

# MPH Field Experience Grants

## 2022 REPORT



Photo Credit: Premikha M, MPH '22, Kei Besar Island, Indonesia.

# MPH Field Experience Fund Award Recipients - 2022-2023

## Johns Hopkins Bloomberg School of Public Health

### *Individual Awards*

#### *Funded through the Leroy Burney Fund*

**Melat Asebot** *Barriers to getting informed medical consent among healthcare providers in Ethiopia*  
Hopkins Faculty: Drs. Andrea Ruff, Svea Closser, Ahizechukwu C. Eke  
Field Counterpart: Dr. Delayehu Bekele

**In Young Chung** *The Impact of travel burden on access to eyecare and retrospective analysis of clinical outcomes for cataract patients undergoing post-operative examinations at the base hospital and vision center*  
Hopkins Faculty: Dr. Nakul Shekhawat  
Field Counterpart: Dr. R. Venkatesh

**Amelia Gelnett** *Evaluating produce prescription & climate resilient food systems in Ecuador*  
Hopkins Faculty: Dr. Vanessa Garcia Larsen  
Field Counterpart: Dr. Avriel Rose Diaz

**Alec Ohanian** *Assessment of needs for patients with type 1 diabetes in Armenia*  
Hopkins Faculty: Dr. Roza Selimyan  
Field Counterpart: Dr. Karine Mkhitarian

**Matthew Price** *Current availability of breast cancer screening and diagnosis services in Ghana, presentation of and recommendations to the Ghanaian Ministry of Health*  
Hopkins Faculty: Dr. Anne Rositch  
Field Counterpart: Dr. Edward Sutherland

**Olivia Soule** *Impact Analysis of the universal referral intervention for the TCI NextGen Project in Francophone West Africa*  
Hopkins Faculty: Dr. Ian Salas  
Field Counterpart: Dr. Mamadou Kandji

### *Individual Awards*

#### *Funded through the Center for Humanitarian Health*

**Fatoumata Barry Ibrahim** *Mental health care among humanitarian response in Niger*  
Hopkins Faculty: Dr. Judith Bass  
Field Counterpart: Dr. Claudine Joseph

**Caitlin Jackson** *Early marriage and early childbearing among conflict-affected and displaced adolescents in Bangladesh and Yemen*  
Hopkins Faculty: Dr. Courtland Robinson, Linnea Zimmerman, Shatha Elnakib  
Field Counterpart: Dr. Tanvir Hasan

## ***Group Awards Funded through the Leroy Burney Fund***

**Catalina Ortuzar Lyon, Paula Caporal, Natalia Hernández Morfín** *World Vision youth ready research evaluation – Guatemala and Ecuador*

Hopkins Faculty: Dr. Anbrasi Edward

Field Counterpart: Dr. María del Pilar Grazioso

**Bilal Khan, Jun Young (Charlie) Jeong** *Solving post-flood vaccine delivery challenges in Sindh, Pakistan*

Hopkins Faculty: Drs. Svea Closser, Sanjana Ravi

Field Counterpart: Dr. Taimur Adil

**Jessica Gloria Mogi, Premikha M** *Formative research to understand food beliefs and practices related to pregnancy in Kei Besar Island, Indonesia*

Hopkins Faculty: Dr. Joel Gittelsohn

Field Counterpart: Drs. Adhi Sanjaya, Ona Nabila

**Daniel Ospina, Ángela Suarez, Carmen Villamizar** *Perceived access to health care services and continuity of care in Venezuelan migrants with chronic health conditions in Barranquilla Colombia*

Hopkins Faculty: Drs. Shannon Doocy, Julian Fernandez

Field Counterpart: Dr. Juan Carlos Vilorio-Doria

**MPH Student  
Field Experience  
Reports**

## **Melat Asebot - *Barriers to obtaining informed medical consent among health care providers in Ethiopia***

Academic Advisor: Rosa Crum

Johns Hopkins Faculty Affiliate: Andrea Ruff, Svea Closser, Ahizechukwu Eke

Field Counterpart: Delayehu Bekele

### **Introduction**

Obtaining informed medical consent is crucial in providing high-quality healthcare. It involves ensuring patients' full understanding of the benefits and risks of a medical procedure and giving them the authority to decide on their treatment from the available options. This process is essential in establishing solid patient-provider relationships. However, obtaining informed medical consent can be challenging in many settings, particularly in low-resource countries like Ethiopia.

Though there is a paucity of research in this field in Ethiopia, the few previous studies conducted to assess the gap from the patients' perspective demonstrated limitations in the quality of informed consent. During my winter break, I had the opportunity to explore the barriers that healthcare providers face when obtaining informed medical consent from patients. Through key informant interviews, I gained valuable insight into healthcare providers' challenges, the strategies they use to overcome them in their daily practice, and their suggested solutions to address the gap. In this report, I will share the methods, preliminary findings, and recommendations for improving the informed consent process in Ethiopia.



*Photo Credit: Melot Asebot, MPH '22, Addis Ababa, Ethiopia.*

## The Objective of the Fieldwork

The study analyzes Ethiopia's healthcare provider's barriers to obtaining informed consent.

## Methods

This study used a qualitative research design, employing semi-structured interviews to explore healthcare providers' barriers to obtaining informed medical consent in Ethiopia.

The study participants were healthcare providers involved in obtaining informed consent, including surgeons, obstetricians and gynecologists, resident physicians, interns, nurses, midwives, anesthetists, and anesthesiologists. Participants were recruited through purposive sampling from the obstetrics, gynecology, and general surgery departments.

Semi-structured interviews were conducted with 25 healthcare providers who had experience obtaining informed consent from patients. Interviews were conducted in the Amharic language and were audio-recorded with the participant's consent.

Ethical approval was obtained from the Johns Hopkins Bloomberg School of Public Health and St. Paul's Hospital Millennium Medical College. Informed consent was obtained from all study participants before the interview. Participants were informed of their right to withdraw from the study and could skip questions they were uncomfortable answering. All data collected were de-identified to protect the confidentiality of the participants.

## Results

The interviews in the study revealed several barriers to obtaining informed medical consent among healthcare providers in Ethiopia. Almost all participants mentioned that there is no standard guiding document helping them obtain proper informed consent, nor do they receive training on how to obtain informed consent. They learn the skills and practices from their seniors.

The significant barrier most participants identified was the single-format consent form for all procedures. Different medical procedures have different risks and benefits, requiring different types of information to be communicated to the patient. The single-format consent form may not provide patients with sufficient information to make an informed decision about their care.

The other barrier identified by the participants was the language barrier. Many patients speak only their local language, and healthcare providers often don't speak the same language as the patients. This can make explaining the procedure, risk, and benefit challenging.

Another barrier was the low health literacy among patients. Many patients had a limited understanding of medical terminologies, making it challenging for healthcare providers to explain the

procedures clearly. On top of this, Patients' culture of delegating decision-making authority to their physician by trusting their expertise to make the best decision for their care is also mentioned as a challenge.

Participants also reported time constraints as a barrier to obtaining informed consent. They said a high patient flow limits their time with each patient. This can make providing thorough information about the medical procedure challenging while getting consent.

