experience working with communities through
their leaders and Community Health Workers to implement community engagement strategy for COVID-19 response. We will highlight the role community engagement plays in strengthening health systems.

**Learning Objectives:**
1. To understand what community engagement means
2. To discuss the benefits of community engagement in promoting health and wellbeing
3. To discuss the role community engagement plays in PHC and UHC

**Moderator:** Dr. Elsie Kiguli-Malwadde

**Speakers:**
- Community Engagement: benefits and Challenges - Dr. David Okello, African Center for Global Health and Social Transformation
- Working with communities through Civil Society Organisations
- Community Engagement Strategy for COVID 19 In Uganda - Prof Francis Omaswa, African Center for Global Health and Social Transformation
- Health Workforce for Community Systems - Vanessa Kerry, Seed Global Health

To review the recorded session, click [here](#).

**6.2. Interprofessional Education (IPE) IPE in Africa: How do we go about teaching it?**

Description: Familiarize participants with interprofessional education (IPE) and how to teach it in the academic space. A cursory glance at the literature shows how little IPE is taught in Africa. Using a unique case study, participants will gain valuable knowledge and skills on teaching IPE. They will also have an opportunity to see the different ways IPE is being taught in universities in Africa and then go on to discuss how to integrate this learning into their own unique contexts.

**Organizer:**
AFREhealth

**Contact Person:**
Judy Khanyola

To review the recorded session, click [here](#).
6.3. Reflections on COVID Experiences in Practice and Training and Education

Introduction: The COVID-19 pandemic impacted on every aspect of our modern lives and especially on the way schools engaged with their students, parents and communities. COVID19 has had an almost immediate and profound impact on learning and teaching. As waves of physical distancing restrictions and public health measures constrained face to face teaching, educators found themselves pivoting to online learning. The unprecedented events led to many academic staff struggling to reorient, reskill and support their students during a particularly stressful and disrupted time.

Objectives: Drawing on personal experiences and perspectives and feedback from teaching, participants will reflect on the major challenges and “silver linings” in practice, training and Education during the COVID 19 pandemic period.

Methods: Following a case scenario/experience shared from one of the Institutions in Uganda, participants will share their own experiences highlighting the challenges and opportunities in practice, training and education during the COVID 19 pandemic period.

Expected Outcomes: Opportunities and lessons learnt from the COVID 19 experiences. Innovations in practice, training and education will be highlighted.

Organizer: Busitema University Faculty of Health Sciences

Contact person: Rebecca Nekaka (e-mail: rnekaka@yahoo.com)

To review the recorded session, click here.

7. Oral Presentation

7.1. Oral Presentations on COVID-19 Pandemic, Lessons Learned & Way Forward

To review the recorded session, click here.

To review all posters for this session, click here.

7.1.1. Why was the staff experience so positive in tackling the first COVID-19 wave at the Cape Town hospital of Hope?

Author: Steve Reid

Abstract: Background In contrast to alarming reports of exhaustion and burnout amongst healthcare workers in the first wave of the COVID-19 pandemic, we noticed surprisingly positive staff experiences of working in a COVID-19 field hospital in South Africa. The 862-bed ‘Hospital of Hope’ was established at the Cape Town International Convention Centre specifically to cope with the effects of the first wave of the COVID-19 pandemic in Cape Town. Methods We aimed to systematically describe and assess the effects on staff and the local health system. A cross-sectional descriptive study design was employed using mixed methods including record reviews and interviews with key informants. Results Quantitative results confirmed high job satisfaction and low staff infection rates. The emerging themes from the qualitative data are grouped around a “bull’s eye” of the common purpose of
person-centredness, from both patient and staff perspectives, and include staff safety and support, rapid communication, continuous learning and adaptability, underpinned by excellent teamwork. The explanations for the positive feedback included good disaster planning, adequate resources, and an extraordinary responsiveness to the need. Conclusions The ‘Hospital of Hope’ staff experience produced significant learnings for the design and management of routine health services outside of a disaster situation. The adaptability and responsiveness of the facility and its staff was largely a product of the unprecedented nature of the pandemic, but such approaches could benefit routine health services enormously, as individual hospitals and health facilities realize their place in a system that is ‘more than the sum of its parts.

7.1.2. Physical Activity habits amongst South African citizens during the COVID-19 pandemic

Author: Dr Aayesha Kholvadia
Abstract: The COVID-19 pandemic and the resultant lockdown has led to altered physical activity behaviour patterns in South Africans. The main aim of this study was to explore the physical activity habits of South Africans during the COVID-19 pandemic. This was done using an online survey tool (Survey Monkey®) to measure self-reported physical activity behaviour from August 24 December 2020. The sample included 1535 respondents (majority aged between 18-44yrs, from the Eastern Cape (50%) and Gauteng (32%)). The results indicated that 41% of South Africans experienced decreased levels of physical activity and 26% developed sedentary lifestyle habits as a result of the COVID-19 pandemic. Additionally, the results stressed that 40% of inactive individuals became less active during the pandemic compounding the already altered physical activity status of South Africans. Barriers to physical activity participation during COVID-19 were not different to those experienced pre-COVID-19. Engagement in physical activity has shown to be beneficial however domestic, socio-economic and engagement modalities are key variables linked to physical activity engagement.

7.1.3. Psychological distress and access to mental health services among undergraduate students during the COVID-19 lockdown in Uganda

Author: Musoke Phillip
Abstract: Objective We determined the impact of lockdown on the psychological distress and accessibility to mental health services among undergraduates in Uganda. Methods An online cross-sectional study was conducted among undergraduates. The Distress Questionnaire-5 (DQ-5) and the Patient Health Questionnaire-2 (PHQ-2) were used. Logistic regression analysis was performed. Results We enrolled 366 participants with a mean age of 24.5±4.6 years. The prevalence of psychological distress was 40.2% (n=147) with a mean DQ-5 score of 12.1±4.6. Factors associated with psychological distress were: Female gender (adjusted odds ratio (aOR): =1.6, 95% CI: 1.0 — 2.6, p=0.032), and pursuing a non-medical course (aOR: 2.2, 95% CI: 1.3 — 3.7, p=0.005). The prevalence of depression was 25.7% (n=94), with a mean PHQ-2 score of 1.7±1.6. Majority (n=239, 65.3%) reported to know how to access mental health care and 188(51.4%) reported need for emotional support while only
67(18.3%) ever sought care from a mental health professional. Of those who had access, only 10 (7%), and 13 (9%) could access a counselor and a mental health unit, respectively. The most prevalent barriers to accessibility of mental health care included financial limitations (n=181, 49.5%), lack of awareness of mental health (n=119, 32.5%), lack of mental health professionals (n=104, 28.4%) and stigma (n=51, 13.9%). Conclusion Among university students in Uganda during the COVID-19 lockdown, the burden of psychological distress and depression was substantial. However, access to mental health services was limited by several factors.

7.1.3. The experiences of volunteer contact tracers during the COVID-19 pandemic in Cape Town, South Africa
Author: Pat Mayers
Co – Authors: Carol Cragg, Glynis Denicker. Abulele Hashe. Megan Naidoo, Nadia Russon, Roseanne Turner, Ziyanda Vundle
Abstract: Case and Contact tracing were strategies used by the Western Cape Department of Health to contain the Covid-19 pandemic. To support the public health services, volunteer work groups – called ‘pods’ – were established, under the leadership of provincially employed health professionals. Approximately 50 volunteers, including retired health professionals and academics, Health Department administrative staff and lay people, engaged in telephone contact and case management in the greater Cape Town area. A google spreadsheet and WhatsApp group enabled tracers to share information, questions and obtain support. This participatory, qualitative descriptive project aimed to explore pod members’ experiences in doing case and contact tracing to mitigate viral spread. After ethics approval was obtained, research team members, who were also members of the ‘pod’, interviewed 21 contact tracers via an online platform. Initial themes: Contact tracers are carers, connectors and confidants: not just giving information but providing more holistic care, such as remotely assessing a cases’ health status and risk of deterioration; facilitating access to emergency health care, offering practical ways of containing spread under challenging socio-economic circumstances, facilitating access to food parcels, and explaining employee rights and employer responsibilities. Contact tracers themselves need support Support of health professionals and counsellors with current medical and psychosocial information enabled contact tracers to be on the front line, cope with challenges and feel confident. Conclusion Contact tracers facilitated the provision of information about the disease, symptoms and containment/mitigation processes, and played a vital role in containing anxiety and offering support to persons affected by COVID-19.

7.1.4. Negative experiences and coping strategies to stressful situations by undergraduate University students during Covid-19 lockdown period in Uganda.
Author: Ruth Ketty Kisuza
Co – Authors: Saviour Kicaber, Derrick Bary Abila, Olum Ronald
Abstract: Introduction: Uganda had the longest school closure worldwide due to the COVID-19 related lockdown. This study set out to describe the negative experiences and coping strategies to stressful situations by undergraduate students at Makerere University during the second COVID-19 lockdown in Uganda. Methods: We conducted a descriptive cross-sectional study using an online questionnaire between September and December 2021. Descriptive statistics, tests of associations, and logistic regressions were performed using STATA 13. Results: A total of 301 (response rate = 81%) participants were enrolled. Their
median age was 23 (interquartile range (IQR), 20-30) years. Majority were male (64.0%, n=192), single (89.7%, n=269) and were on normal academic progress (80.3%, n=241) before the second COVID-19 lockdown. Close to half of the participants were worried about COVID-19 (48.0%, n=481). Disruption of students’ academics (92.0%, n=277), financial problems (61.1%, n=184), lack of close and intimate friends (42.9%, n=129) were the most reported negative experiences. Coping strategies included listening to music (67.4%, n=203), talking to family and friends (63.5%, n=191), watching movies (57.8%, n=174) and physical exercise (46.5%, n=140). Female students than males (aOR: 2.0, 95% confidence interval (CI): 1.0—45.0, p=0.118) and students without paid employment than those with paid employment (aOR: 2.2, 95% CI: 1.0—5.0, p=0.109) were more worried about COVID-19. Conclusion: Nearly half of the students were worried about COVID-19 which disrupted their social and academic lives. A myriad of coping strategies were utilized by the students. Further studies are required to evaluate the effectiveness of these coping strategies.

