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Title: THE GAP BETWEEN KNOWLEDGE AND ACTION: UNDERSTANDING COMMUNITY BEHAVIOUR AROUND MANAGEMENT OF PEDIATRIC SORE THROATS IN UGANDA

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Background & Aims: Primary prevention of RHD involves detection and treatment of superficial Group A streptococcal (GAS) infections and reduces the occurrence of Acute Rheumatic Fever (ARF), a precursor of Rheumatic Heart Disease (RHD) by 70-80 %. The Rheumatic Heart Disease Community Streptococcal Treatment Program "RESET" aims to reduce new cases of RHD through a community streptococcal treatment program in Eastern Uganda. Part of the intervention bundle includes increasing community health seeking behavior for sore throat through a multi-faceted community awareness campaign in Tororo District.

Methods: We employed multiple community sensitization strategies including school-based education, community health extension workers education, educational outreaches to markets, places of worship, and village meetings; radio messaging and talk shows, posters in public places, billboards, wall paintings and one-on-one, house-to-house education with brochures. We on-boarded community stakeholders to own and spread the message at every opportunity, from the district health officer, district health educator, health inspectors, traditional healers and herbalists, religious leaders, to local council chairpersons. Sensitization, riding on the mantra 'Be a Hero. Protect Our Children's Hearts. Treat Sore Throats' was co-sponsored by the Uganda Ministry of Health. We conducted community knowledge surveys before the campaign and at 6 months from initiation of program implementation. Concurrently, we monitored district-wide health facility records for numbers of children presenting for sore throat care.

Results: The program was well received by the district leaders and community. At 6 months of the program, all campaign strategies were smoothly implemented. The in-person reach was approximately 50%. Compared to the baseline community survey where 25% of respondents had heard messages about sore throat (likely false recall), at 6 months 99% of those surveyed knew about the campaign. Posters and radio messaging were most cited as sources of messaging, while community extension workers were the most common source of in-person information. There was significant knowledge gain from baseline to 6 months, and the amount of people who said that their key takeaway is to get a formal evaluation for sore throat increased by 12%. However, despite this demonstrable campaign penetration at 6months, to date we have seen no concurrent increase in the number of children presenting for formal care for sore throat in health facilities.

Conclusions: The community sensitization strategies used in the RESET program have achieved the required message penetration. However, the program has not been successful in changing caregivers' behavior to seeking sore throat treatment at formal health facilities. Information is needed to understand why our approach was not successful. Henceforth, we are amending RESET to co-design a sore throat treatment program with the community, believing that a community-partnered approach may increase the effectiveness, appropriateness, and feasibility of the program.