### **Conclusion**

Overall, the field experience provided me with a tremendous opportunity to identify the barriers to obtaining informed medical consent among healthcare providers in Ethiopia. The findings of this study highlight the significant barriers that healthcare providers face when obtaining informed medical consent from patients. The single-format consent form, language barrier, low health literacy, time constraints, limited training, lack of guidelines, and culture were significant barriers that impede the informed consent process.

To address the barriers, a multi-faceted approach involving multiple stakeholders' engagement and collaboration on document preparation, such as guidelines, specific consent forms for specific procedures in a different language, training on obtaining consent, and increasing patient health literacy.

**Amelia Romaine Gelnett**

***Evaluating Produce Prescription & Climate Resilient Food Systems in Ecuador***

Hopkins Faculty: Dr. Vanessa Garcia Larsen

Field Counterpart: Dr. Avriel Rose Diaz

January 2023

Prior to leaving the US, I researched Ecuador's national health statistics, geography, and practiced listening to and speaking Spanish. What I hadn't anticipated was how stunning, welcoming, and enthralling this trip would be. Despite this trip's brevity, I was able to explore the Sierra and coastal regions, assist in multiple community health programs, and observe several food system sectors. This field experience allowed me to intimately observe the environmental, agricultural, social, and economic drivers of health.

A portion of my time was spent working with Walking Palms Global Health to evaluate their community health program serving seniors with diabetes. We assembled a month's worth test strips, lancets, and insulin to deliver to the home of each patient. The median income in this community is \$400 a month and insulin alone costs \$40. It's unaffordable to test blood sugar levels to know what insulin is needed without assistance. For over a year and a half, they've supplied medication kits along with a \$5 weekly produce share. This share typically included 8-12 varieties, around 9 lbs. of fruits and vegetables. Patients are also supplied with sheets to record their daily meals, insulin intake, blood sugar before or after meals, and measures of their HbA1c in 6-month increments. To assess the impact of this program, I calculated each patient's average A1c level, differences between measures, and point changes from the start of the program to the present.

Since their dietary records were thorough, I opted to input meal samples into the Nutrition Data System for Research (NDSR). This tool calculates caloric, micronutrient, macronutrient, and food serving intakes. I calculated a sample from each individual to identify potential nutrient deficiencies and typical daily carbohydrate, salt, sugar, and saturated fat intake. I presented these outcomes to their community health team who will use this information to offer individually tailored education. The unique meal compositions will also be used for community education and recommendations on how to enjoy these staple foods and avoid blood sugar fluctuation.

To explore the effect of climate change on the terrestrial and aquatic food sources, I spent my time in Quito, Bahia de Caraquez, El Carmen, and Calceta in farmers' markets, regenerative farms, and with fisherman. The diversity of fruit was astounding. There were several varieties of mangos, bananas, and a range of passion fruits such as taxo, maracuya, and granadilla. Even more unique flavors and textures were tomate de árbol, naranjilla, and the pillowlike softness of guaba. While touring a multi-generational farm, I was pleasantly surprised to learn that banana trees can



produce edible fruits within six months. Unfortunately, many of these fruits are turned into juices with an alarming serving of sugar, but the diversity of locally grown options is beneficial.

To my surprise, nearly all vegetables were familiar, except for a thick, chewy variety of corn called choclo and another crunchy tan one called mote. Plantains and peanuts are prevalent staples consumed daily. Preparation methods of plantains included dry roasting, frying, boiling them, and mashing them with herbs, meats, cheese, and spices into bolón. Chifles are the dominant form of plantains that are added to a fish soup dish called encebollado and many types of ceviche. Both are primary meals and it's common to add a cup and a half to two cups of these tasty, but calorically dense toppings. After calculating their nutritional composition, to many Ecuadorians' dismay, chifles contribute a remarkable serving of carbohydrates and saturated fat.

Meeting with fisherman was another highlight of my venture. Bahia de Caraquez is situated alongside the Chone River estuary and the Pacific Ocean. Fishing for shrimp, tuna, and crustaceans such as clams, oysters, and lobster is common employment. When speaking with two fishermen, they demonstrated the artisanal craft of shrimp net making. A single three foot diameter net requires two months to create and sells for potentially \$30. The intricate loops and flexible construction were striking. It is uncommon to dry seafood so selling catches at market quickly is essential. I did not witness any refrigeration techniques for chicken, seafood, pork, or beef at the markets. This made me curious to learn more about the rates of food pathogens and to investigate applicable preservation techniques.

Walking Palms hopes to develop their own food forest project. Their goal is to create an intergenerational garden where children learn how to grow food sustainably. It would also source produce to low-income seniors and other community members in need. Their goal is to grow enough fruits and vegetables to operate a smoothie stand or other small business. This would also diversify their income and allow them to hire residents. To aid them in this goal, I researched and organized over 25 international grant and funding opportunities. The majority focus on implementing agroecology practices, expanding community resources, and preserving biodiversity. In the weeks to come, I'll focus on writing a letter of intent to apply to these funding options.

Avrial Diaz, the executive director of Walking Palms, also prioritized a visit to Iche, a non-profit restaurant near Bahia. Iche is an international culinary school that offers scholarships to local students. They teach Indigenous Ecuadorian cooking techniques and then encourage experimentation. Prioritizing locally produced foods and then pushing preparation boundaries resulted in an amazing meal! There was dried yucca powder adorning our appetizers, one dessert included dried, foamed, and gelatinized coconut, and octopus served in a savory peanut sauce. A portion of Iche's curriculum is dedicated to each student designing and executing a food business

that is enabled by seed funds. Their intention is to preserve Ecuadorian culture, promote culinary exploration, and to bolster the local economy.

Beyond this, we were able to partner with the Regeneration Field Institute to construct a bamboo shelter at the elementary school modulars. Using bamboo, timber, and other shock absorbent materials is critical to withstand the earthquakes that alter their landscape. Their town remains riddled with dilapidated buildings from a 7.8 magnitude earthquake in 2016. The hospital had just been rebuilt in late 2022 with assistance from Japanese engineers and Chinese funders. The previous elementary school was completed one month before the earthquake demolished it. Since then, students have been studying in unairconditioned, metal modulars that amplify the sweltering temperatures. Until the construction of this structure, there had been no shade or areas to find reprieve.

### Conclusion

Noncommunicable diseases and climate change acutely threaten the wellbeing and lives of Ecuadorians. Rising temperatures inhibit restorative sleep, proactive physical activity, increase the risk of mosquito born infectious disease, and threaten their food system. Natural disasters have destabilized critical infrastructure and pose a looming and unpredictable threat to population health. Developing climate resilient food, social, and infrastructure is paramount to Ecuador's future. I look forward to continuing to collaborate with Walking Palm to enable their preventative healthcare and social assistance programs.

**Alec Ohanian**

***The Assessment of Needs for Patients with Type 1 Diabetes in Armenia***

Johns Hopkins Faculty: Dr. Roza Selimyan

Field Counterpart: Dr. Karine Mkhitarian

February 27, 2023

Thanks to the MPH Field Experience Award, we highlighted the experience of adolescents living with type 1 diabetes (T1D) in Armenia. Their insights shaped the ongoing policy reform that is aimed at addressing patient's priorities. This report will discuss what that process was like, share preliminary findings, and lay out future steps.