7.1.5. Factors associated with risky sexual behaviours during COVID 19 pandemic among undergraduate students aged 18-24 in selected public and private universities in Kigezi Sub Region

Author: Bahati Amon
Co – Authors:
Abstract: Introduction: Uganda had the longest school closure worldwide due to the COVID-19 related lockdown. This study set out to describe the negative experiences and coping strategies to stressful situations by undergraduate students at Makerere University during the second COVID-19 lockdown in Uganda. Methods: We conducted a descriptive cross-sectional study using an online questionnaire between September and December 2021. Descriptive statistics, tests of associations, and logistic regressions were performed using STATA 13. Results: A total of 301 (response rate = 81%) participants were enrolled. Their median age was 23 (interquartile range (IQR), 20-30) years. Majority were male (64.0%, n=192), single (89.7%, n=269) and were on normal academic progress (80.3%, n=241) before the second COVID-19 lockdown. Close to half of the participants were worried about COVID-19 (48.0%, n=481). Disruption of students’ academics (92.0%, n=277), financial problems (61.1%, n=184), lack of close and intimate friends (42.9%, n=129) were the most reported negative experiences. Coping strategies included listening to music (67.4%, n=203), talking to family and friends (63.5%, n=191), watching movies (57.8%, n=174) and physical exercise (46.5%, n=140). Female students than males (aOR: 2.0, 95% confidence interval (CI): 1.0—45.0, p=0.118) and students without paid employment than those with paid employment (aOR: 2.2, 95% CI: 1.0—5.0, p=0.109) were more worried about COVID-19. Conclusion: Nearly half of the students were worried about COVID-19 which disrupted their social and academic lives. A myriad of coping strategies were utilized by the students. Further studies are required to evaluate the effectiveness of these coping strategies.

7.1.6. The rural impact: An exploration of the experiences of NGO functioning in within a pandemic context.

Author: Serena Ann Isaacs
Co – Authors: Amanda Hutson
Abstract: Even with the availability of vaccines at the beginning of 2021, by the end of 2021, the world still battles the Covid-19 pandemic. National lockdown restrictions further contribute to an already unstable South African economy and many people face
unemployment which significantly affect individual and family functioning. Non-Government Organisations primary role is to protect citizens and provide services that enhance daily functioning. At a time when communities were forced to their knees, the NGO’s needed now more than ever to step up to the plate. The aim of this paper is to explore and understand the lived experiences of the frontline workers at a local, rural NGO within the Western Cape, South Africa. Moreover, the study attempted to explore, and understand their lived experiences of functionality within the midst of a pandemic. Six, in-depth exploratory interviews were conducted with staff members as well as the director of the NGO. While businesses, schools and even the clinics were closed the organisation had continued working remotely when they were legally obligated to close their offices as the need for support in the community had increased. Working remotely was ineffective as many community members do not have sufficient resources for data and airtime in order to communicate virtually. This also influenced the feasibility of running programmes online and while psychological and other social needs and services took a backseat, addressing the community’s basic needs were most important to address. These problems continue especially in these communities. The implications for social services are discussed.

7.1.7. Health care workers’ Perceived Self-efficacy to Manage COVID-19 patients in Central Uganda: A cross-sectional study
Author: Sarah Maria Najjuka
Co – Authors: Tom Denis Ngabirano, Thomas Balizzakiwa, Rebecca Nabadda, Mark Mohan Kaggwa, David Patrick Kateete, Samuel Kalungi, Jolly Beyeza-Kashesya, Sarah Kiguli.
Abstract: Objective: This study explored the perceived self-efficacy (PSE) of Ugandan health care workers (HCWs) and associated factors in the management of patients with COVID-19. Methods: We recruited 418 HCWs from four national referral hospitals in central Uganda. PSE was assessed using PSE scale adapted from Bandura’s self-efficacy scale development guide. Multivariate linear regression analysis was utilized to determine factors associated with PSE. A p-value > 0.05 was considered statistically significant Results: Majority of the participants were female (61.7%, n = 258) with a Bachelor’s level of education 47.13% (n = 197). About half of the participants (50.96%, n=213) were nurses/midwives and had 10 years of work experience on average (SD = 9.3). Overall, HCWs reported moderate PSE in managing COVID-19 patients which reduced with increasing severity of the illness. Having a PhD, being a medical doctor, agreeing or completely agreeing that one has knowledge about COVID-19 management, and having COVID-19 management training were significantly associated with increase in the level of PSE. Conclusion: This study highlights a moderate level of PSE among HCWs in the management of patients with COVID-19 in central Uganda. The health sector should focus on improving HCWs’ PSE through continuous training of all HCWs in the clinical management of the severe and critically-ill cases of COVID-19. Lower carder HCWs should be given priority as they scored lower levels of PSE; yet they are the corner stone of the primary health care system and make majority of the health human resource in Low- and Middle-income countries.

7.1.8. Knowledge, attitude and barriers to adherence of COVID-19 preventive measures among food market vendors in Nansana municipality, Uganda
Author: Suzan Nakalawa
Abstract: KNOWLEDGE, ATTITUDES AND BARRIERS TO ADHERENCE OF COVID-19 PREVENTIVE MEASURES AMONG FOOD MARKET VENDORS IN NANSANA
MUNICIPALITY, WAKISO DISTRICT Suzan Nakalawa , Makerere University

Background: The increased number of COVID-19 cases following the second wave of the pandemic which started in June, 2021 made food markets key risk places for COVID-19 transmission. Preventive measures to curb the spread in markets were introduced. However, food markets in Nansana municipality, Wakiso District are still challenged with poor adherence to these COVID-19 preventive measures. Study Objectives: This study aimed at assessing knowledge, attitudes and barriers to adherence to the COVID-19 preventive measures among vendors in food markets in Nansana municipality, Uganda. Methodology: This study employed both quantitative methods and qualitative methods of data collection. Semi-structured questionnaires were used to collect data on knowledge and attitudes of the vendors. Data on barriers to adherence was collected using key informant interviews analysed thematically. Quantitative data was cleaned using EPI DATA 3.0 software and analysed using STATA 13 software. Results: All the 404 food market vendors (100%) knew about COVID-19 and all identified at most two ways how it is prevented. Good hand hygiene was the most known preventive measure 99.5% (402/404). The food market vendors had negative attitudes towards the measures regarding the different aspects of the COVID-19 assessed. Only 10% (42/404) of the vendors agreed that COVID-19 preventive measures are very relevant in food markets. Financial constraints, poor work environments and misinformation were found to be the main barriers to adherence in the food markets.


Author: Wanyonyi Ignatius
Co – Authors: Richard Odamoh, mwaniki Betty, Caren Emadau, Godfrey Mayoka, Rosemary Kawira, Franklin Muchiri.

Abstract: Background Coronavirus disease (COVID-19) was declared a global pandemic in January 2020, resulting in increased morbidity, mortality, and healthcare cost. Health facilities remain a high-risk area for transmission of COVID-19, thus putting healthcare workers (HCWs) at a higher risk than the general population. The objective of this study was to assess the Infection Prevention and Control (IPC) program and adherence to national guidelines on the use of PPEs among HCWs in Mama Lucy Kibaki Hospital (MLKH). Methodology The study adopted a descriptive cross-sectional design among 231 HCWs. Data were collected using well-structured questionnaires and WHO IPC Assessment Framework (IPCAF) tool. Results MLKH IPC program scored a total of 687.5/800, putting the facility at an advanced level. The multimodal implementation of IPC was the only one with a score of 100/100. Workload, staffing & bed occupancy and Healthcare-Associated Infections (HAIs) surveillance scored the least at (65/100) and (75/100), respectively. The majority of HCWs (95.3%) had access to PPEs within the facility. The face mask was the most utilized PPE (99.6%). 33% of the HCWs reused face masks, and 50.6% did not adhere to the appropriate doffing practice. 62% of HCWs were trained on the use of PPEs, and 95% had access to alcohol-based sanitizer. Conclusion The MLKH IPC program is at an advanced level, with gaps in workload, staffing, and infection surveillance. The majority of HCWs were adherent to use of PPEs with identified gaps in donning and doffing practices and reusing of PPEs despite a robust IPC program.
7.2. Technology to Improve Healthcare and Education

To review the recorded session, click [here].
To review all posters for this session, click [here].

