

pharmacists, physicians, and other health professionals committed to careers that include global health.

Structure/Method/Design: Program Goals: 1) provide training in global health systems, with a focus on health care delivery in resource-constrained settings; 2) establish an interprofessional cohort for global health action; 3) facilitate longitudinal mentorship for attendees Participants: The goal was to recruit clinicians with exposure to but not extensive service in global health, who were committed to dedicating part of their career to this pursuit. Although most participants were US-based, scholarships for participants from international resource-constrained settings were provided to strengthen the diversity of perspective in the cohort. Capacity Building: The curriculum was based upon the findings of a needs assessment and was further developed through frequent consultations with a team of interdisciplinary experts. We will continue to seed these skills annually, fostering connectedness across a wider group.

Outcomes & Evaluation: All 35 participants successfully completed the course. Initial feedback was overwhelmingly positive (average 4.8/5.0 for overall quality and 4.7/5.0 for relevance to practice). All respondents indicated an intention to change their practice as a result of the Bootcamp, with 88% planning to better integrate social determinants of health into their understanding of global health delivery. We plan a one year post-survey to evaluate the impact on community building and project development. A participant: "I have a much stronger concept of some of the ethical and systems related to global health that I am already using as the chair of a committee in my college on global engagement for students and faculty. I thought I already understood a lot of that, but the Bootcamp gave me a better grounding, both practically and theoretically. Really useful course."

Going Forward: Challenges: (1) connecting all sessions thematically, (2) increasing the interactivity across all sessions, (3) supporting participation from resource-constrained settings. Unmet goals: No, though we hope to increase community health worker participation as teachers. Future change: We may need to consider some tele-education options to increase participation of our international colleagues.

Funding: Faculty support for curriculum development, filming costs, as well as scholarships for international participants were supported philanthropically by an anonymous donor. We will use the revenue from CME fees collected to sustain the Global Health Bootcamp.

Abstract #: 01ETC104

Strengthening the monitoring and evaluation of a large-scale multi-sectoral nutrition program in Nepal

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Program/Project Purpose: The nutritional status of children in Nepal has improved over the past 15 years. Nonetheless, many remain trapped in a cycle of poverty and hunger. In response, the Government of Nepal has committed to scaling up a set of evidence-based "nutrition specific" and "nutrition sensitive" interventions to improve maternal and child nutrition, as articulated in its Multi-Sectoral Nutrition Plan (MSNP). The MSNP is designed to address the determinants of undernutrition, and was developed by Nepal's National Planning Commission (NPC) in collaboration with six government Ministries and partners including the UN, the World Bank, and bilateral agencies. Recognizing the unique challenges posed by a multi-sectoral endeavor, the NPC engaged in a process to

strengthen and build capacity for the MSNP M&E system under the auspices of a multi-stakeholder technical working group. The purpose of this presentation is to describe the M&E strengthening process and to highlight aspects of a multi-sectoral M&E system that are relevant to similar efforts worldwide.

Structure/Method/Design: The goal of the M&E strengthening process was to develop a system capable of tracking progress towards MSNP objectives, identifying bottlenecks, and capturing the added value of multi-sectoral collaboration. Key outputs included the preparation of six sectoral M&E frameworks with indicators to measure process and impact, a consolidated M&E framework providing an overview of the program, operational guidelines for each, protocols for baseline/endline surveys and sentinel surveillance, and a set of capacity-building tools. The NPC's National Nutrition and Food Security Secretariat (NNFSS) led the strengthening process in consultation with UNICEF, the University of Washington (UW), and other partners, starting in January 2014. To facilitate this work, a model of mutual capacity-building was adopted, with a Masters-level student from the UW linked to UNICEF and NNFSS junior professional counterparts, and support from UW faculty. M&E and Planning Officers from all relevant sectors collaborated throughout. Wherever possible this work built on existing materials and institutions to ensure sustainability.

Outcomes & Evaluation: All six ministries and the NPC endorsed the products of the strengthening process. Sector M&E frameworks are now grounded in process-oriented theories of change, based on activity plans for which resources have been allocated, and include core indicators utilizing available data. These frameworks monitor progress, identify bottlenecks, and measure the added value of multi-sectoral collaboration. Because government owned the process and collaborated at all levels, there is significant buy-in to the system.

Going Forward: MSNP M&E will be initiated alongside program implementation. The system will rely largely on district staff responsible for ensuring the quality and timeliness of data. It will be essential to provide training and ongoing supervision of relevant staff, to motivate them to participate in the process, and to provide an adequate forum for multi-sectoral collaboration at the district level.

Funding: No funding listed.

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Participatory blended maternal and child health (MCH) seminar programs to strengthen the competency among nursing professionals in the developing country

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Background: 70% of Maternal and Child Mortality causes in the developing countries could be prevented if mothers and babies could access the quality MCH care. Accurate knowledge and clinical competency amongst health professionals are keys to reduce preventive tragedies. However training opportunities are very little in these countries, especially in remote area due to lack of resources, the poor infrastructures. Developing low cost and accessible continuing education system is crucial to tackle with the current challenges, and continuity of the sustainable development. We have developed participatory blended program over the last 5 years. Numerous changes from both teaching institutions and clinical practices at forefront had been reported.