### **Background of Problem**

In Armenia, the state of diabetes care, particularly for T1D, is not well documented. Recent data from a 2012 rapid appraisal by the American University of Armenia pointed to many strengths, such as improved access to free insulin, and sufficient endocrinologists; however, there were issues with consumable prices (glucometers, test strips), social stigma, and lack of coordination between institutions.<sup>1</sup> While this study was thorough, it excluded patients <18 years old, did not differentiate between T1D and T2D, and was over a decade ago.

Our objective was to fill this gap by interviewing adolescents living with T1D in Armenia. The intent is to use their insights to guide policy reform.

### **Partners**

Our key partners in this study were: 1) Karine Mkhitarian from KATIL, an NGO serving the social needs of children with T1D for the past 13 years in Armenia, and 2) Dr. Elena Aghajanova, the Head of Endocrinology at the Muratsan Hospital Complex and the advisor to the Ministry of Health (MoH) for the division of pediatric endocrinology. This work would not have been possible without their guidance, their efforts, and their devotion to the T1D community.

### **Project Activities**

After a discussion with our partners, we decided the best approach would be a qualitative study. This would give us a rich source of information on the standard of care and an idea of what patients would like changed.

Purposive sampling was used until saturation was achieved. We interviewed 12 patients between 13-17 years old who were registered at the Muratsan Hospital Complex or the Austrian Children's Hospital in Gyumri. In January 2023, in-depth interviews were conducted with the patients, and/or family members. NVivo, a qualitative software, is being used for data analysis.

In addition to the qualitative study, we are also conducting a literature review and a mapping of current policies in Armenia. Our goal is to understand the current policy landscape and learn what the T1D policies are in other similar contexts.

Lastly, we spoke with various individuals involved in the policy process at different levels. Our goal was to understand what kind of change was feasible, and how to achieve it. This included, Karine Mkhitarian (KATIL), Dr. Elena Aghajanova (MoH Advisor), Dr. Lorky Libaridian (leading primary health care strengthening initiative at MoH), and Dr. Kristina Sargsyan (Endocrinology specialist at the National Institutes of Health).

### **MPH Field Experience Award Fund Use**

The flight cost to Armenia was \$1328.96. Travel costs in-country were \$200. An Nvivo license was purchased for \$100. I stayed with my family in Yerevan, so we did not incur any lodging costs. This came to a total of \$1628.96.

### **Results**

There was representation from Artsakh (Nagorno-Karabakh), and 7 out of 11 provinces in Armenia (Yerevan, Ararat, Armavir, Vayots Dzor, Shirak, Tavush, and Syunik). Participants were predominantly female (n = 10/12). Median time since diagnosis was 5.75 years. Median age of participants was 16 years old. All patients were receiving care at the Muratsan Hospital Complex. Thematic coding has not yet been completed, but there are preliminary findings that we are able to share. Most services are free to patients within reason (endocrinology consultation, A1c tests, general labs, inpatient stays related to their diabetes), and insulin is free of charge. Test strips are covered, but it is a poor-quality brand (Gmate) and they only receive 100 per month. Of note, there have been incidents where participants have gone into a diabetic coma because of a discrepancy in the blood sugar reading. As one parent stated, "One time because of the [Gmate] strips my child went into a coma. At the time I only had the Gmate strip, it showed that her sugars were high so I gave insulin, but in reality she had hypoglycemia. This error has happened multiple times, where it shows low sugars vs. high sugars and the opposite. So even if it shows [the glucose level] a bit high, I can't trust it, I have to check with another sensor."

When asked how the government could help more, 10/12 participants indicated that both test strip quality and quantity should be improved. All participants wanted continuous glucose monitors to be covered in their benefits.

Diagnostic capability and quality of services was rated high among our participants, with 10/12 participants being very satisfied with their doctors. 11/12 participants were satisfied with the diabetes education they received but mentioned that it was only conducted once a year.

Lastly, the social stigma of T1D was not felt as strongly by our participants in their peer groups. However, there were instances where adults treated them rudely and with ignorance due to their diabetes. As one participant said, “I remember one of my older cousins came up to me and said, ‘It’s a shame, you are such a good girl. What did you do in your past life that God punished you like this.’ “

### **Conclusion and Future Steps**

Based on the interviews with participants and stakeholders, we decided that improving the quality and quantity of the test strips would be the most feasible and desired change. We have created a policy map to determine our approach and are in the process of developing a policy memo in collaboration with all the stakeholders mentioned above. We will utilize data from the qualitative study and the literature review to provide evidence for our proposed change. We are hoping for a final product by May.

I would like to thank the selection committee of the MPH Field Experience Award for giving me the opportunity to conduct this research. I would also like to thank Dr. Roza Selimyan, the PI on this study. Her guidance and support made this project a reality.

### **References**

1. Hripsime Martirosyan, Varduhi Petrosyan, Byron Crape, et al. *Rapid Appraisal of Diabetes Care in Armenia Qualitative Research*. American University of Armenia; 2012:86. Accessed October 3, 2022. [http://chsr.aua.am/files/2014/02/RA\\_Diabetes\\_report\\_CHSR\\_AUA\\_Armenia\\_May\\_2012.pdf](http://chsr.aua.am/files/2014/02/RA_Diabetes_report_CHSR_AUA_Armenia_May_2012.pdf)

## **Matthew Price**

### ***Current Availability of Breast Cancer Screening and Diagnosis Services in Ghana, Presentation of and Recommendations to the Ghanaian Ministry of Health***

Hopkins Faculty: Dr. Anne Rositch

Field Counterpart: Dr. Edward Sutherland

Thank you very much for the field experience award awarded on November 1<sup>st</sup>, 2022. I have been working from Baltimore for the past 8 months on a project looking at the geographic availability of breast cancer services nationwide throughout Ghana. During this project, I have met weekly over zoom with Dr. Edward Sutherland from Ensign Global College in Ghana. Dr. Sutherland and his team had previously completed a hospital based nationwide survey on availability of breast cancer services and I had been asked to help in the analysis portion of the survey. This field experience award allowed me to travel to Ghana from March 18<sup>th</sup> to March 28<sup>th</sup> to meet with Dr. Sutherland and the other research collaborators from the University of Ghana.



This was an invaluable experience as it has allowed me to gain a deeper understanding of the project as a whole and of the people the project benefits. After landing in Accra on March 18<sup>th</sup> Dr. Sutherland and I traveled to Lome, Togo to attend the West Africa College of Surgeon's (WACS) meeting where I presented an 8-minute presentation entitled "Availability and Geographic Access of Hospital-Based Breast Cancer Early Detection and Diagnostic Services in Ghana." The West Africa College of Surgeons is the society for all board-certified surgeons across the 16 countries of West Africa. The presentation was well received and was the ideal place for the data to be presented, rather than at a research conference in the United States far from the individuals the project impacts.

*Matthew Price, MD, MPH '22, and Dr. Sutherland of Ensign Global College, Ghana*

At the conference I was able to make further connections with surgeons who work directly with the patients my project impacts. I also learned the format for future presentations at WACS. WACS is an interesting conference as half of the participating countries speak French and half speak English. If giving a presentation in English many would have their slides in French, if giving their presentation in French, many would have their slides in English. This was an interesting and cool dynamic to observe and navigate.

