

pharmacists as key members of the oncology team should be considered for safety and to enable the nurses to focus on patient care.

Integration of WASH and nutrition: Successes, challenges, and best practices

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Background: The water, sanitation and hygiene (WASH) sector and nutrition sector have common goals: to increase child survival and improve maternal and child health. Both sectors' work achieves these goals to some extent, but new evidence suggests that neither is sufficient to fully improve maternal and child health. This study explores how the two sectors, WASH and nutrition, can integrate intervention activities to more effectively achieve their common goals.

Structure/Method/Design: Twenty semi-structured in-depth interviews with members of the WASH and nutrition sectors were conducted to investigate: 1) if and how organizations have integrated WASH and nutrition activities; 2) perceptions of members of the two sectors on integration and co-location of interventions; 3) barriers to integration of the activities; and 2) potential steps to overcome barriers and more effectively integrate WASH and nutrition. Interviews have been completed and data analysis is ongoing, and is estimated to be completed by February 2014.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Preliminary results indicate that the majority of current initiatives to integrate WASH and nutrition programs are those that incorporate co-messaging of hygiene behaviors into nutrition interventions, followed by geographic co-location of WASH and nutrition programs. Key barriers to integration include vertical funding streams, lack of common indicators on which to report, limited knowledge of nutrition in the WASH sector and vice versa, and the challenge of promoting too many new behaviors in a target population. The main recommendations from those working in the two fields are that donors should require collaboration between sectors in their requests for proposals, common indicators for programs should be developed, and sharing of knowledge between sectors and programs should occur in order for integrated programs to succeed. **Summary/Conclusion:** It is widely recognized in the WASH and nutrition sectors that the two are both compatible and intertwined; however, integration of the two programs is less common among organizations, and if it is done, it is still novel. In order to integrate WASH and nutrition and to do so more effectively, donors should require integration, knowledge among sectors should be shared, and incentives should be given for the two sectors to work together toward common goals.

Increasing knowledge and practical skills in CPR, first aid, and basic emergency care in Hawassa, Ethiopia: A workshop review and assessment

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Background: The purpose of this program is to educate Ethiopian youth at the Awassa Children's Project about the importance of natural disaster preparedness, wound care and bandaging, compression-only CPR, and basic hygiene in an interactive and engaging

workshop. In addition, youth demonstrate a desire to share the skills and knowledge learned in the workshop with others in the community. By increasing youth awareness about and practical skills in the aforementioned areas, this program ultimately aims to make CPR, first aid, and basic hygiene a more prioritized area of health in Ethiopian families and communities.

Structure/Method/Design: The information is delivered in a four-part workshop given over a 3-hour time span. The workshop includes games, role playing scenarios, demonstrations, and other interactive methods of communication that interest the 12- to 16-year-old audience the workshop is designed for. Workshop script and pre/post-examinations available upon request.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): This project was implemented in collaboration with advisors from the University of Wisconsin-Madison Department of Surgery as well as two translators, one from Awassa University College of Medicine and Health Sciences, Biniam Melese, and one from the University of Wisconsin-Madison, Selamawit Zewdie.

Summary/Conclusion: The youth at Awassa Children's Project were able to demonstrate practical skills in all four previously identified areas as well as verbally answer questions each of the topic areas discussed in the workshop. Pre-workshop written assessment showed a huge lack of knowledge in the four areas discussed, particularly CPR and wound care/bandaging. Post-workshop verbal assessment revealed a drastic improvement in knowledge; however, statistical significance could not be determined due to the absence of a written post-workshop assessment.

This workshop would serve as an effective model for future endeavors in educating rural populations about emergency care skills on a global scale.

Challenges and potential changes include an additional training workshop for translators to better adapt the workshop to the various languages spoken in Ethiopia. Revision of the pre and post surveys to better consider age and language barriers as well as exploration of the cultural relevance of pre- and post-surveys have also been discussed.

Pre-ART loss to follow-up in HIV-positive adults at a primary health care center in urban Mozambique

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Background: HIV-positive patients in Mozambique continue to miss chances in initiating antiretroviral therapy (ART) despite eligibility and rapid expansion in testing and availability of ART in recent years. Thus, the stages of HIV care between diagnosis and ART initiation remains an important area for improving program attrition. Our quality improvement project aims to establish a baseline of loss to follow-up (LTFU) through stages of early HIV care against which to measure future procedural interventions to improve retention in HIV care.

Structure/Method/Design: A process analysis of a primary health care center providing HIV care in Beira, Mozambique was conducted to estimate the frequency of HIV-positive adults who were LTFU before initiating ART. Retrospective cross-sectional data from July 2012 to June 2013 were collected to estimate the frequency of all adult patients with an HIV-positive test (n = 1354) who completed and received an absolute CD4 count, hemoglobin, and biochemistry results before being considered enrolled in care. A retrospective chart audit of randomly selected adults (n = 261) receiving an initial HIV-positive test from January 2012 to November 2012 and enrolled in HIV care were used to estimate the frequency of LTFU after enrolling in HIV care. These data were also used in χ^2 and Fisher exact tests to

conduct association analyses separately between sex, WHO clinical stage at diagnosis, first absolute CD4 count, and training level of provider at diagnosis as independent variables and completion of pre-treatment steps (presenting a confidant, recorded hemoglobin and biochemistry results, attending counselor meetings), presentation of a confidant, and recorded hemoglobin as dependent variables.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Sandra Viga, Eric Etchill, Peter Veldkamp, Ramakrishna Prasad

Summary/Conclusion: Only 20.2% of all HIV-positive tests in 2012 enrolled for HIV care. The greatest rates of attrition occurred between receiving a positive HIV test and having absolute CD4 count analyzed by lab (42.8% of all HIV-positive tests)

and giving blood for hemoglobin and biochemistry labs (28.9% of all HIV-positive tests). Other points of attrition occurred at completing pre-treatment steps (21.0% of sample). Only 53.3% of the sample were recorded as having started ART. Sex, WHO clinical stage at diagnosis, absolute CD4 count, and training level of provider seen at diagnosis were not statistically significant determinants ($P < 0.05$) associated with completion of pre-treatment steps. Opportunities for increasing rates of initiating ART in this resource-limited setting include optimizing patient flow, reducing redundant and variable documentation, and increasing completeness of medical records. Interventions targeted at these areas may offer a reduction of pre-ART loss to follow-up in HIV-positive adults in sub-Saharan Africa.