7.2.1. Advantages of an Electronic Recording System for Medicolegal Autopsies in resource-constrained contexts

Author: Salona Prahladh
Co–Authors: Jacqueline Van Wyk

Abstract: In Africa, the efficiency of death investigation systems is impacted by a shortage of Forensic Pathologists. The continued use of paper-based documentation is an additional obstacle to accurate and up-to-date statistics and reporting. A sustainable, portable, and low-maintenance data collection system was designed to improve autopsy and statistics reporting and support an environment conducive to research. To this end, a mobile data application was created to store pertinent autopsy information in real-time and generate statistics and trend reports for various purposes. This user-friendly application was created for in-training and practicing pathologists, to use with minimal training. Implementation of which will provide an efficient and reliable system that will positively impact judicial processes and research in Forensic Pathology. The autopsy data application is currently being tested and piloted. The use of technology and digitization can help alleviate multiple challenges, including deteriorating infrastructure, staff shortages, and unavailability of funding. The mobile application which conforms to legal and ethical requirements can significantly improve efficiency and offers a sustainable solution to forensic pathology practice in resource-constrained contexts. Keywords: forensic medicine and pathology, mobile data application, autopsy, statistics, research

7.2.2. KaziHealth: An Online Health Promotion Short Learning Programme with Mobile Application

Author: Ms. Larissa Adams

Abstract: Escalating non-communicable disease (NCD) levels in low-to-middle income countries necessitates the need for health promotion programmes. Research indicates teachers’ health is also negatively affected by NCDs. The sedentary nature of the profession, the stressful climate in schools and the large number of severely under-resourced schools, especially in South Africa, that teachers work in further increases the risks for NCDs; and therefore, warrants the need for a health promotion intervention. The KaziHealth online health promotion short learning programme (SLP) was developed to contribute towards addressing this need. This paper’s aim is to describe the KaziHealth SLP along with its mobile application. This interactive, online SLP embraces a behaviour change model targeting physical health behaviours, as well as psychosocial health outcomes and was developed with input from an interprofessional health team (biokineticists, dietitians and psychologists). It assists teachers to expand their health literacy, reflect on lifestyle choices, and act on self-selected areas of change and only takes about 2 – 3 hours to complete. The SLP is designed to meet the South African Council for Educators requirements for Continuing Professional Teacher Development (CPTD), affording teachers the opportunity to earn CPTD points, in addition to enhancing personal health. The KaziHealth mobile application, available through the Google Play Store, enables teachers to import their health information obtained from a health assessment, and provides them with the tools to manage
and monitor their progress and stay motivated. The value of the SLP lies in its non-reliance on costly face-to-face workshops and its flexibility regarding availability.

7.2.3. Status of Utilisation of Radiology Information System in selected hospitals in Kampala

Author: Twinomuhwezi
Co – Authors: Nabawooya Hasifah, Nabukenya Hellen, Nakawuki Rehemah

Abstract: ABSTRACT Introduction: Radiology is the busy and vital unit in hospital that the necessity of making its tasks electronic is important. The radiology information system (RIS) is typically a system specifically designed to place radiology orders, receive interpretations, and prepare bills for patients. This system can provide historical reports for radiologists and transmit reports to the hospital management system. Awareness and utilisation of the RIS provides user satisfaction through provision of radiology information in a timely manner which improves effectiveness and efficiency in delivery of radiology services. Methodology: This was a cross-sectional study that involved radiologists, medical imaging technologists, radiographers and sonographers in selected hospitals in Kampala. A total of 133 participants were recruited. Out of the 133, 16 of them declined consent and did not participate in the study. This made the actual number participants 117. Participants were qualified health professionals in the field of radiology. Purposive sampling was used to recruit participants into the study. The data collected was reviewed quantitatively and frequency tables were drawn. Results: A total of 133 questionnaires were distributed to radiologists, medical imaging technologists, radiographers and sonographers in selected hospitals in Kampala. 5 respondents (4.27%) completely had no knowledge about Radiology Information System and 112 respondents (95.72%) had knowledge about the Radiology Information System. Conclusion: This study shows that most radiology departments are operating without utilization of the Radiology Information system. This implies that there is a great need to advocate for Radiology Information Systems in hospitals so that service effectiveness is improved.

7.2.4. Perceived health information technology use, attitudes, and barriers among primary healthcare nurses

Author: Million Bimerew
Co– Authors: Jennifer Chipps

Abstract: ABSTRACT: The study was aimed to describe the attitudes, perceived usefulness, and perceived ease of use and barriers of Health Information Technology (HIT) use among nurses in primary health care settings. Methods: A self-administered questionnaires were used to collect data from 90 nurses working at primary health care. The respondents were asked to complete questions on attitudes, perceived usefulness, perceived ease of use and barriers to HIT. Results: Two-third of nurses had positive attitudes towards the use of HIT for registration and recording of patient information. Having knowledge and skills on the use of HIT reported by more than half of the nurses. Most of nurses agreed about the usefulness of HIT to assist patient care and professional development, but only some nurses used HIT to capture patient data, and planning care including information sharing with patient. The majority of nurses reported perceived ease of use, to analyze patient data and plan patient care. More than half of nurses were confident on the ability to do an electronic health record. The study identified lack of internet, computer and training on how to use HIT and internet search. Conclusion: More than two-third of nurses had positive attitudes towards information technology, perceived usefulness and ease of use. Lack of internet technology, devices and
training on technology use were some of the barriers implementation HIT. Developing HIT infrastructure, and basic skills training of nurses on HIT is vital to support clinical nursing practices and patient care.

7.2.5. Testing and evaluation of a mobile application created for autopsy reporting by Forensic Pathologists in training

Author: Salona Prahladh
Co–Authors: Jacqueline Van Wyk
Abstract: Abstract Objective: Medical departments are continuously required to report on trends and to provide evidence for health care planning. Mobile applications have been created for medical departments to assist in record-keeping and statistics evaluation. A mobile application was created for use in Forensic Pathology to store, summarise and create insights for statistical reporting in relation to autopsies. Methods: Purposive sampling which involved enrolled registrars in Forensic Pathology were invited to test and evaluate the application. The registrars were asked to complete a questionnaires and were interviewed regarding their perceptions of the applicability, benefits and challenges of the application for use in daily Forensic service and research. Results: The registrars report that although the application is relatively easy to use, there were a few additional information to add to the application and proposed that some information which was included may be redundant and removal will improve time spent using the application. They reported positive perceptions of the application and potential for improved clinical output and address research challenges regarding autopsy record-keeping in Forensic Pathology but were also concerned about the time spent utilizing the application and proposed solutions to assist with this issue including training administration staff.

7.3. Interprofessional Education and Team Based Care for Africa

To review the recorded session, click [here](#).
To review all posters for this session, click [here](#).

7.3.1. Faculty and Student Conceptions of IPE implementation in Health Professional Programmes at the University of Kwazulu-Natal (UKZN)

Author: Serela Ramklass
Abstract: Health worker preparation for interprofessional education (IPE) and collaborative practice has the potential to transform delivery and access to healthcare. Shared decision making in healthcare contributes to an improved quality of life for patients and/their families, a reduction of inappropriate referrals, reduced waiting time for patient access to necessary care, and enhanced patient outcomes. Despite these benefits, the promotion of IPE in health sciences curricula at UKZN remains deficient. A qualitative enquiry was undertaken through individual and focus group interviews among faculty, students and the leadership in the College of Health Sciences to explore conceptions of implementing IPE across health professional programmes. Interview transcripts were analysed using data reduction and categorisation techniques. Common themes that derived from the data sources included competencies, values and ethics for IPE, barriers to IPE, locating IPE in the curriculum, and faculty development. An IPE framework, inclusive of faculty development initiatives, was proposed to guide the implementation process.
7.3.2. Teamwork among first year health sciences students in an interprofessional course: A contact theory perspective.

Author: Adibah Hendricks
Co–Authors: Firdouza Waggie

Abstract: Introduction The implementation of interprofessional education (IPE) within health sciences has largely been pragmatic. Thus, increased application of theory within IPE contexts has been identified as a means to advance the field. Contact theory is concerned with the conditions needed for optimal contact between groups and has been cited as a useful framework for curriculum design in IPE contexts. The study focused on students’ perceptions and experiences of teamwork within an undergraduate IPE course. Methods Data were collected through focus group discussion and individual interviews. Data analysis was deductive in relation to contact theory; and inductive using thematic analysis. Results The purposive, convenient sample (n=32) included first year students from audiology, medicine, occupational therapy, physiotherapy and speech & language therapy. Results showed that students had a comprehensive perception of what teamwork entails, although their experiences of teamwork varied. Interprofessional encounters required ‘equal status’ and ‘institutional support’ to be present for IPE to foster teamworking. Discussion Within healthcare, the problem of ‘equal status’ manifests in hierarchical structures, a pecking order of professions. While students were aware of this hierarchy, and some had experienced it in different ways, expectations of encountering it did not always materialise. Students were not always aware of the professions represented during teamwork activities, and thus were interacting largely interpersonally rather than as emerging (inter) professionals. Conclusion This study contributes to the theoretical evidence base for IPE from a social psychology perspective. It highlights the need to making students’ different professions apparent during coursework activities in IPE programmes.