This project's purpose is not to have another study about west Africa highlighting the fact that resources are limited. That bit of knowledge is already known. Rather the study's purpose is to identify areas, and hospitals, where with minimal expansion of services patients can receive the full standard of care. It is hard to look at a country and say we know we don't have a lot, where should we invest, but this study provides the information necessary to say here are the limited resources, and there are the few hospitals that could provide the greatest population level impact.

Following the presentation in Lome, Togo Dr. Sutherland and I traveled back to Accra where we were supposed to meet with the minister of Finance and Research from the Ghanaian ministry of Health. The morning of our meeting, however he was called to another district and the meeting did not take place. The information and data has since been passed along to our ministry contact and together with Dr. Sutherland there have been discussions of creating a real time (updated monthly) country wide interface of availability of hospital based services.

Dr. Sutherland and I then traveled to Cape Coast where we met with one of the Surgeons at a hospital identified in the data that could benefit from targeted resource expansion. The specific service that needs improvement at that hospital is pathology service availability. This was helpful in gaining further insights and expanding on the ground knowledge that was not fully reflected from the survey.

### Reflection

Though I was in Ghana for such a short period of time this allowed me to see two thirds of the coast of Ghana, from Togo to Cape Coast. This also allowed me to build further connections throughout Ghana, West Africa, and most importantly strengthen the connection with Dr. Sutherland and the Ensign Global College. There is only so much that can be understood when looking at data from afar. This experience allowed me to gain a whole new perspective when looking at the data and has caused me to restructure the manuscript to reflect this new understanding. Thank you so very much for your support and the funds that allowed me to go on this field experience.

**Olivia Soule**

***Impact Analysis of the universal referral intervention for the TCI NextGen Project in Francophone West Africa***

Hopkins Faculty: Dr. Ian Salas

Field Counterpart: Dr. Mamadou Kandji

Location: Dakar, Senegal

In January 2023, I traveled to Dakar, Senegal to carry out my practicum as an intern with the organization IntraHealth International as an MPH Field Award Fund recipient. IntraHealth International is a global health nonprofit that has worked in over 100 countries since 1979 and that partners with governments and local collaborators to improve the performance of health workers and strengthen the systems in which they work so that everyone everywhere has the health care they need to thrive. Specifically, I worked on The Challenge Initiative (TCI) Next Gen project. This project is a joint effort with the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and focuses on improving access to quality family planning services in various countries worldwide.

IntraHealth leads the francophone West Africa hub of TCI and is implementing the TCI model in urban areas in three priority countries: Burkina Faso, Côte d'Ivoire, and Senegal. As part of my practicum, I developed two deliverables to further advance and inform IntraHealth's strategies moving forward with the TCI Next Gen project. My first activity was to assess the performance of Francophone West African cities who have "graduated" from the TCI platform. Health system and government actors in these cities work directly with the TCI platform to implement high-impact interventions and practices to increase contraception access and uptake. Graduation is a process toward TCI cities autonomy; they are expected to independently continue implementing these practices in order to make positive impacts on family planning sustainable. However, once cities have graduated, their strengths and weaknesses in continuing this implementation are not always fully understood. To better understand graduated cities' perspectives in order to inform future project strategies, I carried out interviews with health system and government actors from four cities in francophone West Africa: Niamey, Niger, UCOZ, Benin, Abomey-Calavi, Benin, and Kolda, Senegal. I developed a questionnaire to ask questions regarding their experiences in implementing family planning interventions since graduation. I learned about budgeting issues, roadblocks in communication between the health system and the government, and success in tracking the number of additional contraceptive users, among other topics. To complement this qualitative research, I gathered data from the TCI Power BI dashboard to look at changes in the number of additional contraceptive users before cities' graduation and after. I then constructed a narrative from the in-depth interviews and used this quantitative data to build out a technical report for



IntraHealth's benefit. I included recommendations for their future strategies for the TCI Next Gen project, and areas where they might consider investing more to improve cities' experiences and successes both before and after graduation.

For my second practicum deliverable, I assessed some of the key high-impact interventions that the TCI project implements in cities for areas in which there are gender-gaps. I used evidence from the literature and a gender-transformative lens to suggest ways in which TCI might consider more emphasis on women, for example, or consider putting more emphasis on gender norms in contraceptive counseling appointments. As the Gates Institute seeks to place more emphasis on gender in the TCI Next Gen project, it is important to assess gender gaps in the current interventions, and to strategize ways to be more gender intentional.

### Reflection

During my time at IntraHealth, I participated in a weeklong workshop in which the team put together the yearly report for activities carried out in 2022. I was able to better understand the TCI project and learn about enablers and barriers to family planning programming from colleagues. Overall, my practicum was a great experience, and I learned a lot about the TCI project in francophone West Africa and about the different actors (government, civil society, health system, communities) that work together to implement family planning programming. I developed my communication and technical writing skills, and learned more about putting a systems approach in public health into practice. Looking back, I would have liked to spend more time with the IntraHealth team to gain a fuller understanding of the project, as four weeks was quite short. Despite this, I accomplished a lot in my short time in-country, and will continue my collaboration with the IntraHealth team going forward.

**Fatoumata Barry Ibrahim**

***Mental Health Care Among Humanitarian Response in Niger***

Johns Hopkins Supervisor: Judy Bass, PhD

Counter-part supervisor: Claudine Josphe, OCHA

### **First ever Hopkins MPH Field Experience in Niger**

Understanding the under-representation of Mental Health care services for crisis affected populations within the humanitarian response in Tillaberi, Niger



*Mrs Marie Assimie, Mental Health Officer at Cooperazione Internazionale and Dr Barry, MPH '22; January 9<sup>th</sup> 2023, in Niamey, Niger*

## Objectives of the Field Experience Research

The purpose of the Field experience is to understand why the humanitarian response plan to the security crisis in Niger offers limited mental health care services for the crisis-affected populations in Niger and use the findings to formulate policy recommendations.

## Background

Niger, a West African country surrounded by countries facing their own security crises, has become the home of a significant humanitarian crisis experiencing mass killings carried out by non-state armed groups. According to the United Nation Office for the coordination of Humanitarian affairs, since 2018, more than 396,000 persons have been internally displaced, with 153,455 of the displaced now living in the Tillaberi region in extreme vulnerability with a significant impact on their physical and mental health as well as their productivity. Despite International Humanitarian NGOs providing mental health services for the displaced and conflict affected populations, there are limited mental health care services within the humanitarian response provided for the crisis affected populations.

From January Sunday 8<sup>th</sup> to the Friday 20<sup>th</sup> of January 2023, Dr. Fatoumata Barry Ibrahim O, one of the Johns Hopkins Bloomberg School of Public Health 2023 Field Experience Award recipients, conducted a Field experience to understand the under-representativeness of Mental Health care in the Humanitarian Response for crisis affected populations in Niamey the capital city, and Tillaberi the region undergoing a security crisis, Niger.

## Methods

We conducted a cross sectional qualitative study in Niamey and Tillaberi regions of Niger, that included record review of the documents of the 2021 humanitarian response plans and interviews with 4 mental health policy makers and 7 humanitarian health program implementors in January 2023. The eleven in-depth interviews followed a semi-structured interview guide with questions that addressed the mental health care needs, access, barriers, services funding, and availability approved by the IRB office of the Johns Hopkins Bloomberg School.

