

meningitis, non-falciparum malaria, neonatal respiratory arrest, and cardiovascular disease risk factors. GHILT participants have also provided critical assistance in the development of community health worker training in noncommunicable disease in rural South Africa.

Going Forward: As the number of GHILT participants grows, so does our need for international partners. Developing these relationships must be gradual and this will continue to be an area of growth. With our current partners we are working on developing bi-directional exchange and increasing our connection through telemedicine case conferences. Finally, we will begin a more intensive evaluation process of our GHILT graduates to better quantify the value of the training they have received.

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Abstract #: 02ETC019

Collaborations between MEPI and NEPI at addis ababa university

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Program/Project Purpose: Collaboration between the Medical Education Partnership Initiative (MEPI) and the Nursing Education Partnership Initiative (NEPI) is critical for achieving the President's Emergency Plan for AIDS Relief (PEPFAR) goals of meeting the health care needs of persons with HIV within the health care systems of developing countries. Objectives: To describe the collaborative activities between MEPI and NEPI in Addis Ababa University, and demonstrate lessons learnt and their relevance for advancing health and workforce capacity and health systems strengthening in Ethiopia.

Structure/Method/Design: In 2010 and 2011 respectively, the MEPI and NEPI were launched in Ethiopia through PEPFAR funding awarded under the Health Resources and Service Administration (HRSA). The Addis Ababa University MEPI grant aims to: 1) Improve the medical education system by increasing number of physicians and quality of training; 2) Human capacity building and retention through enhanced recruitment and retention of qualified faculty; and 3) Enhancement of research and bioethics capacity. NEPI Ethiopia aims to produce clinically competent nursing and midwifery graduates to practice professionally, effectively and safely in diverse public health service settings. AAU utilized MEPI and NEPI support to respond to the Ethiopian government's HRH strategy, including dramatically increasing the number of medical students and resulting graduates, working to retain these new physicians in-country, and reaching out to support many of the newly established medical schools. The NEPI program is led by an Advisory Group that includes the Federal Ministry of Health, Ministry of Education, the nursing/midwifery education community, the ICAP Ethiopia NEPI Coordinating Center, and the USG.

Outcomes & Evaluation: MEPI has expanded the number of community-based sites, allowing large number of students have greater access to patients. They have launched a textbook initiative to significantly decrease the book to student ratio. Faculty are supported with research training opportunities, IRB resources, resources to present scholarly work at national and international conferences, and incentive pay for extra teaching load. MEPI has also been a leader in supporting the nationwide transition to a modular curriculum to be implemented at all Ethiopian medical schools. MEPI supported enhancement of the IT infrastructure of the College of Health Sciences, including the establishment of computer labs and internet

connectivity, providing wireless access in the compound. CHS faculty and students have been trained on the use of the learning content management system and the e-Library.

Going Forward: AAU and MEPI consortium partners are training significant proportion of the Ethiopian medical doctors and nurses. MEPI and NEPI have also enabled innovative ways and improved quality in training, and provided additional opportunities for faculty to ensure that they stay in Ethiopia and train future generations of physicians. MEPI investments have also facilitated improved employee work environment and professional development opportunities by fostering multidisciplinary approaches to patient care.

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Abstract #: 02ETC020

A qualitative assessment of the rapid scale up of medical students in Ethiopia: An evaluation at Addis Ababa University

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Background: Ethiopia has one of the most severe physician shortages in the world with only 2.5 physicians per 100,000 persons. To address this shortage, the Ethiopian government initiated a "flood and retain" policy to rapidly increase the number of physicians in Ethiopia. As a result, Addis Ababa University (AAU) School of Medicine has increased enrollment from 100 to approximately 350 medical students per class. The U.S. government funded Medical Education Partnership Initiative in Ethiopia (MEPI-E) has provided new and additional resources to strengthen the quality of medical education at AAU. The objective of this assessment was to evaluate the impact of the rapid scale up of medical students on the quality of medical education at AAU.

Methods: Qualitative, semi-structured, in-depth interviews were conducted with key informants in Addis Ababa, Ethiopia. The sample (n=22) consisted of faculty members, administrators and medical students. Respondents were selected for an interview if they were currently enrolled or employed at AAU School of Medicine. A gatekeeper at AAU provided access to respondents and additional medical students were recruited through snowball sampling. Domains of inquiry included perceptions on the quality of medical education as it relates to the rapid increase of incoming medical students, evaluation of newly implemented educational technologies, lessons learned and future programmatic directions. All 22 interviews were transcribed verbatim and analyzed with thematic analysis.

Findings: Several key themes were noted in the interviews with regarding the impact of the rapid scale up: 1) perceived decrease in the quality of medical education due to a marked increase in the number of medical students; 2) negative learning and teaching experiences; 4) need for infrastructure improvement to support increased numbers of students; 5) positive initiatives implemented by MEPI-E; and 6) low satisfaction with medical education for students and faculty.

Interpretation: The unprecedented rapid scale up of medical students has markedly impacted multiple facets of medical education at AAU. Initiatives developed and supported by MEPI-E are perceived to be enhancing the quality of medical education at AAU during a challenging period. The AAU and MEPI-E partnership provides insight for resource limited countries hoping to expand medical education.

