

Going Forward: The birth kits with misoprostol increased the facility birth rate as they were an incentive for women to get care. For the minority of women who cannot reach a health facility, they provide some degree of protection from infection and postpartum hemorrhage. Researchers need to be aware of the poor reliability of asking women to report on delivery location, especially if home births are discouraged.

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Experiences of Women, Nurses and Community Health Workers in “Saving Mothers Project Tanzania”: Lessons for Scaling Up

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Program/Project Purpose: The “Saving Mothers Project” in Bunda and Tarime Districts of Mara Region, was conducted from October 2015 to early 2017. Pregnant women were provided with clean delivery kits with misoprostol to prevent infection and postpartum hemorrhage. The kits were distributed through community health workers (CHWs) and nurses. The women were instructed to seek a health facility for birth, but the kits could be used for home births, delivery on route, and at the facility as supplies were often lacking. Also, CHWs were given mobile phones equipped with an m-health application to register the pregnant women, send them reminders to attend antenatal clinic, warn them about danger signs, and track their delivery outcomes.

Structure/Method/Design: We conducted 20 focus groups separately with women, nurses and CHWs. The discussions focussed on their experiences during the project, challenges with distribution of the kits, alternative distribution strategies, barriers to accessing health facilities at delivery, and the m-health applications. Focus groups were recorded, transcribed and translated from Swahili to English, then subjected to thematic analysis.

Outcome & Evaluation: The women, nurses and CHWs were supportive of the distribution of birth kits and most believed this increased access to health facilities for women. Women were grateful for the supplies as they often could not afford to purchase them. Availability of supplies improved nurses' attitude towards women. CHWs appreciated their role engaging women in health care services and found the m-health applications easy to use. Challenges of the project include stock outs of kits and limitations of distribution in one district as the District Reproductive Health nurse forbade distribution of the kits for use outside of health facilities and many of the nurses followed this command.

Going Forward: Distribution of birth kits with misoprostol to women in rural settings is well received and helps improve access to health facilities for women. Future projects need to ensure government support (including all key staff) prior to implementation and closer management of supplies to avoid stock outs. Incorporation of

birth kits with misoprostol into government budgets for distribution is recommended.

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Obtaining Cost Efficiencies in a Cervical Cancer Screening Program in Kenya: Leveraging High-volume, Low-margin Clinics with Novel Technological Platforms

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Background: Cervical cancer is the leading cause of cancer death in women in Kenya. Several barriers, including the high cost of quality screening methods, have led to less than 5% of women in developing countries being screened for cervical cancer. Penda Health is a social enterprise that provides high-quality, comprehensive primary health care to low-income Kenyans in a financially sustainable way through its three high-volume, low-margin medical centers in Nairobi.

Methods: Penda Health offered comprehensive cervical cancer screening, including pre-test counseling, sample acquisition, transmission to a central cytology laboratory for assessment by a licensed pathologist (*Pathologists Lancet Kenya*®), and discussion of results with the patient. Patients paid 9 USD out of pocket for the service, which was advertised passively in the waiting room, or occasionally prompted by the provider if the patient was within the target demographic.

Findings: 141 patients, ranging from 18 to 66 years old, underwent Pap screening. Six of the 141 had abnormal cytology (4.26%) and were referred to a gynecologist. Cervicitis was detected in 49 of 141 (34.7%). Logistic regression analysis showed a strong negative correlation between age and diagnosis of cervicitis ($R^2 = 0.939$).

Interpretation: Penda Health's cervical cancer screening program is affordable for women with incomes of 3 USD per day. To our knowledge, this is the lowest-cost Pap smear screening program still profitable at the clinic level, ensuring sustainability. Major cost efficiencies were achieved by offering the screening in high-volume, low-margin medical centers located in low-resource urban areas. Additionally, novel technological platforms were utilized to efficiently deliver samples by motorbike and to communicate results.

This study shows that major cost efficiencies for cervical cancer screening are obtainable in a developing country setting. A price point of 9 USD per patient is comparable with other screening methodologies used in resource poor settings, such as VIA, which have significant drawbacks in terms of sensitivity, specificity, and complications from over-treatment. Further work is underway to identify and overcome additional barriers to increased uptake of affordable cervical cancer screening in Kenya.

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