Former Colleagues from Humanitarian NGOs on the field along with the counter-part supervisor in Niger helped with the mapping of stakeholders and meetings scheduling for the in-depth interviews. Initially, the plan was to conduct interviews first in Niamey, then travel to Tillaberi and stay there for the interviews. Due to the rise of the attacks by non-state armed groups, we adopted an “aller-retour” strategy for Tillaberi meaning round trips every day to meet available informants and coming back to the capital city for the night as the cities are 115 km away from each other's.

### There were different visits to:

- The Psychiatry service at the Niamey National Hospital where the interview with the National Mental Health Program Coordinator was held.
- The Cooperazione Internazionale offices of Niamey and Tillaberi for interview with the head of mental health
- The Mental health department of the Tillaberi regional hospital
- The humanitarian Action Minister office located at the Tillaberi Governor office to meet with the Regional Humanitarian Affairs director.
- United Nation Office for Coordination of Humanitarian Affairs of Tillaberi
- The District Hospital of Gotheye, department of Tillaberi
- The Internally displaced camps of Ibada, Gotheye, Tillaberi
- The health center of Dargol, Gotheye Department, Tillaberi
- The Regional Directorate of Public Health of Tillaberi region to meet with the Director.

Funding for this field experience was provided by the Center of Humanitarian Health at the Johns Hopkins Bloomberg School of Public Health.

### Key informants:

- Mrst. Marie Assimi, Mental Health Coordinator for COOPI
- Colonel Abou Yahaya, National Mental Health Program Coordinator, Military Psychiatrist at the National Hospital of Niamey
- Mr. Djibo Abdou, Regional Mental Health Coordinator for Tillaberi Region
- Mr. Director of Humanitarian Action, Ministry of Humanitarian Action and Risk Management
- Dr. Doulla Zakoy, Chief Medical Director of the Gotheye Hospital District, Tillaberi
- Mr. Abdoul Kader Guingo, Mental Health Technician, Gotheye Hospital
- Mr. Moustapha Maidougou, Mental Health Head of Niger Red Cross
- Pr. Douma Maiga Djibo, Psychiatrist and Addictologist, former Coordinator of National Mental Health Program (virtual as he traveled for health condition)
- Mrs. Rosine, National Mental Health Coordination, Ministry of Public Health, (snowball effect)
- Dr. Ousseini, Director of the Regional Public Health Directorate of Tillaberi region (who was out of the country in January)
- Mr. Maman Sani, Focal Point of Mental Health Care at The World Health Organization - Niger Office (snowball effect)

All the conversations were held within the IRB board approved questions and were recorded with the oral approval of the key informants and there was additional follow up virtual interviews to complete and or explore answers. Globally, the conversations gave a wide range of answers and views on the questions and saturation were reached at the 8<sup>th</sup> informant.

### Challenges

There were two main challenges, the first one was related to the availability of two of the key informants – which we had to solve by making an online meeting or replace them with a stakeholder with the similar position. The second one was the access to Tillaberi due to the security crisis. Some

of the important key informants – implementers are all located in the areas affected by the crisis with back and forth travels every day from Tillaberi to spend the night in the capital city.

### Preliminary Findings

Several challenges were identified that led, in part, to a gap in mental health care service planning and implementation. These included:

- 1) Lack of collaboration between the humanitarian agencies and the national mental health program in the development of the response plan;
- 2) Lack of a national protocol for psychological first aid care for displaced populations facing acute distress coupled with a lack of consideration for mental health care needs within the multi-sectoral assessment tool used by humanitarians;
- 3) Lack of financial resources at the government level with a critical human resources scarcity (only 4 psychiatrists for 26 million people, 00 psychiatrists for Tillaberi with only 24 mental health technical care givers); and
- 4) Lack of demand from the population who still associate mental illness with mystical causes and seek care mainly from traditional healers.

### Forwards

The preliminary finding of this short study was presented as an e-poster at the inaugural Harvard Africa Health Conference at the Harvard T.H. Chan school of Public Health, on February 19<sup>th</sup>, 2023. Also, some findings here coupled with the prior experience of the student in humanitarian health in the same conflict zone were used as discussion on a Panel on Health Care Access in conflicts zone along with the same day for the same conference. Also, this Field experience is part of the student MPH Capstone. The student and Faculty supervisor will write an article to be published in a Global Mental Health and or Humanitarian Health journal.

### Contacts

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**Caitlin Jackson**

***Early marriage and early childbearing among conflict-affected and displaced adolescents in Bangladesh and Yemen***

Johns Hopkins Faculty: Dr. Courtland Robinson, Linnea Zimmerman, and Shatha Elnakib

Field Counterpart: BRAC-JPG, Md. Tanvir Hasan, PhD

Location: Dhaka, Bangladesh

## **Background**

The Bangladesh portion of the project “*Early marriage and early childbearing among conflict-affected and displaced adolescents in Bangladesh and Yemen*” is a collaboration between Johns Hopkins faculty, Community Partners in Health, and BRAC University James P. Grant School of Public Health. The aim is to understand how conflict and displacement affect family formation among refugee and internally displaced (IDP) adolescents and young people aged 15-24 and how pressures for early marriage and childbearing affect demand for and use of sexual and reproductive health (SRH) services.

I travelled to Dhaka, Bangladesh from 02 January to 23 January 2023 to join the BRAC-JPG team on the qualitative component of the study in Bangladesh. At the time of the field experience, the project had already received initial IRB approval from both Johns Hopkins and BRAC-JPG and planning was underway. Data collection had not yet started. I joined the team in Bangladesh as final preparations were being made to begin data collection in the camps where Forcibly Displaced Myanmar nationals reside in Cox’s Bazar. While the initial plan was to go to the field with the team to help facilitate training of the data collectors, the project timeline was delayed due to external factors. As a result, I focused my time supporting the team to develop tools that could be utilized in the field for the training of data collectors.

## **Project Activities**

### **1. Training of the Trainers (ToT) Qualitative Workshop**

I collaborated with the Johns Hopkins research team to create a two-day workshop on the *qualitative component of the project*. *The objectives of the workshop were to finalize the study protocol; finalize the plan for data collector recruitment, training, and piloting; gain knowledge and tools necessary to replicate relevant topics from both ToTs for data collectors in the field; provide a refresher in applied research ethics and practice scenarios that may come up in the field; practice conducting the qualitative interviews using the interview guides & make modifications as necessary; and modify the existing action/implementation plan.*

I facilitated the two-day workshop for members of the BRAC-JPG research team at the University. I focused on assuring they were comfortable with the qualitative concepts so they

could train the data collectors in the field. I also focused on facilitating conversations about the logistics that needed to be finalized prior to submitting an amendment to the IRB to move forward with data collection.

## **2. EMEC Qualitative Manual and Guides**

I facilitated the completion of a manual that detailed the qualitative portion of the study. A manual was previously created for the quantitative portion of the study. I worked with the team to adapt the manual to reflect the plan for the qualitative component.

I also supported the team in the process of refining the guides that would be used to collect the in-depth interviews, focus group discussions, and key informant interviews. This process was collaborative with the Johns Hopkins team and continued after my trip.

## **3. Data Collector Training Agenda**

I met with the team to understand the needs for the data collector training that they would conduct in the field. I planned for the data collector training by outlining the agenda for the training based on the training presentation.