7.3.3. KaziHealth: An interprofessional health promotion programme for teachers

Author: Ms. Larissa Adams

Abstract: The disease profile of South African (SA) population indicates increasing numbers of deaths are attributed to non-communicable diseases (NCDs), 80% of which are preventable with lifestyle modification. Research on SA teachers have revealed high levels of NCDs and stress-related physical illnesses. The paper’s aim is to describe the KaziHealth teachers’ health promotion programme, which formed part of an interdisciplinary research project promoting health and wellbeing of teachers working in marginalised communities in Gqeberha. The programme focuses on physical activity (PA), nutrition, stress, and sleep management, with input from an interprofessional health team (biokineticists, dietitians and psychologists). It is based on a 5-step behaviour change model: (i) individual health risk assessment – including anthropometric and clinical examinations (ii) personal health risk report, (iii) two lifestyle coaching sessions, (iv) self-monitoring and motivation, and (v) evaluation of goals achieved. The coaching sessions are presented by the relevant afore-mentioned healthcare professionals. In the first session teachers are introduced to healthy lifestyle principles and are assisted with goal setting, based on health assessment results. Progress and/or barriers to the successful implementation of goals, as well as solutions are discussed in the second session. During these sessions, information is provided on how to modify lifestyle using PA, a dietary intervention and stress and sleep management techniques. This model illustrates the importance of professionals partnering to promote
health and wellbeing and is being assessed through an experimental study involving 160 teachers followed over 18 months, with data collection occurring at three time-points (pre- and post-6 and 18-month intervention).

7.3.4. Interprofessional education and team based care: How can it be achieved through the four IPEC (Interprofessional education collaborative) competency domains.

Author: Nakacwa Julian
Abstract: The disease profile of South African (SA) population indicates increasing numbers of deaths are attributed to non-communicable diseases (NCDs), 80% of which are preventable with lifestyle modification. Research on SA teachers have revealed high levels of NCDs and stress-related physical illnesses. The paper’s aim is to describe the KaziHealth teachers’ health promotion programme, which formed part of an interdisciplinary research project promoting health and wellbeing of teachers working in marginalised communities in Gqeberha. The programme focuses on physical activity (PA), nutrition, stress, and sleep management, with input from an interprofessional health team (biokineticists, dietitians and psychologists). It is based on a 5-step behaviour change model: (i) individual health risk assessment – including anthropometric and clinical examinations (ii) personal health risk report, (iii) two lifestyle coaching sessions, (iv) self-monitoring and motivation, and (v) evaluation of goals achieved. The coaching sessions are presented by the relevant aforementioned healthcare professionals. In the first session teachers are introduced to healthy lifestyle principles and are assisted with goal setting, based on health assessment results. Progress and/or barriers to the successful implementation of goals, as well as solutions are discussed in the second session. During these sessions, information is provided on how to modify lifestyle using PA, a dietary intervention and stress and sleep management techniques. This model illustrates the importance of professionals partnering to promote health and wellbeing and is being assessed through an experimental study involving 160 teachers followed over 18 months, with data collection occurring at three time-points (pre- and post-6 and 18-month intervention).

7.3.5. Osteoarthritis: South African healthcare professionals’ perceptions of a team-based approach in therapeutic medicine

Author: Robynne Gilchrist
Co – Authors: Dr Aayesha Kholvadia
Abstract: Background: A cohesive team of healthcare professionals has been described as the most effective approach to address the complexity of patients with osteoarthritis. The success of a team-based approach in health care is dependent on the positive perceptions of the individual professionals towards each other. Negative perceptions may have implications for holistic patient care as appropriate cross-referral systems may not be followed. Objectives: To determine and describe perceptions of healthcare professionals regarding a team-based approach to osteoarthritis management in therapeutic medicine. Methods: A descriptive methodology with a cross-sectional study design and a convenience sampling technique was used. The target population consisted of professionals located within the South African public and private healthcare sectors. The professions included biokinetics, dietetics, general medicine, homeopathy, occupational therapy, physiotherapy, psychology, and specialised medicine. A self-administered, online questionnaire surveyed professionals’ perceptions of a team-based approach to osteoarthritis management. Results: A large number of participating
healthcare professionals (39%) were practising independently. Most professionals (38%) felt that the overall communication between team members was neither of a high nor low quality. The majority of both clinical (50%) and supportive (54.5%) professionals felt only somewhat familiar regarding other professions’ scope of practice within the healthcare team \( \chi^2 (1, n=10) = 51.7, p=0.004 \). Forty-five percent of participating professionals indicated that they had not been exposed to interprofessional education. Conclusion: Understanding healthcare professionals’ experiences of a team-based approach could guide best-practice recommendations and strategies to enhance organised teamwork to promote service delivery and quality care for the osteoarthritis patient.

7.3.6. Attitudes and associated factors to IPE among faculty at a Public University in Kenya
Author: Rosemary Kawira Kithuci
Co – Authors: Drusilla Makworo, Albanus Mutisya
Abstract: Background: There is need to conform curricula for health professionals’ to emerging needs because of exponential growth in medical information and education. Interprofessional Education (IPE) is one such conformity to training and faculty attitudes towards IPE is a single best predictor to faculty engagement. Objective: To measure attitudes of faculty and associated factors towards IPE at the College of Health sciences (COHES); JKUAT. Methods: A cross sectional study among 71 faculty was conducted. A 5 Point Likert attitude scale on IPE with 30 items (3 subscales of 10 items each) were used to collect data using stratified sampling method. Attitude was scored with >75% as cut-off with scores above 75% as positive attitudes and scores below 75% as negative attitudes towards IPE. Data was analyzed using SPSS version 25.0 software at 95% confidence level. Logistic regression was used to identify relationship between bio-demographic data and attitude and Analysis of variance (ANOVA) used to compare means of attitude among schools, academic positions, and expertise level. Results: There were more male faculty than females, almost half were at Lecturer position, and the mean age was 42 years. The overall attitude score was positive (124.46/150 > 75%), with attitudes of faculty towards IPE in academic settings subscale yielding negative attitude score (36.86/50 < 75%). Bio-demographic characteristics were not significant in influencing faculty’s attitude. Being experienced was significant in influencing IPE attitudes among faculty with those who supported IPE initiatives being 2.3 more times likely to have positive attitudes. Conclusion: Faculty at JKUAT have overall positive attitudes towards IPE but negative attitudes towards IPE in academic settings. Behavior changes training and IPE sensitization to avert negative attitudes among faculty is recommended.

7.3.7. Rural Health Quality Improvement Program: A Global Health Partnership Initiative
Author: Dr. Onuora Odoh
Co – Authors: Colleen Enns
Abstract: Objective: Nigeria is consistently the world’s highest contributor of deaths from malaria as outlined by the World Health Organization in 2020, attributing to 27%. In the rural community of Amechi Uwani, Nigeria, there is no government-owned healthcare facility, resulting in worsening health outcomes and undesirable socio-economic impacts. This global health initiative researched the feasibility and effectiveness of a local and international multidisciplinary partnership approach to improve malaria and primary care outcomes in low-resourced rural communities of Nigeria through a rural community-focused and championed health program. Methodology: A rural community-focused innovative health improvement
model was co-created and implemented by the Amechi Uwani community and Canadian partners. With community leadership, treatment including three monthly at-home malaria chemoprophylaxis, education, and facility-based diagnostic tests were implemented, targeting children and pregnant women. Program review metrics, community surveys including treatment data, patient reported outcomes, and cost effectiveness were evaluated. Results: The survey demonstrated a decrease in malaria incidence by 50% (n=1400), reduced care cost and zero deaths. Qualitatively, 99% and 100% (n=1400) of the residents felt improved health quality and knowledge of malaria control, respectively. The project transitioned to establishing a rural primary care clinic and program. Conclusion: This documentary contextualizes the strength of collaborative partnerships to build innovative, affordable, safe and accessible healthcare that has impacted rural communities, where it is most needed. The program significantly reduced the malaria burden and increased access to longitudinal comprehensive primary care in rural Nigerian communities, providing more effective health services to strengthen the health care system. This abstract will share qualitative lessons learned about strategic considerations as well as synergistic benefits of primary care network models in communities. Primary care network engagement and collaborative governance models using a co-created, team based, interprofessional approach to increase a community’s capacity will be shared, with a highlight on evidence of improved outcomes for patients. Perspectives on the ability of the primary care network model to offer timely, comprehensive, coordinated team base care from a rurally focused division of family practice with 195 members will be discussed. Collaborative education and quality improvement opportunities for primary care interprofessional providers including Indigenous navigators, family physicians, nurse practitioners, dietitians, kinesiologists, physiotherapists, psychologists, and social workers will be discussed. Electronic medical record communication considerations, as well as strategies for culturally safe care based on a foundation of equity and cultural humility will also be shared.

7.3.8. THE DEVELOPMENT OF GUIDELINES THAT INCORPORATE INTERPROFESSIONAL PRACTICE PRINCIPLES INTO REHABILITATION SERVICES AT A PRIMARY HEALTH CARE FACILITY

Author: Luzaan Africa
Co-Authors: Nondwe Mlenzana, Jose Frantz
Abstract: A provincial health policy in South Africa offers a blueprint of the principles of health service provision, but fails to provide a conceptual framework to ensure the successful implementation thereof. A rehabilitation model was developed as a conceptual framework for health service providers in the rehabilitation sector at primary health care level. However, the rehabilitation model fails to highlight the activities and skills required to execute the various phases successfully. Given the global shift to an interprofessional model of care, it is ideal to view the activities and skills required through the lens of interprofessional practice. The aim of this study is to develop guidelines that incorporate core principles of interprofessional practice into rehabilitation services at a primary health care facility. Following the 4-D cycle of Appreciative Inquiry, a qualitative case study was conducted at a primary health care centre in the Western Cape. Each phase employed a methodology that allowed the researcher to gain an understanding of the selected facility, explore the activities that promote interprofessional practice at primary health care level, incorporate the activities highlighted in the systematic review into the phases of the rehabilitation model, and develop guidelines to the activities, and reach consensus amongst an expert panel. Findings from this study highlighted 26 guidelines, which align to the sub-competencies that strengthen the...
interprofessional core competencies. The incorporation of these guidelines as an operational model would ensure the successful translation of the Healthcare Plan 2030 in the rehabilitation sector at primary health care level.

