

Dr OW Gachuno Report- CUGHConference 26th-28th March 2015 in BOSTON Sheraton

The Consortium of Universities for Global Health (CUGH), founded by leading North American university global health programs, aims to:

- “ Define the field and discipline of global health;
- “ Standardize required curricula and competencies for global health;
- “ Define criteria and conditions for student and faculty field placements in host institutions;
- “ Provide coordination of projects and initiatives among and between resource-rich universities and less-developed nations and their institutions.

CUGH is dedicated to creating balance in resources and in the exchange of students and faculty between institutions in rich and poor countries, recognizing the importance of equal partnership between the academic institutions in developing nations and their resource-rich counterparts in the planning, implementation, management and impact evaluation of joint projects.

The Bill and Melinda Gates Foundation provided the leadership and funding to plan this consortium. The Rockefeller Foundation provided a grant to help develop the organizational structure of CUGH in its first year of existence.

IN 2015 conference the theme was "Mobilizing Research for Global Health". It was held at Boston Sheraton Hotel on from 26th-28th March 2015

I was part author in 2 Posters and one Oral

POSTERS

1) The Afya Bora Fellowship in Global Health Leadership: Dual mentorship to strengthen the next generation of African health leaders

Program / Project Purpose

Mentorship is critical to develop effective leaders. The Afya Bora Fellowship in Global Health Leadership program, a consortium of four African and four U.S. universities formed in 2008, has incorporated a robust dual mentorship component into its training of over 70 fellows. Each Fellow was assigned two mentors to guide professional growth over the fellowship period. Here, we evaluate 39 Fellows' experiences with their mentors between 2012 and 2014, and identify how these relationships prepare Fellows to lead major health programs in Botswana, Kenya, Tanzania, and Uganda.

Structure / Method / Design

As part of their 12-month training, Afya Bora Fellows participate in two 4.5 month experiential learning attachments in the African countries. The attachments take place at pre-accredited attachment sites, which include governmental (Ministries of Health) and non-governmental organizations (NGOs). Fellows were assigned a Primary Mentor, who is an academic member of the Fellowship Working Group, and a Site Mentor, who is a senior supervisor at the Fellow's attachment site. Mentors assist in providing support to each Fellow to achieve Fellowship objectives and personal goals, and to gain insight into the realities of building a successful career. Evaluations from the Fellows on both mentors were collected once after the first attachment site rotation (January) and again after the

second rotation (June).

Outcomes and Evaluation

Content analysis of Fellow interview and journal data showed Fellows were positively impacted by their relationships with mentors. Key domains of mentor influence included relationship attributes (%friendship and support+), scientific knowledge and skills (%teaching/guiding me on how to conduct official research+), provision of feedback (%he gives constructive feedback to my work every time we meet+), career or other guidance (%he advised me to apply for a job...luckily I was taken for that position+), and professionalism (%keeps his word and time despite busy schedule+). Fellows reported some differences between Site and Primary Mentors. Primary Mentors were better able to provide emotional support for professional issues (%discussed culture shock/adjustment+) and encouragement for Fellows to go outside their comfort zone (%urged me to work tall and take up distinctive tasks...without fear/hesitation+). Site Mentors were better able to serve as an advocate for attachment site assignments (%prepared the ground for orientation, information, and technical assistance from her and other staff+).

Going Forward

Dual mentorship can provide a rich range of complementary skills and expertise that is valuable to Fellows, including modeling professional behaviors and teaching specific skills. This aspect of the Afya Bora Fellowship is of great value to participants and will continue for future cohorts.

Funding

The President's Emergency Program for AIDS Relief, Office of AIDS Research, and US Health Resources and Services Administration.

“

Speakers:

Laura Newman, PhD, MHS, University of Washington

Yohana Mashalla, MD, PhD, University of Botswana

Gabrielle O'Malley, PhD, MA, University of Washington

Esther Seloilwe, RN, PhD, University of Botswana

Onesmus Gachuno, MD, University of Nairobi

Theresa Odero, MSc, RN, University of Nairobi

David Urassa, PhD, Muhimbili University of Health and Allied Sciences

Edith Tarimo, PhD, Muhimbili University of Health and Allied Sciences

Damalie Nakanjako, MBChB, MMED, PhD, Makerere University College of Health Sciences