## **4. Data Collector Training Presentation**

I created a training presentation to be used by the BRAC-JPG team to train the data collectors in the field. The data collectors were projected to have some public health training, so the training reflected the assumption that they were familiar with public health research. The training objective was to ensure that each data collector has a thorough comprehension of qualitative theory, principles, and data collection methodologies, and that each data collector understands their own responsibility and role in ensuring data quality throughout the data collection process. Training topics included: reflexivity, positionality, best-practices for conducting qualitative interviews, participatory research principles and methods, best-practices for conducting participatory activities, dedicated time to practice conducting the participatory methods, and completing data quality tools.

## **5. Field Guide**

I created a field guide for the data collectors to use in the field. The guide was meant to be a point of reference for the data collectors as they go about the data collection process. This will be introduced by the BRAC-JPG team during the data collector training.

## Reflection

This field experience provided me with valuable experience conducting research with multiple counterparts. I gained very helpful context to appreciate the daily realities of both the Johns Hopkins and BRAC-JPG teams as they work toward the common goal of completing this important research on family formation in displaced populations. I saw first-hand the challenges in conducting research in humanitarian settings, from securing culturally and linguistically appropriate data collectors to limiting the times data collection can occur based on camp guidelines.

This experience also allowed me to apply my knowledge of qualitative research that I learned during my MPH studies. I improved my skills in guide development and qualitative research protocol formation. I also gained a better understanding of participatory methods.

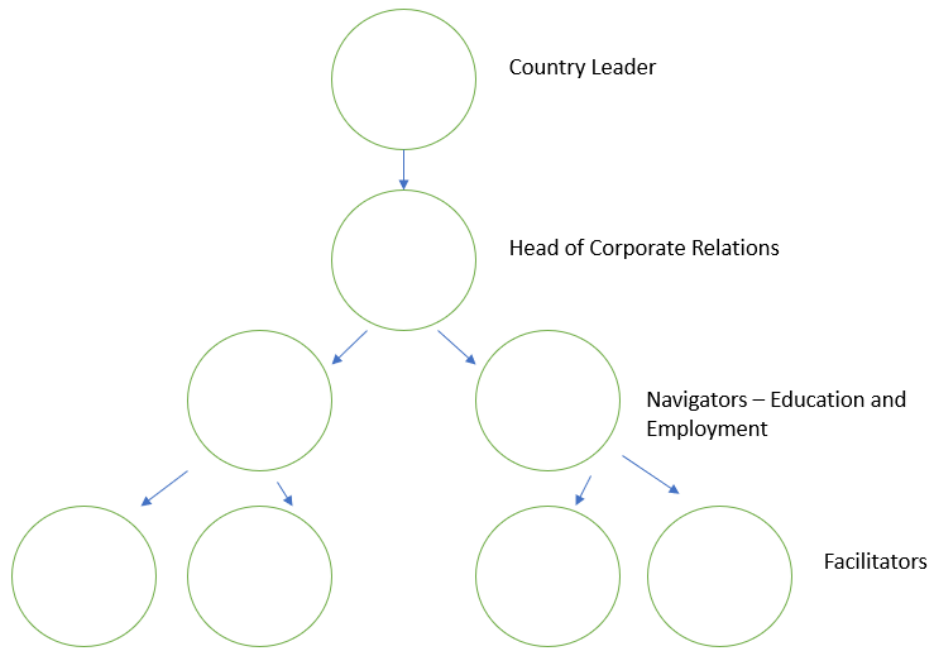
Through my personal interactions, I also gained a better understanding of Bangladesh and the effects of migration in the region. Hearing the unsolicited reflections on the influx of refugees from the people I encountered gave me some insight into the impact of migration on the host community and how it is at the forefront of many people's minds as they shared about their country.



### World Vision’s Youth Ready Implementation Science

The following report was developed after reviewing documents, conducting observations, and having conversations with nine World Vision staff members at the World Vision offices in Guatemala. World Vision staff interactions included conversations with the four facilitators of the Youth Ready Program, Employment navigator, the Partnerships manager, a Youth Ready graduate, the country coordinator and the regional coordinator for Latin America.

Additionally, meetings were held with the local PIs, Dr. María del Pilar Grazioso from Proyecto Aiglé, a nonprofit dedicated to mental health, and Dr. Manuel Ramírez from INCAP a nonprofit dedicated to nutrition; both well renowned organizations in Guatemala.



**Figure 1.** Organization of Guatemala’s Youth Ready Team

World Vision is the largest nonprofit organization in the world and has been present in Guatemala for 47 years with programs targeting child development and nutrition. Countries where the Youth Ready program has been implemented include Colombia, Ecuador, Bolivia, Peru, Honduras, and El Salvador. Youth Ready programs are designed from the Positive Youth Development framework and World Vision implemented the first Youth Ready pilot in 2018 and their first cohort in 2019. The program serves vulnerable youth and youth are selected by four

different inclusion criteria (1) severe discrimination, (2) affected by natural disasters, (3) exploited or living abusive relationships (4) extreme deprivation. The core of the work in Guatemala has been through a close and successful collaboration with municipalities and the Ministry of Education. The goal for Guatemala is to train 800 youth in total across the different phases of the project. The goal for the upcoming 2023 cohort is 500 students, and the WV has already recruited 300 participants. The training is divided into four modules and delivered in one weekly session. After the training, a graduation ceremony is celebrated, and the youth receive a diploma that has been validated by the Ministry of Education of Guatemala. After the six months of training, students are followed up for 6 months, in which three home visits are conducted.



*Image 1. One of the meetings held with the WV staff at the WV Guatemala offices.*

The attrition rate is 30% and most of the attrition happens during the first educational module that has self-knowledge as the core component. The educational modules are (1) Who am I; (2) Ready for Employment, (3) Ready for Entrepreneurship (4) Ready to Change the world.

The fourth module was developed in collaboration with the World Bank, which seeks to engage youth with problems in their own communities.

The cost of the program is \$850 USD per youth, and the total investment for Guatemala is calculated at \$650,000 USD.

The WV staff report working extra hours without being paid for them. They feel a deep sense of vocation and devotion to World Vision and are willing to go, in their own words, “the extra mile.”

All the staff feels deeply connected in a spiritual way to the organization and to the youth they serve. Carlos, a staff member and previous YR participant said that working in WV was “the answer to all prayers”.



The YR Program for Villa Nueva was embedded into the “Civic Service” Program delivered by the Municipality. In Guatemala, after the armed conflict, all youth are mandated to either complete military service or the civic service. The YR was incorporated into Villa Nueva’s Municipality Civic Service curriculum, and there is a strong partnership with the Youth Coordinator in the Municipality. The youth who participate in the Civic service receive a rotation across the different municipality’s offices and receive a stipend. The YR program is embedded in their curriculum and through civic service, the YR program will meet their sample size goals.

*Image 2. The community gym where the program is implemented through Villa Nueva’s Municipality Civic Service*

WV Guatemala has established partnerships with both local and international businesses, providing a promising avenue for the program's youth to secure employment after completion.

The program uses 39 distinct indicators to measure success, including the number of youth who graduate, secure employment, return to education, start their own businesses, earn above minimum wage, and have established life plans.

