

post intervention. Process evaluation data will be collected throughout the RCT. Final products will include educational tools for CHWs, health providers and policy makers, outreach programs for underserved populations, and policy recommendations.

Going Forward: After completion of the evaluation, community and policy workshops will be convened to exchange program experiences, engage multiple stakeholder in data interpretation, and determine next steps within Thailand and Vietnam and elsewhere in the region. As part of the project, we are organizing a regional scientific and policy advisory board inclusive of representatives from Myanmar, Nepal, India, Cambodia, and the Philippines to facilitate broader dissemination of the project.

Funding: Funding applications are under review.

Abstract #: 02ETC043

Estimating caregivers' malaria-related treatment-seeking behaviors in Ugandan children under 5: A rural field study

R. Kassam; *University of British Columbia, Vancouver, BC/CA*

Background: With 95% of the population living in high malaria transmission areas, malaria remains an important health challenge in Uganda. To-date, government programs and policy changes have by enlarge focused on medication delivery systems and communication strategies to increase knowledge about malaria and its first line treatments, but little has been done to improve communities' and families' capacities to access effective antimalarials. As part of a larger study, the objective of this study was to quantify caregivers' treatment-seeking behaviors for management of malaria in children under 5 in the rural and remote District of Butaleja, where caregivers' treatment-seeking behaviors were largely unknown.

Methods: During June/July 2011, an in-depth cross-sectional household survey recorded information from 424 households across 35 different villages sampled from 27 of Butaleja's 66 parishes. Target population included caregivers with a child 5 years or younger reporting fever during the past two weeks. Sample size calculation had shown that 380 households from an estimated population of 20,620 assured an error rate less than 5%. Guided by elements of the Health Belief Model, by the literature on caregiver treatment-seeking behavior, and by measurement experts, malaria content experts and key informants from the target population, seven educational and environmental factors were identified a priori for developing an inventory of questions to be included in the survey. These factors included: malaria-related knowledge (disease and treatment), episode management, assistance with critical decision, access to information sources, problems with accessing advice, problems with obtaining the best antimalarial, and perceived ability to initiate/redirect actions. Reliability analysis then assisted in developing quantitative profiles to assess Assets and Challenges facing caregivers when managing malaria in children under 5 years.

Findings: District-wide, 31.8% of children received an appropriate antimalarial – far below the government's target of 85%. Overall, results showed that the average caregiver accumulated less than half the total possible number of Asset points and about half the possible number of Challenge points. As expected, caregivers with higher Asset scores obtained overall lower Challenge results ($p < 0.000$). Of the six Asset scales, caregivers averaged highest on Caregiver Knowledge (65%) but only 21% of possible encounters with health professionals to assist in treatment decisions. The average caregiver reported problems with 74% of the 7 issues they might encounter in Accessing Advice about treatment for their child, and 55% of the 9 Problems in Obtaining the Best Antimalarial.

Interpretation: The ever-present threat of malaria does not automatically translate into informed treatment-seeking by family caregivers. Our study suggests two sets of interventions are required: one to minimize barriers to obtaining advice and treatment, and the other to improve caregivers' perceived benefits about ACT and their ability to navigate current health system to obtain ACT in prompt and efficient fashion.

Funding: With 95% of the population living in high malaria transmission areas, malaria remains an important health challenge in Uganda. To-date, government programs and policy changes have by enlarge focused on medication delivery systems and communication strategies to increase knowledge about malaria and its first line treatments, but little has been done to improve communities' and families' capacities to access effective antimalarials. As part of a larger study, the objective of this study was to quantify caregivers' treatment-seeking behaviors for management of malaria in children under 5 in the rural and remote District of Butaleja, where caregivers' treatment-seeking behaviors were largely unknown.

Abstract #: 02ETC044

Palliative care education in Belarus: Development and delivery of a cost-efficient, streamlined and targeted palliative care curriculum

A. Kazberouk¹, O. Mychko², S.E. Slater³, K. Doyle⁴, D. Skoniecki⁵, M.M. Kamdar⁶, T. Soldak⁷, A. Bhatt⁸, F. Huang⁹; ¹Harvard Medical School, Boston, MA/US, ²Hospital of Palliative Care "Hospice", Minsk, Belarus, ³Mount Auburn Hospital, Boston, MA/US, ⁴Massachusetts General Hospital, Roslindale, MA/US, ⁵Brigham and Women's Hospital/Dana-Farber Cancer Institute, Boston, MA/US, ⁶Massachusetts General Hospital, Boston, MA/US, ⁷Resource & Policy Exchange, Delhi, NY/US, ⁸Stanford University, Stanford, CA/US, ⁹Dana-Farber Cancer Institute / Harvard Medical School / Global Oncology, Inc., Boston, MA/US

Program/Project Purpose: Worldwide, only 10% of the 20.4 million people who need palliative care currently receive it. A major barrier in lower and middle-income countries (LMIC) is insufficient knowledge of and experience in palliative care for healthcare workers. We report the development and implementation of a first-in-country palliative care curriculum in Belarus. The field of palliative care is relatively new to Belarus, with the first adult hospice founded in 2005. Palliative care was formally introduced into the National Healthcare Law in 2014. While government support is increasing, the country faces a shortage of trained palliative care providers and significant barriers to opioid availability. The goal of our initiative was to introduce palliative care to a broad group of providers and administrators and then train a smaller group of physicians, intended to be future country-leaders in palliative care, in advanced palliative care techniques.

Structure/Method/Design: We first conducted a needs assessment that examined physician knowledge and attitudes towards end of life care, previous palliative care training, current practices and drug availability. With this input, we developed, modified, and translated a 25-lecture palliative care curriculum. We conducted a one-day "Introduction to palliative care" workshop for a group of 80 administrators and physicians to introduce basic palliative care topics and gain support and publicity for palliative care. Subsequently, we conducted a four-day advanced palliative care seminar for a cohort of 25 physicians – including oncologists, internists, pediatricians and palliative care specialists. In our continued mentorship role, we plan to support this cohort as they advocate for palliative care and train additional healthcare providers in the country of Belarus.