7.3.9. Effect of formula scoring on student performance and behaviour in multiple choice summative assessments

Author: Chauntelle Bagwandeen
Co – Authors: Vinogrin Dorsamy

Abstract: BACKGROUND: Specific core competencies have been identified for medical graduates: advocacy, professionalism, lifelong learning, ethical behaviour. Multiple choice questions (MCQ’s) are the main format of didactic testing. Any means of assessment that distracts from these core competencies can therefore be considered to be inferior, despite adequate pass marks. Removal of negative marking for an incorrect option choice in MCQ assessments, at a medical school in Kwazulu-Natal province, South Africa, coupled with the transition to online assessment necessitated by the COVID-19 pandemic, may have compromised assessment integrity. AIM: To determine the effect removal of negative marking, during online assessments, has on assessment scores. OBJECTIVES: To determine the direction and magnitude of differences in assessment scores with and without negative marking, and how it affects students’ approaches to learning. METHODS: In this ambidirectional study, the 2019 term three summative assessment of first year medical students will be administered as a formative test (weighted the same as the summative test) to the 2022 incoming cohort. Students will be randomly equally divided into two groups, with one being informed that negative marking will be imposed, and the other, no negative marking. Differences in test performance between the 2019, 2020 and 2021 summative (retrospective data) and 2022 formative assessments will be analysed using parametric T-tests and ANOVA and nonparametric Kruskal-Wallis tests where applicable, to determine an association between overall student performance on these items across the different tests. Dissemination of the results will enable a comprehensive review of current practise and inform future policy.

7.3.10. LMS In E-Learning: Readiness Of Lecturers and Students at National Teacher Colleges (NTC’S) during Lock down In Uganda.

Author: Hilda Mpirirwe
Co – Authors: Drake Patrick Mirembe, Jude Lubega, Alimah Komuhangi, Florence Githinji

Abstract: National Teacher Colleges in Uganda substituted traditional learning with e-learning platforms such as “one-stop portal” during Covid 19 lockdown since March 2020. This called for the investigation on readiness of students and lecturers. This study targeted Five NTC’S adopting purposive sampling technique and multi-methodology research approach. 120 participants were targeted, 111 (93%) responded. Results revealed that “One-stop portal” was very useful (76%). Technologies like WhatsApp were highly used (83%), (74%) respectively. Low ICT skills, lack of ICT equipments were among challenges. This study proposes Virtual training; Government provision of ICT equipment loans. Key words: e-learning, “One-stop Portal”, Pandemic, ICT
7.3.11. Survey of Masters of Medicine Students in KZN: How far are we with electronic health records/documentation and do these databases influence research type?

Author: Salona Prahladh
Co – Authors: Jaqueline Van Wyk

Abstract: Background: Registrars in specialisation training programs encounter many difficulties in completing the compulsory research component of the Master of Medicine qualification that has been introduced since 2011. Some of the factors that had been identified in previous research includes the lack of protected research time, poor communication, and support from supervisors/clinical trainers. Research is considered laborious due to poor patient record keeping. This study investigated the current patient record-keeping systems in various medical departments and its effects on the training and research of registrars i.e., specialists in training. Methods: Registrars presently enrolled in the UKZN College of Health Sciences Masters of Medicine program were invited to respond to a survey or be interviewed. A total of 164 students from the 610 enrolled students completed an online questionnaire and 11 students were interviewed remotely. The questions explored issues regarding electronic documentation and recordkeeping in their department or hospital and with the use of these records for research. The data was analysed by a statistician and ethics approval was received from the University Biomedical Research Ethics Committee.

Results: Most 127 (76%) respondents (N=164) reported that the data access influenced their choice of research topic and that data access 94 (56%) hindered their research. Only 30 students (17.9%) reported no difficulty while 27 (16.1%) reported great, 42 (25%) moderate; and 69 (40.1%) some difficulty in obtaining data for research. A total of 110 (65%) students reported that mainly paper-based record-keeping was being used in their discipline while electronic record-keeping was reported by (58; 34.5%). Most 125 (74.4%) students indicated the need to improve data management practices in their hospitals and academic departments. Some students 39 (23.2%) were aware of plans in their departments to improve data management practices. The greatest limitation to using fully electronic systems was related to the maintenance of the system and data security. Conclusions: The migration to an electronic patient record-keeping system in line with the National Health Insurance directive has not yet been implemented in many hospitals. Poor record-keeping is impacting both on research and ultimately also on training of specialists. Improving electronic systems and databases can lead to an improved quality of research and patient care and requires additional funding for maintenance and security.

7.3.12. A breakout room toolbox for conducting synchronous online pharmacy skills group work during the COVID-19 pandemic

Author: Dr Velisha Ann Perumal-Pillay
Co – Authors: Ms Fiona Walters

Abstract: The Problem/Introduction The COVID-19 pandemic saw South Africa enter into an initial national hard lockdown from 27 March 2020. Face-to-face academic activities were suspended and tertiary institutions were required to teach online. At the University of KwaZulu-Natal (UKZN), the student population originates from diverse backgrounds and remote locations. Online learning for a multifaceted pharmacy module was challenging, as clinical application for case studies and patient counselling role-plays, practical skills and tutorials on calculations all required facilitated group work. The Intervention/Methods A combination of teaching and learning approaches and tools were used to cater for students’ learning styles viz. the inverted classroom, case-based learning, peer learning, learning
management systems (LMSs) and web-conferencing breakout rooms. Pharmacy students are required to apply their theoretical learning to pharmacy practice. Practical skills include appropriate patient interaction; counselling; and conducting pharmaceutical calculations during dispensing. A toolbox for synchronous online practical skills sessions was designed to incorporate 3 phases. Phase 1, Pre-session: students received readings and content for group work in advance (posted on the LMS). Phase 2, In-session: using web-based conferencing software, students were allocated to breakout rooms for small group discussions and brought back to the main session for class presentations. Phase 3, Post session: polls were used to obtain feedback. Lessons Learnt/Conclusion Despite the steep learning curve, the application of the toolbox to online pharmacy skills group work sessions was successful. It can assist academics in any health professions education setting wanting to conduct face-to-face group-work sessions for practicals and tutorials online.

7.3.13. Basic Life Support, a necessary inclusion in the medical curriculum: A cross-sectional survey of knowledge and attitude in Uganda

Author: Nelson Ssewante
Co – Authors: Godfrey Wekha, Angelique Iradukunda, Phillip Musoke, Andrew Marvin Kanyike, Germinah Nabukeera, Nicholas Kisaakye Wamala, Wilson Zziwa, Lauben Kamuhangire, Jonathan Kajjimu, Tonny Stone Luggya, Andrew Tagg

Abstract: Background: Uganda faces the rising cases of out-of-hospital cardiac arrest contributed largely to the high incidence of road traffic accidents and other non-communicable diseases. Medical students are key players in the bid to strengthen the health system which warrants an assessment of their knowledge and attitude towards BLS inclusion in their study curriculum. Methods: A cross-sectional study was conducted in 2021 among undergraduate medical students across eight public and private universities in Uganda using an online questionnaire. Chi-square or Fisher’s exact test and logistic regression were performed in STATA 15 to assess the association between knowledge of BLS and demographics. Results: A total 351 responses were analyzed. Of these, (n=250, 71.2%) were male less than 25 years (n=273, 77.8%). Less than half (n=150, 42.7%) participants had undergone formal BLS training. Less than a third of participants (n=103, 29.3%) had good knowledge (≥50%) with an overall score of 42.3±12.4%. Age (p=0.045), level of academic progress (p=0.001), and prior BLS training (p=0.033) were associated with good knowledge. Participants with prior training were more likely to have more BLS knowledge (aOR: 1.7, 95% CI: 1.1-2.7, p=0.009). The majority (n=348, 99.1%) believed that BLS was necessary and would wish (n=343, 97.7%) to have it included in their curriculum. Conclusion: Undergraduate medical students have poor BLS knowledge but understand its importance. Institutions need to adopt practical teaching methods such as clinical exposures, field experience in collaboration with local implementers, and participating in community health promotion campaigns.

7.3.14. Design thinking to map collaborative pathways for IPE in Africa

Author: Champion Nyoni
Co – Authors: Elize Pietersen, Gérard Filies

Abstract: Background: Higher Education Institutions (HEIs) that incorporate interprofessional education (IPE) and collaborative practice in learning and teaching are critical in producing graduates that can work effectively in team-based health care. Little is known about the total number of HEIs in sub-Saharan Africa (SSA) and the support needed
to implement IPE and collaborative team-based care. Aim: To describe the process undertaken by the Africa Interprofessional Education Network (AfrIPEN) in mapping IPE related learning and teaching in HEIs across the SSA region. Methodology Design Thinking i.e. Empathise, Define, Ideate, Prototype, and Test will underpin the process of mapping all HEIs across SSA including their capacity to integrate IPE in curricula activities. A toolkit, based on Design Thinking, will be used to embark on mapping the process. Findings: A total of 93 HEIs in SSA will be included in the ongoing mapping exercise based on the designed toolkit. We foresee that the majority of HEIs do not have IPE programmes and the capacity to implement IPE. The outcome of this exercise is to create evidence on IPE in SSA, offer support to HEIs, stimulate discussion on IPE aimed towards building a critical mass for IPE in SSA. Conclusion: Establishing collaborative pathways for IPE in Africa creates opportunities for a network of resources by AfrIPEN, towards constructive and transformative IPE experiences for students, academics and practitioners aimed at team-based healthcare and improved health outcomes.