Nelson Sewankambo, MBChB, MMed, MSc, Makerere University

Yukari Manabe, MD, Johns Hopkins University

Kevin Ousman, RN, MSN-HSM, Johns Hopkins University

Susan Chapman, PhD, RN, University of California, San Francisco

Marjorie Muecke, FAAN, RN, PhD, University of Pennsylvania

Douglas Wiebe, PhD, University of Pennsylvania

Joachim Voss, PhD, RN, University of Washington

Judith N. Wasserheit, MD, MPH, University of Washington

Carey Farquhar, MD, MPH, University of Washington

2) ASSESSING PARTNERSHIP LINKAGES FOR HEALTH WORKFORCE AND RESEARCH CAPACITY BUILDING IN KENYA; LESSONS LEARNED

Authors-Isaac O. Kibwage¹, Francis J. Njiri¹, Luke D. Davies², Collins J. Owek¹, James N. Kiarie¹, Onesmus W.

Gachuno¹

¹University of Nairobi, Nairobi, Kenya, ²University of Washington, Seattle, WA, USA

The University of Nairobi (UoN) Partnerships for Innovative Medical Education Kenya (PRIME-K) program started with two international partners, the University of Maryland-Baltimore and the University of Washington with the goal of improving health outcomes in Kenya through research and training. PRIME-K also had strong in-country partnerships with the Ministries of Health and Education

METHODS

Monitoring and Evaluation team developed a network map from these initial partnerships and, using snowball sampling method, conducted key informant interviews and qualitative analysis of strategic partnership documents. This approach allowed the M&E team to evaluate all of the significant linkages that have been formed since the beginning of PRIME-K and assess their impact.

OUTCOME & EVALUATION

Over 30 linkages developed between partnering stakeholders. PRIME-K created 16 new direct partnerships to UoN. UoN's MEPI led to over 20 cross collaborations with 11 other universities in Sub-Saharan Africa, 3 Kenyan universities, 5 government entities in health and education, 6 independent organizations and several new grants and awards.

Each linkage have contributed to improving and increasing training, and locally relevant research

ORAL

Friday, March 27, 2015: 1:00 AM . 3:00 AM

A Baseline Quality Assessment of Delivery Care at a Rural Kenyan Hospital Prior to PRONTO Training

Background

Despite global efforts to improve maternal and child health, childbirth remains a risky process for women and infants in Kenya. Maternal and neonatal deaths can be prevented when deliveries occur with skilled birth attendants in

adequately equipped facilities, yet many women in Kenya give birth at home. Disrespectful and poor-quality care has been cited as a deterrent to seeking care in a facility[1]. To establish baseline practices prior to a PRONTO training (a low-tech simulation-based training in emergency obstetric and neonatal care, aimed at improving provider competency and delivery of respectful, quality care in a context of cultural competency and humility), we conducted an observational study at Kisii Level 5 Hospital, a referral hospital in Western Kenya. [1] Failure to Deliver: Violations of Women's Human Rights in Kenyan Health Facilities.+Center for Reproductive Rights. 2007

Methods

Normal vaginal deliveries were observed in the maternity ward of Kisii Hospital in Kisii, Kenya between June 30th and July 16th, 2014, using a birth observation form adapted from a validated tool. Data points included evidence and non-evidence based practices, as well as metrics on communication and patient-centered care. Informed consent from mothers and providers was obtained prior to birth observation. The University of Washington IRB and the University of Nairobi Ethics and Research Committee approved this study.

Findings

We collected data on 75 births over the course of two weeks. Two different levels of nursing students attended the majority of births (91.3%). A family member accompanied women giving birth in only 9.4% of cases. Overall patient-centered care, an aggregate of practices including assuring patient privacy, using the patient's name, freedom of movement, acknowledgement of patient requests, and positive verbal communication, occurred in 6.7% of all births. Complete Active Management of the Third Stage of Labor (AMSTL)

occurred in 5.4% of births. Furthermore, non-evidence based practices, such as negative nonverbal communication, occurred in 79.5% of cases.

Interpretation

This study highlights low rates of AMSTL and patient-centered care in this hospital in Kenya. Low levels of patient-centered care may serve as a deterrent for women seeking care. This and other measures suggest that a global approach to improvement of quality of care should be adopted to achieve continuing successes in Maternal Newborn survival.

Funding

Medical Student Research Training Program, University of Washington School of Medicine

“

Speakers:

Kelly Bogaert, BA, University of Washington

Julia Dettinger, MPH, CFAR

Minnie Kibore, MBChB, MMed, University of Nairobi

Onesmus Gachuno, MD, University of Nairobi

Jennifer Unger, MD, MPH, University of Washington

Dilys Walker, MD, University of California, San Francisco

