

An alliance of educators to support post graduate surgical training in Tanzania

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Background: We established a non-profit corporation to link surgical educators from multiple institutions with the Surgery Department at the Muhimbili University of Health and Allied Sciences (MUHAS) in Dar es Salaam to assist in training Tanzanian surgeons.

Methods: Surgical educators, often accompanied by a US surgical resident, were recruited for 1 month teaching rotations at MUHAS through the Pacific Coast Surgical Association and personal contacts. The visiting surgeons effectively joined the MUHAS Surgery Department participating in all clinical and academic activities.

Findings: From October-2012 – November 2015, 16 months of surgical education was provided by nine surgical educators accompanied by eight surgical residents. A total of 282 procedures were taught including several advanced procedures such as abdominoperineal resection, Heller myotomy and Dor fundoplication, esophagectomy, Nissen fundoplication, liver resection, pectoralis major myocutaneous flap and common duct exploration which had either never been done or done infrequently previously. Many of these procedures are now both being done independently and taught to others by our Tanzanian colleagues.

Interpretation: A long term collaborative association between a consortium of HIC and LMIC surgical educators resulting in improvement in both skill set and surgical training is possible.

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Assessing the implementation of a community health worker intervention in India

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Background: Community Health Workers (CHWs) have proven effective in addressing Human Resources for Health (HRH) challenges that exist in remote, inaccessible areas where health systems are inadequate and absenteeism is high. Evidence shows that CHWs have improved newborn breastfeeding and complementary feeding practices. However, due to the varied definition, role, and function of CHWs, even within countries, studies are inconclusive about the overall impact of CHWs on child health. This study contributes to this growing body of literature by undertaking implementation research to understand contextual factors that contribute to the potential success or failure of a CHW intervention. The objective of this study was to assess the implementation of a CHW program introduced in 2009 and its effect on newborn care practices among new mothers in rural Rajasthan.

Methods: Researchers performed a secondary data analysis on data collected between 2013 and 2015 in Rajasthan, India. Data was collected purposively using qualitative methods. Semi-structured interviews in intervention and non-intervention villages were conducted asking about nutrition practices of new mothers (n=131).

Findings: Proportion of mothers practicing exclusive breastfeeding and breastfeeding during illness showed little difference and were high across both intervention and non-intervention groups (92% v. 90%, 91% v. 96%). However, introduction of weaning foods between 6–8 months was much higher among women in intervention areas compared to non-intervention (71% v. 42%).

Interpretation: Many CHW programs focus on proper nutrition practices given that they are under-practiced in many LMIC. In rural Rajasthan, we found proper breastfeeding to be largely practiced across all villages, leaving little room for improvement. In contrast, non-intervention areas illustrated poor complementary feeding practices compared to intervention areas. These findings not only confirm the effectiveness of CHWs on improving nutrition practices, but also suggest future implementation should tailor programs to meet different contextual and cultural needs thereby maximizing program resources and outcomes.

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Factors influencing staff recruitment and retention in Tanzania district hospital based on preliminary needs assessment

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Background: Shirati District Hospital must manage the challenges of the health workforce shortage in Tanzania while providing appropriate care. The aims of this project are to identify the factors influencing staff recruitment, training, and retention as well as quantify the self-confidence of the staff in treating prevalent diagnoses with the long-term goal to increase the hospital's healthcare capacity.

Methods: All hospital staff members were invited to participate in an anonymous survey and focus group discussion in June 2015. Survey responses were marked by the participants. The discussion responses were recorded by a note-taker during the session. The quantitative survey data was analyzed using basic statistics. The open-ended responses and group discussion remarks were evaluated for thematic trends.

Findings: Of the 29 completed surveys, the majority of respondents were full-time employees (86%), nurses (62%), female (55%) and averaged 38 years of age. The focus group discussion was attended by four female nurses and two male clinical officers. Staff members trained across Tanzania but chose to work at Shirati Hospital due to a job opening (45%) and proximity to home (41%). All respondents had at least two years of formal training for their current position, and 100% of them were interested in attending workshops about 11 prevalent conditions. 86% of respondents self-reported confidence in their ability to manage patients