7.3.15. Making a rural workforce: How does habitus influence the professionalisation of final year health sciences students from rural SA?
Author: Nontsikelelo Mapukata
Co – Authors: Lenore Manderson, Steve Reid
Abstract: In South Africa, finding solutions to ensure sufficient, well-trained professionals to meet health challenges is a national imperative. Globally, a growing body of evidence attests to the benefits of recruiting students of rural origin to respond positively to human resource challenges to meet health needs. Consequently, there has been an ongoing interest in exploring the habitus of students of rural origin. Drawing on a social constructionist paradigm, using Bourdieu’s framework as part of a doctoral thesis, this study sought to understand the relationship between habitus, capital, and the field, in order to explore the factors that influence the professionalisation of health sciences students. A purposive sampling approach was used to examine the lived experiences of final year health sciences students (n=21) who were registered at the University of Cape Town (UCT). Through this study, I present theory of practice as a relational multiprofessional framework. By using a Bourdieusian lens and employing habitus as a theory and a methodological tool, I generated insights about how students of rural origin negotiate difficult university spaces. Their rural upbringing, resilience and intrinsic motivation allowed participants to generate the kinds of capital that are desirable in health care professionals and accrued benefits for patients. Through this study, it has been possible to challenge the prevailing perception of deprivation that is often associated with rural areas. I highlight the inherent values and strengths of rural communities that have often been overlooked in previous studies. The study had both policy and practice implications.

7.4. Developing Africa's Health Workforce

To review the recorded session, click here.
To review all posters for this session, click here.
7.4.1. Prevalence of Cryptococcus gattii in Ugandan HIV-infected Patients presenting with Cryptococcal Meningitis.

Author: WEMBABAZI ABEL
Co–Authors: Nassozzi Dianah Rhoda, Prosper Tom Kweka, Timothy Isaac Ochola, Katamu Tom Nelson, Akot Enid, Beatrice Achan, David Meya

Abstract: Abstract Introduction: Cryptococcal meningitis (CM) is a life threatening disease and leading cause of opportunistic fungal-related mortality in HIV/AIDS. Most CM infections are caused by C. neoformans species complexes but the prevalence of Cryptococcus gattii species complexes in Uganda is unknown however, it is known in a few other parts of Africa. We estimated the prevalence of C. gattii in patients living with HIV and a diagnosis of cryptococcal meningitis in Uganda. Methods: Cryptococcus isolates (n=200) obtained from cerebrospinal fluid of patients with CM recruited at the Infectious Diseases Institute, Kampala, Uganda, were tested by phenotypic methods. The Cryptococcus isolates were sub-cultured on Sabouraud Dextrose Agar plates for 48 hours. The yeast colonies were examined by India ink stain, urea hydrolysis, and C. gattii was identified by blue pigmentation on CGB agar. The results were analyzed for frequency of C. gattii. Patient demographic characteristics were collected from the case record forms. Results: From the 200 patients’ case record forms, 87 (43.5%) were female and 113 (56.5%) were male. The median age was 35 (19-64) years), Most patients, 93% (187/200) were from Central Uganda in the districts of Kampala and Wakiso. 97.51% (157/161) of the patients had absolute CD4 lymphocyte counts of less than 200 cells/mm3. A total of 200 clinical isolates of Cryptococcus isolates were tested. No (0% (0/200) C. gattii was identified among the Cryptococcus isolates. Conclusion: In this study among patients living with HIV and a diagnosis of cryptococcal meningitis in Uganda, we found no C. gattii infections.

7.4.2. Occupational health hazards and health outcomes among health workers, the determinants and compliance to safety standards in the health facilities in Kigali City, Rwanda

Author: Chinenyre Mercy Nwankwo

Abstract: Health facilities face health threats from emerging infectious diseases worsened by poor hazards mitigation and overstretched work during outbreaks. This was cross sectional quantitative and qualitative study approach on districts health facilities (Kibagabaga (Gasabo), Muhima (Nyarugenge) and Masaka (Kicukiro) District in Kigali City, Rwanda. From study target population of 631 of various cadres of health workers, 249 participants were selected using systematic sampling technique and probability proportional to cadre Validated semi structured questionnaire with reliability of 7.2 and interview / focus group guides in addition, observational checklist and policy gap analysis used identify gap in the compliance and enforcement. Findings from simple proportion, confidence interval and chi-square test at 0.05 and multinomial regression analysis showed: working accidents 133 (56.1%, 49.55 – 62.54), Slips and falls 82 (34.6%, 28.56 – 41.03) and Injury with Blood borne pathogen about 78 (32.9%, 26.97 – 39.29). Multinomial regression found medical personnel’s significant with (0.016), Poor safety measures with (p- value = 0.022 < 0.05) and Poor hospital hazards Elimination and control measures with (0.002). While Backache 142 (60%, 53.37 – 66.21) and Lung Disease 50 (21.1%, 16.08 – 26.85) were common health outcomes in the study. Safety compliance findings showed hospital safety compliance responsibility (0.004), pre and post exposure safety practices (0.015) and workers involvement safety program (0.043) statistically significant. Focus group discussions support other statistical findings in the study. Policy Gap showed poor compliance hazards incidents
investigations; report, follow up, training gap and poor statistical records of hazards and health outcomes. Way forward are safety strengthening and restructuring.

7.4.3. Needlestick injuries among clinical students at the college of health sciences, Makerere University, Uganda.

Author: Kamoga Livingstone
Co–Authors: Edwin Kigozi, Scovia Nalugo Mbalinda, Nelson Ssewante

Abstract: Purpose: Averagely, a healthcare worker in Africa suffers two to four needle stick injuries (NSIs) annually, while handling sharps in their routine. This exposes them to blood-borne life-threatening pathogens such as HIV, Hepatitis B, and C. Students under training are known to be less confident, prone to mistakes, thus more at risk of NSIs. We assessed the prevalence, knowledge, and practices of NSIs and factors associated with knowledge among clinical students at the College of Health Sciences, Makerere University. Methods: A quantitative cross-sectional study was conducted at the College of Health Sciences, Makerere University, recruiting third, fourth- and fifth-year students pursuing Bachelor's degrees in Nursing, Dental surgery, Radiology, and Medicine and Surgery. Participants were randomly selected prior to consent and filling out an online questionnaire. Binary Logistic regression analysis was done to determine the factors associated with knowledge of NSIs. Results: Total responses obtained were 259. The prevalence of NSIs was 42.4%, the majority of these occurring in the emergency ward (56%) and during the third year of study (67.9%). 57.2% of the participants had good knowledge, with a mean of 75.9% (SD: 19.3%). Females [Adjusted odds ratio (aOR): 2.8, 95% CI: 1.4-5.4, p=0.002] were more likely while Nursing [aOR: 0.4, 95%CI: 0.2-0.9, p=0.027], and dental surgery students [aOR: 0.4, 95% CI: 0.2-0.8, p=0.012] were less likely to have good knowledge on NSIs. Up to 34.9% didn't report NSI incidence, while 37.6% received post-exposure prophylaxis after a NSI. Conclusion: The prevalence of NSIs is high among undergraduate students despite their knowledge about the subject being good. Female and MBChB students were more knowledgeable than their counterparts. The reporting rates of these injuries were low, and only a third of those who sustained NSIs sought PEP care. Focused pre-clinical orientations addressing infection prevention and control may help give students insights in preparation for their clinical exposure.

7.4.4. A cross-sectional study. Patient-centered Care Movement- Africa: Developing the next generation of Africa’s health workforce through championing patient-centered care.

Author: Muganzi David Jolly
Co – Authors: Kintu Timothy Mwanje, Namara Catherine Misango, Kosasia O’neil Wamukota oneilwamustar@gmail.com Prima Maria Niwanpeire, Nassolo Hilary Treasure, Nduhuura Elicana, Karim Arif Karim, Victory Moses, Kelvin Nduka

Abstract: Background Patient-centered care(PCC) is one of the six dimensions of Quality of Care recognized by the World Health Organization as a core competency of health workers. Despite the global advocacy for PCC, the concept has barely received attention in Africa. A student-oriented initiative, Patient-Centered Care Movement-Africa(PaCeM-Afro), was started to change the status quo. Objective To exhibit the role of healthcare student initiatives in developing Africa’s next generation of healthcare workers. Description PaCeM-Afro is a multidisciplinary community of health professional students across Africa with a shared vision to build a rising generation of health workers committed to PCC. It was borne out of the 34th FAMSA conference, gain recognition on the sidelines of the 74th World Health Assembly, and officially launched on the 24th of June 2021, with over 300 African health
profession students. A multidisciplinary secretariat has steered it and created 16 chapters across eight African countries. Through its chapters, PaCeM-Afro has increased the knowledge and skills of health profession students in delivering PCC. This has been through campaigns, workshops, and round table discussions that have actively engaged over 2000 African health profession students. It has a research hub with 19 students from 10 countries working on three continental studies exploring the inclusion of PCC in African health profession students’ curricula and country policies and their knowledge, attitudes, and practices towards PCC. Conclusion PaCeM-Afro demonstrates that health profession students are resourceful in strengthening Africa’s health system. Its model can be used to develop the next generation of health workers.

