

location, resources, and affordability, cultural beliefs present an additional barrier to healthcare access. Little is known about culturally-specific illnesses in which clinical treatment is often not sought. The aim of this investigation was to identify barriers to healthcare in the communities of Palajunoj and understand how individuals mediate between different health beliefs in treatment and education. We explored how illness and treatment are described by community members and identified how these health beliefs are transmitted and propagated throughout each community.

Methods: We conducted 30 interviews with women from 3 communities. Interviewees included participants in the Primeros Pasos Nutrition Program and other non-affiliated individuals in these communities.

Outcomes: We found that individuals distinguish between biomedicine and natural medicine. There are illnesses curable by clinical medicine and those that require the attention of a natural healer. The latter are considered unexplainable by biological causes and incurable by biomedicine. These culturally-specific illnesses include, but are not limited to, *mal de ojo*, its more advanced version *el chipe*, their relative *lombrices*, and *susto*. Community members do not seek clinical health services for various reasons. Many believe that clinical healthcare workers do not recognize culturally-specific illnesses and that they are unable to provide adequate treatment or may cause further harm. In addition, location and affordability often play a role in how community members decide between natural and biomedical treatment. Health beliefs surrounding these topics are transmitted through multiple systems: family and friends, schools, and outreach programs by aid organizations such as Primeros Pasos. We also found that amongst different communities there is wide variation in cultural health beliefs.

Going Forward: These results demonstrate a greater need for addressing existing cultural health beliefs and other non-biomedical health factors. We suggest communication with community healers as a starting point for generating greater collaboration between communities and aid organizations such as Primeros Pasos in order to augment clinical treatment and improve education programs.

Abstract #: 2.013_HRW

Investing in the future of Nigeria's health work force: Strengthening human resources for health through sustainable pre service HIV/AIDS training systems at nursing, midwifery & health technology training schools in SE Nigeria: A case study

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Program Purpose: Center for Clinical Care and Clinical Research Nigeria (CCCRN), in collaboration with local teaching institutions in Nigeria, sought to more closely align USG-funded HIV/AIDS efforts with the national programs through a program called Partnership for Medical Education and Training. The goal was to enhance capacity at the pre service training level in the management of HIV disease, by revising the HIV training curriculum to emphasize role specific core competencies that in turn ensure “practice ready” graduates.

Structure/Method: Multiple advocacy and consensus building meetings for stakeholders were held, followed by a comprehensive training needs assessment of five schools of nursing and 4 schools of midwifery, 3 schools of health technology in the South East of Nigeria.

Pre service faculty were assessed for teaching/mentoring knowledge and skills to identify capacity gaps as well as presence or absence of ongoing HIV related education for faculty and students using structured questionnaires and key informant interviews. The required infrastructure for effective implementation of these trainings in the institutions was also assessed.

This resulted in the following interventions-Curriculum review, Training of Trainers for faculty, refurbishing of the identified training halls and libraries, provision of teaching and training materials and books.

Outcomes: The completed documents from the curriculum review were formally submitted to the respective regulatory bodies for adoption and provisional concurrence for their implementation was sought. A total of 37 faculty received training to implement the new curriculum, 28 participants trained on training of trainers on managerial competence for health care providers and a total of 3,108 undergraduate students from the 12 institutions benefitted from the revised curriculum between 2013 to 2014. Pre and post test results indicated a significant increase in knowledge (65% mean pre-test to 89% mean post test score). Regular quarterly technical assistance visits to the institutions further strengthened the programme.

Going Forward: Strengthening pre-service education in tertiary level schools helps to provide a “practice ready” workforce that can assist in bringing the HIV/AIDS pandemic under control. The success of the program can be attributed to collaborative and participatory nature of the process with clear understanding and cooperation by all stakeholders.

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Understanding barriers to vaccination in an urban slum of Karachi, Pakistan

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Background: Immunization is one of the most cost-effective public health initiatives regarding disease control and is an indicator of health-seeking behavior. Despite freely available vaccinations provided by GAVI and the national EPI program, Pakistan is one of two countries in the world with wild polio virus circulating. Has a vaccination rate of only 54% according to the Demographic Survey (2012–2013). Urban slums with poor sanitation and housing density pose the highest risk of disease spread, yet few studies have surveyed this population.

The objective was to determine the vaccination status amongst the population of 50,000 in an urban slum in Karachi, Pakistan and to analyze the knowledge, attitudes and practices towards immunization, which may be limiting vaccine acceptance and uptake.