**Bilal Khan, Jun Young (Charlie) Jeong**

***Solving Post-Flood Vaccine Delivery Challenges in the Sindh Province of Pakistan***

Johns Hopkins Faculty Affiliate: Drs. Svea Closser, Sanjana Ravi

Field Counterpart: Mr. Shaheryar Manzar

## **Background**

The floods in Pakistan have affected more than 33 million people, half of them children, taking at least 1,700 lives, damaging 2 million houses and 13,000 km of roads <sup>1</sup>. The worst impact has been witnessed in the Sindh province with a population of over 50 million people.

Moreover, the Provincial Expanded Program on Immunization (EPI) in Sindh experienced significant damage to its vaccine resources during July – December 2022 with over 50% of vaccine centers submerged under water. The widespread displacement of people and disruption of services brought on by the floods caused multiple outbreaks of dengue, diphtheria, and measles <sup>2</sup>. With the Sindh province being at a high risk of future floods, it is important for the Provincial EPI to invest in disaster preparedness measures to ensure the continuation of life-saving immunisation services for children <sup>3</sup>.

## **Purpose and Objective**

Our main objective was to investigate how the EPI in the Sindh province of Pakistan needs to adapt its strategy to solve vaccine service delivery challenges in context of the floods. The specific aims of this project entailed:

- 1. Investigation of post-flood vaccine delivery challenges.*
- 2. Impact assessment of the floods on vaccine service delivery.*
- 3. Solution generation to adapt EPI programs for future floods.*

## **Methods**

We took a mixed methods approach to our research with the following components.

Qualitative: Key-informant interviews were conducted in 3 different districts with various employees at the Sindh EPI including 5 vaccinators, 3 lady health supervisors, 7 town and district EPI supervisors, and 4 provincial EPI staffs. A semi-structured interview format was used with key questions surrounding 1) pre-flood situation, 2) post flood situation, 3) current solutions being implemented, and 4) recommendations for future floods. Observational study of facilities and infrastructure damage was also conducted.

Quantitative: Secondary data analysis was conducted on the EPI supervisory application. 5 key vaccine service delivery components were identified for analysis: 1) vaccine and vaccinator

availability, 2) cold chain functionality, 3) transportation, 4) vaccination strategy, and 5) facility functionality. Vaccine Service Delivery Index (VSDI), a composite index score, was created using the data to assess the impact of floods on immunisation and identify areas for intervention.

### Field Research

Our field research planning started in November 2022 in Baltimore where we worked with our host organisation, Acasus, to identify relevant key stakeholders and districts to visit for our in-person interviews. During this time, we also interacted with our partner organisation, the Sindh EPI, and obtained a letter of support from the Provincial Government of Sindh authorising our research activities.

We visited the Sindh province for three weeks during the month of January 2023 to conduct our in-person interviews and observational study. During this time, we visited the provincial capital of Karachi and three of the worst flood-affected districts: Khairpur, Newshehro Feroze, and Qambar Shahdad-Kot. Our first week was spent engaging with high-level provincial stakeholders including the Provincial Project Director of Sindh EPI and provincial technical leads of Bill and Melinda Gates Foundation (BMGF) and WHO. This was useful in understanding the provincial administration's high-level perspective on the challenges and solutions during the flood response.

During our second week, we spent time in the field interviewing frontline workers to get an in-depth understanding of the challenges they faced and the solutions they generated to resolve the complex problems caused by the floods. Our visits to water-logged areas and healthcare facilities were particularly useful to understand how the flood had affected immunisation service delivery. Based on the collection of these insights, we spent our last week analysing our qualitative data and synthesising it in an initial insights report which was presented to provincial-level stakeholders. The feedback we received was positive and was useful for the future primary and secondary data analysis for our final research report.

### Findings

During our interviews and observational study, we found that the Sindh EPI had done a successful job of responding to the flood crisis by delivering life-saving vaccines to over 1 million children<sup>4</sup>. We identified various strengths including effective top-down communication, sufficient autonomy for frontline workers, highly motivated EPI team which worked tirelessly during the crisis and the use of low-cost localised solutions.

However, we also identified several opportunities for improvement in the flood response. We primarily identified the lack of sufficient resources for the movement of vaccinators and vaccine equipment, and the lack of standardised protocol for disaster-preparedness as major gaps

preventing the frontline staff to respond quicker and more effectively. If these are improved, Sindh EPI can be even more successful in the timely provision of live-saving vaccines to flood-affected populations.

### Next Steps

Based on our recommendations presented to the Project Director of Sindh EPI, there was acknowledgement of the strengths and weaknesses we had identified in our report. In particular, the Project Director requested our support in drafting the disaster-preparedness protocols for the protection of vaccine resources in the province. He further mentioned that Sindh EPI will implement the protocols across the province through the training of its staff. The major limitation in actualising this request is funding and dedicated human resources.

Our next steps are as follows:

- 1) *Aim for publication of our findings in a peer reviewed journal for the dissemination of the valuable lessons learned through this research.*
- 2) *Engage relevant donors in this space such as GAVI and UNICEF to fund the drafting of disaster-preparedness protocols.*
- 3) *Create ongoing partnership between public, private, and academic sectors to implement protocols for action when the next flood comes.*

### Reflection

The MPH Field Experience Award provided us with the opportunity to conduct original field research from conception to completion. We had the freedom to work from first principles to find where the most pressing public health challenges were, in our case the most recent and worst flood that Pakistan had experienced, and we proposed a research project that would first and foremost be of considerable value to the population who are impacted.

Through this experience, we gained many valuable skills ranging from qualitative data collection and analysis, quantitative analysis, stakeholder engagement, partnership building, and learning the necessary steps required to translate academic research into a real-world impact.

We are grateful for the opportunity we had through the MPH office, and we could not have done this without the help of our advisors and host organisation. There is more work to be done to ensure sufficient vaccine delivery is achieved in future floods, and we hope that we can continue contributing to this important public health challenge.

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**Jessica Gloria Mogi & Premikha M**

***Formative Research to Understand Food Beliefs and Practices Related to Pregnancy in Kei Besar Island, Indonesia (Field Research)***

Johns Hopkins Faculty: Dr. Joel Gittelsohn; Field Counterpart: Drs. Ona Nabila & Adhi Sanjaya

**Background**

Maluku, Eastern Indonesia, is among the three provinces in Indonesia with a prevalence of Chronic Energy Deficiency (CED) that is higher than the national average (1). The Ministry of Health has stated in its 2020 Accountability Report that the lack of knowledge about the importance of nutritious food for pregnant women and a few local cultures forbidding pregnant women from consuming nutritious, protein-dense food as some of the contributors to the high prevalence of CED in these provinces (1). Kei Besar Island, located in Southeast Maluku, has abundant sea produce that is high in protein (2), yet 21.3% of the women suffer from CED (3). Findings from previous studies in other areas of Eastern Indonesia have shown the existence of food taboos that hindered pregnant women from consuming nutritious food (4,5), but no literature exists for the Kei Besar population. Therefore, it is important to study how certain beliefs and practices influence nutrition intake during pregnancy.

