

and presence of a TB treatment DOT supporter. The self-employed patients were more likely to complete treatment than unemployed, smokers (50%) and alcohol users (98.3%). Chi-square was performed to test association between treatment outcome and potential factors / patient characteristics. There was a significant association between treatment outcome and main economic activity ($p < 0.001$) at 95 CI. There was no association between treatment completion and presence of other chronic infections, patient's knowledge of how TB is transmitted or prevented, nor their awareness of the clinic visit requirements ($p > 0.05$).

Interpretation: Analysis of results was complex due to loss of follow-up, death and migration of clients. The current devolution in Kenya has led to influx of clients in some counties leading to failures of health service delivery and infrastructure. There is need to, increase patient treatment literacy levels through health education, include drug and substance use counselling. There is unequal distribution of treatment completion rates and further longitudinal studies should be conducted to establish the treatment barriers.

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A nutritional assessment of Haitians residing in a temporary resettlement camp turned permanent community following the earthquake of 2010

M.C. McGregor, J. Burke, S. Wang; Department of Internal Medicine, Rush University Medical Center, Chicago, IL

Background: In 2010, Haiti was struck by a catastrophic earthquake that displaced millions of Haitians, forcing them to move to temporary resettlement camps that have since turned into permanent communities. Jerusalem is a community of ~30,000 displaced Haitians outside of Port-au-Prince. There is no running water or electricity, and there is limited access to medical care. Little is known about the diet of those who live in these communities. We aimed to better assess their nutritional status. We hypothesized that Haitians eat fewer meals per day following the earthquake.

Methods: In a free clinic in Jerusalem in October 2015, 123 patients were randomly surveyed following their encounter with a physician. The survey consisted of 20 questions that assessed hunger, access to food, diet composition, and number of meals eaten per day. The Household Hunger Scale (HHS) was used to assess hunger. To assess the diversity of diet, participants were asked to report how often they consumed food in 10 different food groups on a weekly basis. SPSS was used for statistical analysis. A two-tailed t-test was used to compare the number of meals eaten per day.

Findings: Of the 123 participants, 97 (78.8%) were women and 26 (21.1%) were men. 42 participants (34.1%) reported little to no household hunger, 53 (43.1%) reported moderate hunger, and 24 (19.5%) reported severe hunger. Only 44.7% reported access to fresh fruits and vegetables. Participants reported consuming a mean of 4.8 (SD 2.0) different food groups regularly each week and 26.8% consumed 3 or less food groups on a regular basis. There was a significant difference in the number of meals/day recalled six months prior to the earthquake ($M = 2.5$, $SD = 0.67$) compared to one month preceding the survey ($M = 1.9$, $SD 0.70$); mean decrease 0.6, $p < 0.0001$.

Interpretation: Our findings suggest that displaced Haitians living in permanent resettlement communities continue to struggle with food access and quality. The study raises concern for ongoing nutritional deficiency that would benefit from further evaluation. Limitations of this study include recall bias and sample size. It is also difficult to determine if the statistically significant results are clinically relevant.

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The impact of the community based environmental health promotion program in Byiringiro area development program

M. TatabMentan^{1,2}, S.P. Marquez¹, A. Asmare², T. Nkurunziza², G. Gitau²; ¹Drexel University Global Public Health Initiative, ²World Vision

Project Purpose: The purpose of this project was to perform a 10-week quality improvement study on the impact of the Community Based Environmental Health Promotion Program (CBEHPP) on orphans and vulnerable children in Byiringiro Area Development Programme. CBEHPP is an initiative developed by Rwanda's ministry of health to reduce the burden of preventable diseases in Rwanda (Republic of Rwanda, Ministry of Health, 2010). The CBEHPP approach is critical as studies have shown that health promotion can reduce cases of diarrhea by 35 % (Republic of Rwanda, Ministry of Health, 2010). CBEHPP employs a Participatory Sanitation and Hygiene Approach (PHAST) (Corforwa, 2011) consisting of community hygiene clubs facilitated by village community health workers to provide health education courses on sanitation and hygiene (Republic of Rwanda, Ministry of Health, 2010).

World Vision Rwanda is a non-profit organization that has undertaken the implementation of CBEHPP as part of its efforts to improve the well-being of children from low-income communities in Rwanda. By targeting parents and caregivers, the CBEHPP approach ensures that orphans and vulnerable children can benefit from the resources provided by these community hygiene clubs.

Method: This study focused on improved hygiene practices, participation in hygiene clubs, health outcomes, school attendance, academic performance and economic benefits. Study participants were recruited from the community in Byiringiro Area Development Programme. Survey questionnaires, focus groups and key informant interviews were the primary data collection tools used in this evaluation.

Outcome & Evaluation: 97.5% of survey respondents stated that they participated in community hygiene clubs. 88.61% of respondents indicated that they always wash their hands before eating. Only 33.75% of respondents at the household level said that children in their household had been affected by water-related diseases.

Going Forward: World Vision Rwanda's CBEHPP implementation has positively impacted health outcomes, hygiene practices, and education for orphans and vulnerable children in Byiringiro Area Development Programme. World Vision Rwanda should focus its resources on sustaining the positive outcomes associated with CBEHPP implementation.

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