7.4.5. Reflections on data collection for a study on continuing professional development for primary care doctors

Author: Dr. Namatovu Jane Frances
Co – Authors: Janet Nakigudde, William Buwembo, Aloysius Gonzaga Mubuuke, Jane Frances Namatovu

Abstract: Background: Data collection is the procedure of collecting, measuring and analyzing accurate insights for research using standard validated tools. It is an important step for research in all study fields and therefore deserves attention. Data collection in this study was done among primary care doctors working in low and middle income primary care settings. The study was investigating training needs for continuing professional development using quantitative data collection methods. Aim: To share reflections on data collection among primary care doctors in a low and middle income primary care setting. Methods: Using a research dairy, a record of the primary care facilities and the doctors on station in central Uganda was kept. Observations, challenges and potential solutions during the doctors’ enrollment were also recorded for future reference in this ongoing research project. Results: 91 doctors from 32 public primary care facilities, electronically or physically, completed the self-administered Hennessey-Hicks training needs questionnaire. Important to note during data collection from the primary care doctors in such settings is that they are quite busy. Therefore, appropriate timing, flexibility and patience on the researcher’s side is valuable. Electronic and physical access of the doctors is difficult due to the varied information technology skills and terrain respectively. Conclusion: The data collection process required attention to other aspects, not directly related to the study. These provide a foundation for further reflections while planning for the next steps of the research project.

7.4.6. Gendered knowledge of the Alzheimer's disease and related dementias: A case study of the caretakers

Author: Ms. Muwesa Ruth
Co – Authors: Mbabege Kabona Anna, Ssali Sarah N, Namatovu Jane F., Kiguli Sarah, Namasuba Noerine

Abstract: The study was done to examine the construction of the gendered knowledge of the Alzheimer’s disease and related dementias by the caretakers. The study was gender focused and phenomenological-based using both qualitative quantitative methods of data collection. Data was collected from key informants, self-administered questionnaires, focus group discussions and literature review of previous studies. 116 respondents of above 20 years were reached. 53% were females and 47% males. Majority were of tertiary level of education followed by primary of 25% and relatives of the patients. Most caretakers believed that the
patients lost their memories followed by wandering an impaired cognitive function but can be controlled. 62% appreciated and used the knowledge/ information given to them while 38% did not. This information was passed on by the elders, health officials and shared front he radios, television, social media and face to face communication. This study was done at Mulago National and Butabika Mental Referral Hospitals. Respondents were followed to their homes in Kampala, Wakiso and Mukono Districts. In conclusion, the longer the experience the better the lived knowledge. Caretakers were female relatives especially wives and daughters of the patients.


Author: Gofran Elmuiz Eltaib Elsheikh Elnour
Co – Authors: SARA ABDALAZEEM ALHAG ALI, Rawan Salah Ibrahim Othman

Abstract: Objective: Assessing and analyzing local malaria problems are a prerequisite for successful control interventions. Families’ perceptions, beliefs, and attitudes about malaria causation, symptom identification, complications, attitude towards preventive measures as well as treatment seeking behaviors among members of Al-Rouf village community in southern Gezira state, Sudan. This study was conducted to understand these issues, which can be an important step towards developing strategies, aimed at controlling malaria. Materials and Methods: A community based descriptive cross-sectional study in Al-Rouf village, Southern Gezira state, Sudan. One hundred household were randomly selected and interviewed using standardized questionnaire. Followed by direct interventions in the village include: In addition to taking actual steps to eliminate mosquitoes like backfilling water gathering places and health education for families on the need to prevent malaria and the seriousness of its complications. Results: Knowledge of the role of mosquitoes in malaria transmission (94%) and symptoms of malaria (100% for fever, 100% for headache, 67% for weakness and 34% for diarrhea and vomiting.) was observed to be high among the study population. Comprehensive knowledge about malaria prevention measures was high (60% for using ned nets and 38% for eliminating mosquitoes), but not reflecting in their practice (28%). They have good knowledge of mosquito behavior (breeding areas (70%), and biting time (85%). Diagnosis of malaria by laboratory examination in a health center (67%), and take medicine prescribed by a doctor (64%) was a good practice observed. Their knowledge about malaria complications was poor, (87%) of them said that malaria doesn't cause serious complications, (84%) don't know what the complications of malaria are, only (8%) know that malaria can lead to death and (63%) don't know that the infection of a pregnant woman with malaria affects the development of the fetus. Attitudes regarding the best antimalarial therapy was (56.7%) to Coartem (Artemether and lumefantrine). Conclusions: There are very little misconceptions about malaria transmission and its cause. Knowledge of preventive measures is very good but does not translate into improved practices. Knowledge of the complications of malaria seems non-existent. There is a need to interprofessional health interventions for targeted educational modules to increase community efforts to broaden the mindset and appropriate practices regarding malaria and their participation in the fight against malaria, seeking to eradicate mosquitoes by reducing their breeding places and supporting individuals in kind with means like mosquitoes bed nets to prevent them from malaria.
7.4.8. Competence of midwives in facilitating breech vaginal births and associated factors in lower level health facilities of a district in Uganda

Author: Prossy Nandawula
Co – Authors: Dr. Scovia Mbalinda

Abstract: ABSTRACT Background: Globally, term breech delivery has attracted much debate as the presentation is associated with fetal morbidity and mortality. We investigate competence of midwives in assisting vaginal breech births and the associated factors.

Methods: A descriptive cross-sectional study was conducted among practicing midwives in health Centre IIIs and IVs of a district in Uganda. One hundred forty-three midwives were consecutively recruited to demonstrate the steps of each manoeuvre. A self-administered questionnaire was used to obtain the factors associated with the midwives’ competence. A 30 item checklist was used to assess application of the maneuver steps (Pinards, Love sets, and Mauriceau Smellie Viet maneuver). Item scores were added to form a total competence score. Participants mean scores were calculated; those who scored > the mean were considered to be competent and those who scored < the mean were considered to be not competent.

Descriptive statistics and percentages were used to summarize the findings. Bivariate and multivariate logistic regression was used to determine the associated factors. Results: Overall, 87.4% of the midwives knew and mentioned at least one manoeuvre applied in VBBs. Slightly half 72(50.4%) study participants, with a mean score of 12.3 (SD: 2.7), were competent in the application of the steps of the three manoeuvres. Midwives who could mention any manoeuvre were 11 times more likely to be competent (Adjusted odds ratio [AOR]: 11.79, 95% CI: 2.23-58.35, P: 0.002). Midwives who felt confident were 5 times more likely to be competent (AOR: 5.95, 95% CI: 1.23-28.80, P: 0.026).

7.4.9. Overcrowding among health professional training institutions in Uganda, a National survey during the Covid-19 Pandemic

Author: Thomas Balizzakiwa
Co – Authors: Esther Johnston

Abstract: Background Uganda’s population growth over the last few decades has led to an increased demand for skilled healthcare workers. Unfortunately, the need for Health Professional Training Institutions (HPTIs) to educate these health workers has not been matched with adequate investment in the resources required. Methods Between February and July 2021, an online cross-sectional survey was conducted utilizing Survey Monkey, employing a semi-structured questionnaire assessing resources for clinical education in the setting of COVID-19 physical distancing guidelines. Students and faculty from 14 universities offering bachelor’s degree programs in medicine and surgery, nursing, pharmacy, and dental surgery were invited via email to participate. Results 1709 students and 282 faculty responded. 754 (46.75%) students and 154 (59.23%) faculty reported facilities capable of supporting physical distancing of at least 2 meters were unavailable. Over a third of respondents noted more than 10 individuals (students, teachers, and caretakers) at the bedside during typical ward rounds. 1,094 (69.29%) of students and 208 (80.93%) of faculty agreed with utilizing satellite teaching hospitals to decongest main teaching hospitals. Additional faculty recommendations to address overcrowding included innovative teaching methods to segment students into smaller groups, infrastructure development, and human resource expansion. Conclusion The COVID-19 pandemic has exacerbated the discrepancy between the number of healthcare workers required to care for a growing population in Uganda and available HPTI capacity. This study demonstrates the need for further investment.
7.4.10. Colorectal Cancer in Uganda: A 10-year Facility Based Retrospective Study
Author: Wekha Godfrey
Co – Authors: Nelson Ssewante, Angelique Iradukunda, Micheal Jurua, Shadia Nalwoga, Sharon Lanyero, Ronald Olum, Felix Bongomin
Abstract: Introduction: CRC is the most common type of Gastrointestinal malignancies and the third leading cause of cancer-related deaths for both sexes worldwide. Although the burden of CRC is highest in developed countries, reports are indicating a rise in the incidence of early-onset CRC in LMICs. In this study, we aimed to determine the prevalence of CRC among patients hospitalized with lower gastrointestinal complaints at a tertiary health facility in Uganda.
Methods: We conducted a 10-year RCR of patients admitted to MNRH in Kampala, Uganda, between Jan 2010 and Dec 2020. We reviewed all charts of patients admitted to the lower GIT ward. Charts with grossly missing data, and those from non-lower GIT specialties were excluded.
Results: Data of 1476 eligible patients were analyzed. Of these, 138 had a diagnosis of CRC (Prevalence: 9.3%, 95% CI: 6.5–11.7%). Female: Male ratio was 1:1. The rectum was the commonest site for CRC (59.8%, n= 79). Out of 138 participants with CRC, 44 had staging data with 72.8% (n=32) having advanced disease (Stage 3 or 4). Factors independently associated with CRC were age ≥50 years (aOR: 4.3, p < 0.001), Female Sex (aOR: 1.8, p = 0.005), being widowed (aOR: 2.5, 95% CI: 1.3–5.0, p = 0.006), and presence of any risk factor for CRC (aOR: 5.3, p < 0.001) at 95% C.I.
Conclusion: CRC is relatively common, particularly among women and those with known risk factors. Awareness creation and screening programs should be instituted to allow early diagnosis of CRC in our setting.