Methods: Modules of blended MCH seminar program focused on health promotion, risk assessment, prevention, and management were designed in collaboration with professional bodies and four national universities in Mongolia for knowledge and clinical skills translation into local contexts. It is designed with interactive online and face to face seminars between Japan and Mongolia. Moodle which we settled to function as a platform for all participants to access seminar materials, including text documents, seminar videos, and list of references for free of charge.

Findings: Over 40 % of all Mongolian nursing profession was able to enroll at least one of these seminars between 2008 and 2013. Using the IT technology reduced both traveling time and cost of Japanese lecturers and Mongolian participants. All seminar credits have been accredited by the Mongolian government for renewal of the license, which was the major cause of reduction of nursing workforce in the remote area over the decades. Findings revealed that there were impacts on both clinical practices and undergraduate curricular, including introduction of parental education classes, better use of MCH handbook which is a combination of growth records throughout pregnancy to delivery, and a child up to 6 years old, and educational part, developing nursing care protocols and introduction of the first nursing diagnosis and nursing records. The first MCH nursing textbook were published and distributed by local partners, and widely used in the country now.

Interpretation: Participatory blended seminar program provided platforms for not only the collaborative learning activities and mutual understanding between Japanese and Mongolian professionals and students, but also promoted local communication to understand the problems and possible intervention in Mongolia. Future work is planned to formulate the evaluation indicator of the outcomes.

Funding: No funding listed.

Abstract #: 01ETC106

Nine summers in Uganda: A global midwifery program

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Program/Project Purpose: The University of British Columbia (UBC) Midwifery Division developed a global citizenship program in Uganda in 2006. Low resourced maternity wards in Uganda provide Canadian students a chance to learn about global midwifery challenges, and prepare them for practice in rural and remote settings in Canada. As well, the program prepares Ugandan midwives to provide continuing education for both urban and rural midwives. Ugandan midwives also work with the Canadian team in student-led maternal-infant research resulting in co-publications, posters and co-presentations.

Structure/Method/Design: The program was established to promote within UBC midwifery students an understanding of current global maternal-infant issues. The students participate in maternal-infant care in low resource settings supervised by Canadian preceptors licensed in Uganda, and Ugandan preceptors. Students also learn about social and economic determinants of health. The program includes a three credit theoretical global maternal-infant course, an orientation, a six-week practicum, and a debriefing session. Participants selected through an interview process, participate in preparation through gathering donated supplies, fundraising, and preparing continuing education materials. Once there, they teach midwifery skills to junior Ugandan students, and work alongside their preceptors. The Ugandan Ministry of Health selects program sites according to need. Early in the program, a Ugandan midwife

came to Canada to become a neonatal resuscitation teacher as part of the program's commitment to reciprocity of learning. At each site, we provide two consecutive years of continuing education, and we select one or more Ugandan midwives to be a mentor for that site, reinforcing the changes in practice. The following year, they join the Canadian-Ugandan team to present workshops in locations identified by Ministry of Health and regional directors as needed. This year, our Canadian team is mentoring 'junior instructors' who will join us, and replace existing instructors in future, assuring continuity of the program.

Outcomes & Evaluation: To date, more than 2/3 of UBC midwifery students have participated in the global citizenship program, and scholarship funding has been obtained covering 20% of students' costs. Student evaluations show increased confidence to practice in low resource settings, and a health systems perspective of global maternal newborn care. Several Ugandan trainers have become national trainers and two have co-presented with Canadian team members at international midwifery conferences. Evaluations of clinical skills of Ugandan midwives after refresher courses showed that trained midwives were often moved to other wards, emphasizing the need for local onsite trainers.

Going Forward: We plan to expand the program to another country and offer the theoretical course by distributed learning, improving accessibility for other health profession students, and encourage an interprofessional global placement.

Funding: UBC Midwifery Program and Students for Global Citizenship Fund.

Abstract #: 01ETC107

Incorporating religious leaders into the HIV care continuum in Northern Ethiopia: Evaluation of a pilot project and development of a scale up plan with a focus on sustainability

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Program/Project Purpose: Working with religious leaders to spread public health messages has been recognized as an important global health strategy. A pilot project was implemented in June-August of 2013 in Northern Ethiopia where religious leaders hold unparalleled social influence. Four religious women and four priests were trained at a local health center on HIV, antenatal care (ANC), and prevention of mother to child transmission (PMTCT). The participants educated and referred parishioners for these services. In June-August of 2014 the pilot project was formally evaluated using the number of ANC visits, focus group interviews with participants, and key informant interviews. The data gathered were used to modify the program protocol and plan the initial phase of a scale up effort.

Structure/Method/Design: This project sought to develop a scale up plan for the pilot program with an emphasis on sustainability. Following evaluation of the pilot project, five health centers were visited to assess for appropriateness and readiness for implementation of the project. Considerations included enthusiasm of clinic staff, infrastructure, and capacity for services. SWOT analyses were conducted. Two health centers were chosen to enter into the implementation phase of this project beginning in January, 2015. An additional health center was chosen for a pre-implementation phase. Adjustments to the original project protocol included a prolonged implementation phase and more a robust monitoring and evaluation plan.