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Abstract #: 02ETC021

Improving monitoring and evaluation capacity in an organization with a global reach: A mentoring and thought leadership approach

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Program/Project Purpose: PATH, an international non-profit, working in over 70 countries, has initiated a program to build capacity in global Monitoring and Evaluation (M&E) staff. Like many non-profits, PATH has limited funds to build capacity of its staff and partners. Tools such as orientations, trainings and e-learning courses continue to be great channels to communicate best practices. However, the challenge remains how a decentralized organization can create an active learning environment that enables professionals to assess their competencies, identify priority areas for improvement, and create opportunities to apply and eventually master new skills. The M&E Professional Development Pathway (PREP), is a structured mentoring and thought leadership cultivation initiative. PREP originated out of the experience that e-learning courses alone were failing to provide adult learners with enough information for lasting capacity building in M&E skills; and that short-term technical assistance was not enough to provide opportunities for applied learning. PREP was created to bring together multiple learning approaches. The aims of this program are to work with a cohort of professionals to increase knowledge of M&E, provide structured opportunities to build skills, and cultivate a cohesive M&E discipline by formally connecting professionals from different parts of the organization.

Structure/Method/Design: This new and unique approach, was a nine-month long blended learning and mentorship program. Through the program, PATH staff from 22 offices worldwide apply to participate. After acceptance, the program features monthly webinars on 10 key competencies in M&E, mentor meetings on one particular competency area, and a community of peers to support growth.

Outcomes & Evaluation: PREP was designed to systematically track the progress of skill development by individuals at PATH. By following and evaluating the professional development of a few individuals, the M&E Dept. was able to understand the effects of capacity building for the organization. In addition to strengthened core competencies, the program evaluated progress against a learning plan outlining the intended development of the participant. During the pilot year (6 mentees), and an implementation year (10 mentees), progress has been tracked on outcomes from these individuals. Increases in both knowledge and experience were found. Relevant outcomes include capacity built, connection across countries and projects established, and contributions to the M&E at the organization. All of these improvements contribute to establishing an M&E discipline at the organization and will improve quality of work.

Going Forward: The challenges include continuing to recruit the appropriate level of staff member, with some foundational M&E skills and practice, but the need to improve and invest in other competency areas or broaden experience. Related to this, M&E staff who are skilled and competent do not have a similar program that will invest in building relationships and a community to share work with.

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Abstract #: 02ETC022

Creciendo sanos (“Growing Up Healthy”): An early childhood health and development program in southwest Guatemala

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Program/Project Purpose: The first three years of a child’s life are a critical period for brain growth and development with significant consequences for long-term future functioning. The importance of integrated interventions to improve early childhood health and development is widely recognized at an international level with the potential to enhance a child’s physical growth, socio-emotional and cognitive development, and the overall economic productivity of a society. Creciendo Sanos (“Growing Up Healthy”) is an integrated Early Childhood Health and Development Program that was specifically designed for use in southwest Guatemala since 2013. The program combines a series of neonatal home visits, mother-child interactive care groups, and community education sessions to enhance the health and development of children from 0-3 years of age.

Structure/Method/Design: The Trifinio area is an impoverished region with a population of approximately 25,000 inhabitants in the coastal lowlands of southwestern Guatemala. Creciendo Sanos participants include workers and the families of workers of a local private sector agricultural corporation. The program has three components: (1) Three Neonatal Home Visits made by community health workers (CHWs) to examine neonates and screen for maternal depression; (2) A series of four Group Health Visits (at 6, 12, 24, and 36 months of age) given by CHWs to educate caregivers on age-appropriate anticipatory guidance and perform growth monitoring/promotion and developmental screening; (3) Monthly mother-child interactive Care Groups from 2 months – 3 years of age that use participatory learning to promote responsive parenting techniques, provide peer support for mothers, reinforce caregiver knowledge of health topics, and perform growth monitoring/promotion.

Outcomes & Evaluation: Creciendo Sanos utilizes a mobile phone data collection system using the platform Open Data Kit (ODK). Information is collected by CHWs and then transmitted electronically through the ODK database and imported into a SAS statistical database for analysis. This system will facilitate an overall program evaluation with targeted and timely programmatic responses and rapid cycle feedback. The program evaluation will rely on time series comparisons of registry data from baseline when the program begins to changes in child health outcomes at regular intervals. We will assess program inputs, i.e. Neonatal Home Visits and participation in both Group Health Visits and Care Groups. Developmental screening tools (ASQ, MacArthur Communicative Development Inventory) will be included as indicators for child development, and parent behavior scores (HOME Inventory) will be used to assess exposure to development-promoting behaviors.

Going Forward: Creciendo Sanos is in an early implementation phase. We currently have ~150 children enrolled. Ongoing challenges include turnover and training of CHWs and designing a cluster randomized pragmatic effectiveness trial.

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72hr patient follow-up as a metric for measuring outcomes and quality of emergency care provided in resource-limited settings: An outcomes study from a rural Ugandan district hospital’s emergency department

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