



Canada

**The 2nd Annual Reproductive, Maternal, Newborn, Child Health and Nutrition (RMNCHN)
Evidenced Based Learning Conference
February 5 - 6, 2020
Safari Park Hotel, Nairobi**

CONFERENCE STREAMS AND SUB-STREAMS

Stream 1: Health System Strengthening

A health system consists of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health. A well-performing health system is one that achieves sustained health outcomes through continuous improvement of these six inter-related HSS functions; human resources for health; health finance; health governance; health information; medical products, vaccines, and technologies; and service delivery.

Abstracts under this stream will focus on:

- Innovative approaches to improve capacity of the health system to deliver RMNCAH and Nutrition services.
- Approaches to improve quality of RMNCAH and Nutrition services.
- Approaches to improve access to quality RMNCAH and Nutrition services
- Innovative approaches in supporting the government's efforts towards universal health care.

Stream 2: Promoting an Enabling Environment

Sociocultural, economic, and policy factors influence both the functioning and sustainability of health services. An enabling environment requires equitable policies; adequate resources; good governance, management, and accountability; and supportive social norms. Pivotal to fostering an enabling environment is the need to engage governments, communities, and other members of civil society.

Abstracts under this stream will focus on:

- Advocacy initiatives; influencing policy change and resource allocation, and strengthening key institutions for policy implementation.
- Engaging communities and CSOs to create an enabling environment and strategically to support advocacy.
- Social accountability initiatives to hold public officials to account for their obligations.

Stream 3: Creating Demand for Services

Demand creation seeks to improve health seeking behaviours by identifying and addressing the barriers to service uptake. It increases awareness of and demand for health products or services among a particular intended audience through social and behaviour change communication (SBCC) and social marketing techniques.

Abstracts under this stream will focus on:

- SBCC/BCI approaches in creating demand for health services in various levels
- Contributions of innovations and technologies to demand creation initiatives
- Other innovative and effective approaches to addressing social cultural barriers to health behaviours.



Stream 4: Gender Equity and Utilization of Health Services

Gender norms, roles and relations influence people's susceptibility to different health conditions and diseases and affect their enjoyment of good mental, physical health and wellbeing. They also have a bearing on people's access to and uptake of health services and on the health outcomes they experience throughout the life-course.

Abstracts under this stream will focus on:

- Innovative approaches to address gender norms and structural barriers to utilization of services.
- Innovations around gender transformative approach by repositioning genders roles and responsibilities for better involvement of men/boys
- Constructive male involvement in health and nutrition services to address gender stereotypes in regard to roles/contribution of men to better health.

Stream 5: Food and Nutrition Security

Food and nutrition security refers to a situation where all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. Improving food and nutrition security requires knowing where the most vulnerable are located and understanding what makes them vulnerable.

Abstracts under this stream will focus on:

- Nutrition specific interventions aimed at treating or offering remedy to malnutrition cases at health facilities and communities.
- Nutrition sensitive interventions that prevent occurrences/manifestation of malnutrition in the society.
- Multisector approach to nutrition service delivery

Expected Outcomes

- Strengthened engagements, multisector approaches and coordination through collaborative partnership at county and national levels.
- Increased commitments for evidence-based programming, learning and scale up of impactful approaches
- Sustained PSMNCK coordination, quality improvement and policy influence

GUIDELINES FOR ABSTRACT SUBMISSION

Format: Abstracts must be prepared in English using upper and lower-case letters, Calibri Light, font size 12, and single spaces not more than 300 words. Abstracts should be submitted as a Microsoft Word document using the outline below.

Please do not send supplementary materials (photos, articles or reports) with your abstract.

1. Title of Abstract
2. Authors and affiliations
3. Corresponding author and contact: name, email, phone

Title: Make it short, descriptive, interesting and have clarity

Authors: List names of authors along with information on their institution affiliations. Names are usually given as initials for first and middle names, followed by surnames in full.



Objectives: State either a question or a hypothesis or describe your specific research or intervention objective to clearly state the purpose of your work.

Methods: The methods section is usually the second-longest section in the abstract. It should contain enough information to enable the reader to understand what was done, and how. Ideally, the methods section should give succinct answers to the following questions:

- Was it an intervention? A research? A survey?
- What was the design?
- List all the actors involved (those applying the intervention, those receiving it)
- What was the setting of the study? (location, rural / urban, etc.)
- What was the primary outcome of interest and how was it is defined?
- Frequency and duration of the intervention?

Results: The results section is the most important part of the abstract and its quality and range should not be compromised. This is because readers who read an abstract do so to learn about the findings of the study.

The results section should therefore be the longest part of the abstract and should contain as much detail about the findings as the word count allows. **Include only results that answer your question, and only the most important data, in a logical order.** Ideally, the results section should give succinct answers to the following questions:

- What was the strongest evidence of the intervention?
- How were results measured?
- How many people benefited (disaggregated into men, women, boys, girls, social dynamic of beneficiary group)?

Conclusions: This section should contain the most important take-home message of the study, expressed in a few precisely worded sentences. It should address the right based approaches and strategic focus on the policy direction with respect to RMNCHN and SRH issues. The points below should guide the narrative in a succinct manner.

- What did the counties benefit?
- How to replicate/scale up best practices?
- How to sustain achievements?
- What needs to be reinforced/gaps remaining?
- What lessons and recommendations are we learning from it?

Accepted Abstracts will be presented using two formats:

1. Oral Presentations
2. Poster Presentations

Deadline for abstract submissions: **Thursday, 31st October 2019**

These should be submitted to: E-mail address: psmncah-conference@hki.org

Successful authors will be notified by **Friday, 29th November 2019**