**Project Activities**

After securing partnership with doctorSHARE, Jessica worked with the field counterparts to obtain in-country ethical clearance and local permit, which we then used to apply for ethical approval from JHSPH IRB. During the winter intersession, we were trained by our Principal Investigator, Dr. Joel Gittelsohn, to conduct the following activities between 4 to 13 January 2023 in Kei Besar Island:



1. **In-depth interviews:** *With the help of the partner organization for recruitment, we were able to interview 12 pregnant women, 3 community health workers (kader Puskesmas), and 2 traditional healers (mama biang). Interviews were conducted at their houses in the local language to identify the beliefs and practices that influence food choices among pregnant women, the common illnesses experienced during pregnancy as well as to understand the intersection of Western and traditional medicine for treatment of pregnancy-related illnesses in Kei Besar Island.*





2. **Free Listing & Pile Sorting Activity:** Free list questions that were embedded in the interviews were used to elicit salient food and illness items. The most salient items, based on the frequency of mentions, were made into cards. These cards were then used for the pile sort activity to understand different food and illnesses categories. Pile sorts were divided into free and structured (e.g., food that are commonly eaten together or illnesses based on the severity).



3. **Photo Documentation:** Premikha took more than 500 photographs and videos of the houses and backyards of our interviewees to understand the types of food items stocked up in their kitchen, meal preparation processes, family eating habits and types of produce grown in their backyards. We also documented sources of food from the local market and the sea.

## Impact on the Local Community

Jessica is currently working on the transcription and translation, and the two of us will be coding the data inductively for triangulation. Preliminary results suggested that while some food taboos do exist, the community understands the importance of maintaining health during pregnancy. Some pregnant women have utilized both the public health centers' services as well as traditional healers. It is hoped that this project will not only equip us with an important skillset, but also lay a substantial basis of evidence in the form of scientific journals, to help the local authorities and our partner organization in the formulation of their future nutrition programs.



## Reflections

**Premikha:** As a physician with limited consultation time, we tend to focus on acute complaints by our patients. Through this project, I appreciated the rich cultural and spiritual beliefs of a remote population which affected their food practices and health; something which we may not see in our clinics. There is always a reason behind people's behaviors; walking in their shoes and living in their ways helped me understand that. I was heartened to receive a warm welcome from the local community, where multiple villagers including the study participants shared their personal experiences with candidness. I also picked up qualitative research methods, which perfectly complemented my quantitative research knowledge, and I believe these skills will be invaluable for future research pursuits.



**Jessica:** As a rural physician who practiced on Kei Besar Island before coming to Hopkins, I was able to learn that the things I used to consider “non-scientific” played a big role in the health and cohesiveness of the community I served. It was also a rigorous learning process that will never be obtained inside of a classroom—we went out early in the morning, I

interviewed several participants in a day, reflected on the conversations on the motorbike rides to the next house, and stayed up late to debrief with Premikha and expand my notes. Despite the exhaustion, it was a very rewarding experience, and I am thankful to the MPH Field Experience Award Committee for this opportunity.



### Acknowledgements

We would like to extend our gratitude to doctorSHARE Kei for not only hosting us throughout this data collection process, but also giving us more insights into the lives of the Kei Besar Island community, related or unrelated to our project.

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**Carmen J. Villamizar-Jaimes, Angela Suarez, and Daniel Ospina-Delgado**  
***Perceived Access to Health Care Services and Continuity of Care in Venezuelan Migrants with Chronic Health Conditions in Barranquilla Colombia***

Academic advisors: Sharon Doocy and Julian Fernandez-Nino

Field counterpart: Juan Carlos Vilorio-Doria

Location: Barranquilla, Colombia

## **Background**

There are over 6 million Venezuelan refugees, migrants, and asylum-seekers worldwide due to their home country's social, political, economic, and human rights turmoil. The Venezuelan migrant crisis has become the second-largest external displacement crisis in the world. Most Venezuelan migrants have fled to neighboring Latin America and the Caribbean countries. Colombia has received about 2.5 million Venezuelans as of August 2022, more than any other Latin American country. Barranquilla, a Caribbean Colombian city, has received over 97,651 Venezuelan migrants becoming the second-largest host city in the country.

Looking to expand healthcare access for non-citizens, the Colombian government developed the Special Permit of Permanence (PEP) in 2017. The PEP aimed to provide a temporary legal residence to allow access to public services. Unfortunately, less than 50% of these Venezuelan migrants have enrolled in the PEP. Considering that 74% of Venezuelan migrants remain without health insurance, barriers to integration and access remain in place. In addition, up to 14% of migrants have non-communicable chronic conditions requiring chronic care. Currently, there is no data on how the PEP has impacted the perceived access to healthcare for this subset of migrants making future legislation and public health programming challenging.

## **Experience**

In collaboration with the organization, Venezolanos en Barranquilla, we aimed to elucidate how Venezuelan migrants interact with healthcare services in Barranquilla, Colombia. In addition, through a series of workshops, we intended to generate a capacity-building strategy to translate this knowledge into action to strengthen health programming and service delivery for this vulnerable population.

During our field experience, we created and validated an electronic data collection tool to assess access and barriers to healthcare services and continuity of care. The is specific for Venezuelan migrants in Barranquilla, Colombia, allowing the organization to have context-rich data that can be easily translatable into actions to aid the migrants.

In addition to the tool, we conducted in-person workshops with staff members of Venezolanos en Barranquilla to provide training in data collection, data interpretation strategies, and healthcare navigation approaches.

- Workshop 1: Data collection tools for assessment of healthcare access and continuity of care and data analysis and interpretation for assessing the target population status.
- Workshop 2: Translating assessment results into public health recommendations for stakeholders and healthcare systems navigation strategies for non-profit organizations.

## Reflection

This field experience was very fulfilling for all of us. Giving back to our countries while studying public health at one of the best institutions in the world felt rewarding. There is no doubt that migrants face some of the most pressing public health issues worldwide. Especially true for Venezuelan migrants displaced due to the political and socioeconomic crises that started in 1999. The relationship between Colombia and Venezuela has always been tight, with Venezuela being one of the largest host countries for Colombian migrants in the past. Now the tables have turned, and the migration stream reversed with the difference that the migration conditions are not ideal for a dignified and sustainable life.



Seeing the reality in the field was eye-opening. In a certain way, we can read about the conditions and difficulties migrants face in academic papers and news outlets, but seeing the reality is sobering. The conducted research, interactions with migrants, and talks with the organization's personnel, Venezolanos en Barranquilla, showed us how complicated it is to integrate migrant populations into the host country. The challenges are diverse and although our experience was short due to logistic issues, we believe that we were able to make an impact on the organization. This project will allow the organization to have better data collection tools, a better comprehension of the data, and ways to make the data actionable, especially when looking for funding opportunities. In addition, the clinical navigation

module we presented will allow the organization members to guide the migrants through a healthcare system that is new to them so that they can achieve the best health outcomes possible.

We are humbled by this experience and wish to continue contributing to the health of underserved communities, including migrants coming from or to our home countries. This field experience has provided us with the tools and the systematic approach to tackle complex problems such as the aid of migrants. We will continue to implement this knowledge thought our careers. This field trip complements our education at Hopkins with relevant experiential learning that was difficult to acquire through other means.



### Future Steps

We continue to collaborate with the organization *Venezolanos en Barranquilla* to further develop and test the data collection tool. In addition, we hope to conduct virtual workshops to aid them in the navigation of migrants when the integration of the health system occurs thanks to the PEP. They are still in the initial phase in which the priority is to affiliate as many migrants as possible to the health system. But shortly, they will have to help them understand what they can do with the PEP and we believe that we can continue aiding them in making this process more efficient.