7.4.11. Health financing in Africa 20 years after the Abuja Declaration: A Literature Review
Author: Mustapha Aminu Tukru
Abstract: In 2001, African Union Heads of States signed the Abuja Declaration pledging to earmark at least 15% of their national budgets to health. Donor countries in attendance were encouraged to comply with an agreed target of Overseas Development Assistance (ODA) of 0.7% of their Gross National Income (GNI). This study looks at the adherence of countries to the pledge and challenges faced. I conducted a literature search through PUBMED, Google Scholar and WHO website for English language articles and reports from 2001 to 2021 using the keywords “Health financing”, “Abuja Declaration 2001”, “Africa”, “Overseas Development Assistance”. A total of 15 literature were selected for the review. I found that most countries (35 out of 45) have never met the expected 15% target. The ODA target of 0.7% GNI has not been met by most donors (17 out of 22), with large discrepancies between recipient countries, some countries receiving below $5 per capita while some receiving above $100 per capita. There is a fear that ODA substitutes rather than supplements the domestic resources allocated for health. There has been notable progress since 2001 in terms of improvement in health indicators, even though most countries have not met the targets of the Abuja declaration. There is a need for governments to reprioritise health, especially in the post-pandemic era. Proposed solutions include allocation of more local resources, improved taxation mechanisms, better fund pooling (e.g. by mandatory insurance), efficient utilisation of funds allocated and effective partnerships.

Author: WEMBABAZI ABEL
Co – Authors: Nassozi Dianah Rhoda, Prosper Tom Kweka, Timothy Isaac Ochola, Katamu Tom Nelson, Akot Enid, Beatrice Achan, David Meya

Abstract: Introduction: Cryptococcal meningitis (CM) is a life threatening disease and leading cause of opportunistic fungal-related mortality in HIV/AIDS. Most CM infections are caused by C. neoformans species complexes but the prevalence of Cryptococcus gattii species complexes in Uganda is unknown however, it is known in a few other parts of Africa. We estimated the prevalence of C. gattii in patients living with HIV and a diagnosis of cryptococcal meningitis in Uganda. Methods: Cryptococcus isolates (n=200) obtained from cerebrospinal fluid of patients with CM recruited at the Infectious Diseases Institute, Kampala, Uganda, were tested by phenotypic methods. The Cryptococcus isolates were sub-cultured on Sabouraud Dextrose Agar plates for 48 hours. The yeast colonies were examined by India ink stain, urea hydrolysis, and C. gattii was identified by blue pigmentation on CGB agar. The results were analyzed for frequency of C. gattii. Patient demographic characteristics were collected from the case record forms. Results: From the 200 patients’ case record forms, 87 (43.5%) were female and 113 (56.5%) were male. The median age was 35 (19-64) years), Most patients, 93% (187/200) were from Central Uganda in the districts of Kampala and Wakiso. 97.51% (157/161) of the patients had absolute CD4 lymphocyte counts of less than 200 cells/mm3. A total of 200 clinical isolates of Cryptococcus isolates were tested. No (0% (0/200) C. gattii was identified among the Cryptococcus isolates. Conclusion: In this study among patients living with HIV and a diagnosis of cryptococcal meningitis in Uganda, we found no C. gattii infections.

8. Key Dates

Call of abstracts: January 19, 2022
Registrations Open: January 19, 2022
Abstract Submission Deadline: April 14, 2022
Registrations Close: April 30, 2022 – Extended to May 10, 2022
Deadline to Upload Posters: April 30, 2022 – Extended to May 12, 2022
9. Registration

Number of registrations: 78 from 10 countries

Countries

- Uganda: 52%
- South Africa: 30%
- Sudan: 3%
- Rwanda: 1%
- USA: 1%
- Australia: 1%
- Canada: 1%
- Ghana: 1%
- India: 1%
- Kenya: 4%
- Mozambique: 1%
- Nigeria: 4%
- Rwanda: 1%
- South Africa: 30%
- Sudan: 3%
- USA: 1%
- Australia: 1%
- Canada: 1%
- Ghana: 1%
- India: 1%
- Kenya: 4%
- Mozambique: 1%
- Nigeria: 4%
- Rwanda: 1%
- South Africa: 30%
- Sudan: 3%

Students VS Professionals

- Students: 45%
- Professionals: 55%
Institutions represented among the attendees
African Institute of Public Health Professionals (AIPHP)
Busitema University
Cape Town
Eduardo Mondlane University
Jomo Kenyatta University of Agriculture and Technology
Kabale University school of medicine
Makarere University
National Obstetric Fistula Centre, Abakaliki
Nelson Mandela University
Oasis Community Health Foundation and Oasis Canadian Schools, Nigeria
PaCeM-Afro
Primary Health Care Directorate
Seed Global Health
University of Gezira
University of KwaZulu-Natal
University of the Western Cape
The Network: TUFH

10. Organization Committee Members

Firdouza Waggie - University of the Western Cape
Godwin Aja TUFH - African Regional Representative
John Cranmer - Emory University
Elsie Kiguli-Malwadde - African Center for Global Health and Social Transformation
Mustapha Aminu Tuku - Ahmadu Bello University Zaria/SNO
Judy Khanyola - AFREHealth
Lionel Green-Thompson - University of Cape Town
Rebecca Nekaka - Busitema University
Michelle Butler - Nelson Mandela University
Serela Ramklass - University of Kwazulu-Natal
Dr Emma McKinney - University of the Western Cape
Vic McKinney - University of Cape Town
Rosemary Kawira Kithuci - Jomo Kenyatta University of Agriculture and Technology
Goodness Odey - TUFH Fellow 2020
Levy Baratambutsa - Student Network Organization
## 11. Attendance

**Average Attendance Per Session: 45.45%**

<table>
<thead>
<tr>
<th>Date</th>
<th>Session</th>
<th>% of Attendance</th>
<th>Date</th>
<th>Session</th>
<th>% of Attendance</th>
<th>Date</th>
<th>Session</th>
<th>% of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-May</td>
<td>Opening 07:00 - 07:15 AM UTC by Elsie</td>
<td>55.13</td>
<td>18-May</td>
<td>Keynote Godwin Aja 07:00 - 07:45 AM UTC</td>
<td>46.15</td>
<td>19-May</td>
<td>Keynote Marietjie de Villiers/Mike Reid 07:00 - 07:45 AM UTC</td>
<td>39.74</td>
</tr>
<tr>
<td></td>
<td>Keynote José Frantz 07:15 - 08:00 AM UTC</td>
<td>58.97</td>
<td></td>
<td>Oral Presentations on Interprofessional Education and Team Based Care for Africa 07:45 - 10:00 AM UTC</td>
<td>58.97</td>
<td></td>
<td>Regional to Global Journey 07:45 - 09:15 AM UTC</td>
<td>43.59</td>
</tr>
<tr>
<td></td>
<td>Oral Presentations 08:00 - 10:00 AM UTC</td>
<td>61.54</td>
<td></td>
<td>Workshop 11:00 AM - 12:00 PM UTC</td>
<td>34.62</td>
<td></td>
<td>Brainstorming TUFH African Region 09:15 - 10:00 AM UTC</td>
<td>38.46</td>
</tr>
<tr>
<td></td>
<td>Workshop 11:00 AM - 12:00 PM UTC</td>
<td>44.87</td>
<td></td>
<td>Reflections on COVID Experiences in Practice and Training and Education 12:00 - 1:00 PM UTC</td>
<td>33.33</td>
<td></td>
<td>Oral Presentations on Developing Africa's Health Workforce 11:00 AM - 12:45 PM UTC</td>
<td>44.87</td>
</tr>
<tr>
<td></td>
<td>Oral Presentations on Technology to Improve Healthcare and Education 12:00 - 1:00 PM UTC</td>
<td>42.31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Closing 12:45 PM - 1:00 PM UTC by Godwin</td>
<td>35.90</td>
</tr>
</tbody>
</table>

| Average % of attendance May 17 | 52.56 |
| Average % of attendance May 18 | 43.27 |
| Average % of attendance May 19 | 40.51 |

## 12. Post Event Survey

Overall satisfaction: 4.4/5  
Relevance 4.4/5  
Event Organisation 4.6/5  
Keynote Speakers 4.6/5  
Online Community 4/5  
Oral Presentations 4/5  
Workshops 4.1/5

**Future suggestions**

- Allow more time for questions for the Oral Presentations  
- More small group interactive sessions
13. Certificates
Below you can see the designs for the certificates that were issued.

CERTIFICATE OF ATTENDANCE

John Appleseed

Has attended the 2022 TUFH Virtual Regional Conference for Africa from May 17th to May 19th

ELSIE KIGULI-MALWADDE
Secretary General,
The Network: Towards Unity for Health (TUFH)