

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Seventy-eight percent of the sample was female with a mean age of 38 years old. Seventy-eight percent of the participants were on antiretroviral therapy (ART) at the time of the interviews. The perceived role of the FBOs was described by the following themes: 1) rare disclosure due to HIV-related stigma within the FBOs. Higher stigma was attributable to HIV-related preaching focused on abstinence and vigilance of promiscuity. PLWHA were less inclined to disclose HIV status and sought help within the organizations. 2) Insufficient support from the organizations. Regardless of HIV disclosure status, PLWHA felt the support was limited and impractical. 3) Higher social capital led to better HIV health outcomes. PLWHA engaging community-based organizations (CBO) or HIV support groups beyond the FBOs have a higher rate of disclosure and self-efficacy, as well as perceived lower stigma.

Summary/Conclusion: FBOs can contribute to care of HIV by providing HIV-specific support such as stigma reduction, promoting HIV testing and ART, bridging people to HIV support groups or CBOs. Instead of providing direct HIV-related services, organizing and linking people to available community services and resources can expand its role as a valuable social capital in HIV care and treatment in resource-limited settings.

A qualitative evaluation of the expanded program on immunization at Saint Mary's Hospital Lacor: Determinants of timely childhood vaccine receipt

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Background: Vaccines are unquestionably the most cost-effective means of reducing childhood mortality, morbidity, and disability, yet delays in vaccine receipt remain consistently high in many parts of the world. Post-conflict settings, such as northern Uganda, represent a unique situation in which the challenges inherent to vaccine delivery in most resource-limited settings are further compounded by years of civil unrest.

Objective: In order to better understand factors that correlate with delayed immunization in northern Uganda, a qualitative study was performed to assess barriers and facilitators of vaccine uptake for children.

Structure/Method/Design: Parents whose children presented more than 2 weeks late for routine immunization were recruited to take part in a qualitative assessment of barriers to vaccine delivery. A total of 33 interviews were conducted. Data were analyzed using the constant-comparison method.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Interviews revealed that vaccine uptake is influenced by person-based and population-based factors. Among person-level factors, fears regarding vaccine induced harm and low levels of perceived vaccine utility among fathers were found to directly impact individual willingness to take up routine immunization. At the population level, financial constraints, including direct and indirect costs of vaccination, limited infrastructural development and population resettlement were found to directly impact the availability of and accessibility to vaccine services.

Summary/Conclusion: This study offers important information regarding the determinants of childhood vaccine receipt in post-conflict, resource-limited settings. Multilevel interventions that address both individual willingness and population factors will be necessary to achieve and sustain improvements in immunization coverage.

A lay-person's toxic chemical resource guide

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Background: In spite of a growing recognition of the importance of occupational health and safety in global public health campaigns, there remain few materials accessible to lay workers who handle chemicals on a daily basis. A systematic review of company, government, and nonprofit Material Safety Data Sheets confirm that technical information is generally presented in highly scientific terms that are not accessible to the average worker. Many workers in dangerous work environments (such as those in export processing zones) do not have access to OSH professionals to help them navigate this information. To address this knowledge gap, Hesperian created the Toxic Chemical Resource Guide to provide information that can easily be translated into practical prevention measures. The guide provides safety precautions in easy-to-understand language, and gives sensory descriptions (such as taste, smell, and use) that allow workers to identify unmarked chemicals.

Structure/Method/Design: The Toxic Chemical Resource Guide was developed with the aid of toxicologists, chemists, OSH and environmental professionals, and with ongoing feedback from workers and organizers in the field. The charts have been reviewed by 27 experts from 20 organizations in 14 countries. During field tests, reviewers provided a range of feedback about what ought to be included in the charts; some wanted a simple chart which would give workers clues to discern what chemicals they were working with, while others wanted more detailed information about chemicals. Others wanted these charts to contain detailed information on associated chronic and acute hazards commonly experienced by workers.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The final Resource Guide strikes a balance between all of the elements reviewers requested. Because chemicals in manufacturing change often, charts are organized by "family" of chemicals, and are not exhaustive. The information in the Guide includes how to identify the chemical (by quality: color, smell, taste, and by where and how it is used), acute effects by body part; chronic effects; what workers can demand or do if they are at risk of getting exposed (control measure are described in detail in the body of the book as well as in the introductions to the charts); and some possible safer substitutes.

Summary/Conclusion: There is a need for occupational health information that can be used by grassroots activists and lay workers. The Resource Guide provides a foundation for advocacy in hazardous working conditions and helps craft demands for alternative chemical usage in the workplace.

Interprofessional curriculum on environmental and social determinants of health in rural Kenya: Aga Khan University East Africa-University of California San Francisco Integrated Primary Health Care Program

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Background: The Aga Khan University East Africa (AKU)-University of California San Francisco (UCSF) Integrated Primary Health Care Program (IPHC) is a public-private partnership with