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Religious leaders as health educators: a pilot project in Northern Ethiopia

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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 in the Gondar region of Northern Ethiopia trained religious women and priests on HIV, antenatal care (ANC), and prevention of mother to child transmission (PMTCT) of HIV services. The trainees were charged with educating and referring pregnant women and their partners to the local health center for care. Stigma associated with HIV is a powerful force, and the religious community in this context holds unparalleled social influence. The goal was to discover whether integration of religious women and priests into the care continuum would increase the number of women seeking care.
Structure/Method/Design: Barriers to seeking care were established through interviews and focus groups with pregnant parishioners and health care providers, which helped inform the training of religious women and priests. Four religious women and four priests were selected by the Ethiopian Orthodox Church (EOC) in June of 2013 to participate in the project. Baseline interviews were conducted with each participant before receiving a tailored three-day training on HIV, ANC, and PMTCT. Weekly focus group meetings with the participants followed the training for 8 weeks. Numbers of ANC visits were gathered for an additional year as part of a formal evaluation of the project.
Outcomes & Evaluation: The pilot project increased the number of ANC visits by 20% during the two-month implementation period. Level of understanding about HIV, including transmission, effects on the body, and implications for the health of communities was increased among the participants. An evaluation was conducted one year after the program was implemented; while the religious women and priests maintained their knowledge of HIV and felt the project was beneficial to the community, they expressed a desire for a longer period of support and additional trainings. The number of ANC visits returned to pre-project levels after the intensive implementation period. These findings have informed the scale up plan for the project.
Going Forward: Based on the evaluation of this pilot project, a more extensive implementation phase has been proposed for the subsequent sites. This includes an expanded monitoring and evaluation plan extending the duration of focus groups with the religious women and p
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Strengthening primary care through family medicine around the world: Collaborating towards promising practices

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Program/Project Purpose: Context: Strengthening primary care through family medicine around the world: collaborating towards promising practices brings together physicians, policy makers and academic leaders from low and middle income countries (LMIC) and Canada to develop an experience-informed resource to guide the development of context-responsive family medicine worldwide. Project Period: The project period is April 2014-April 2016. Why the project is in place: Evidence links primary care, particularly family medicine, to better health outcomes, increased equity and cost-effectiveness, and fewer hospitalizations. However, there is a paucity of literature describing and critically comparing the contemporary experiences, success and challenges, and lessons learned among countries engaged in family medicine initiatives. Aim: To inform family medicine development worldwide through experience-informed recommendations for future research, policy and practice.
Structure/Method/Design: Project goals, desired outcomes: Using a qualitative case study methodology, to produce a compilation of case studies in the development of family medicine in LMICs and Canada; to gather participants at an international workshop to share case studies and to develop a framework of promising practices for the strengthening of family medicine and primary care globally. Participant and stakeholders: Family medicine leaders and academics from Canada, Brazil, Mali, Indonesia, Kenya, and Ethiopia selected based on previous collaboration around strengthening of family medicine and with a view to include various regions of the world (Latin America, Sub-Saharan Africa and Asia). Capacity Building: In addition to the ultimate goal of strengthening family medicine globally, this project aims to build research capacity in the area of family medicine and primary care in the participating countries, through the provision of support, resources, mentorship and feedback to lead researchers conducting the case-study research.
Outcomes & Evaluation: Successes to date: Draft case studies have been developed by all researchers. The International Workshop is planned for Nov. 10-11, 2014. There, participants will present their case study, compare and contrast the experiences in developing family medicine, and extract common shared lessons and strategies for building a strong family medicine foundation in health systems worldwide. Monitoring and evaluation results: Monitoring and evaluation of the project is planned for 6 months and 1 year after the project completion.
Going Forward: What are the ongoing challenges: Ongoing communication with partners in multiple countries is an ongoing challenge. Are there unmet goals? No unmet goals at this stage. How may future program activities change as a result? To the extent that it is possibl
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Evaluating the impact of a nursing assistant training program in rural Uganda

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Program/Project Purpose: In 2004, the African Community Center for Social Sustainability (ACCESS) established a nursing assistant training school in Nakaseke, a rural district in Uganda, to address the severe shortage of healthcare resources in the region. The school trained over 200 students who have gone on to provide much needed health care in resource-limited rural areas. In July 2014, a survey study was conducted over a five-day period in order to gather data regarding the efficacy of the ACCESS training program. The

purpose of this study was to assess the impact of the ACCESS nursing assistant training program and the current role of its graduates in rural health care work.
Structure/Method/Design: Working with local stakeholders, a team of three student volunteers developed a survey to evaluate the training outcomes of the ACCESS nursing assistant program. The survey focused on demographics, pre-training status, the ACCESS training program, post-training employment, and community impact and career development goals. Survey participants were contacted using telephone numbers stored in a pre-existing database containing 109 graduates. A short-form survey was administered via telephone to those living outside Nakaseke district while a long-form survey was administered in-person to graduates residing within a 10 mile-radius of the training school. The data generated by the survey was analyzed and presented using thematic areas outlined above. The results support a sustainable collaborative educational model by providing student feedback regarding the training received.
Outcomes & Evaluation: The mean age of the participants was 24 years, with the majority female (86.5%). All participants reported an overall positive impact of the training program. A large majority of graduates reported current employment in health care (91.9%) with place of employment primarily in health clinics (37.1%) and pharmacies (34.3%). Participants are predominantly working in rural areas (80.0%). Graduates also reported a desire to pursue more training for degree advancement (77.8%) and to return for further training at the ACCESS school (67.6%).
Going Forward: Overall, the ACCESS training program has provided a stepping-stone for many trainees and has impacted the community through increased health service provision. There is a great need for creating opportunities for students to access further studies for deg
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Redesigning dental education curricula delivary strstigy at the newly established University of Rwanda School of Dentistry

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Background: Like many other countries, Rwanda has a spectrum of healthcare challenges, especially after experiencing great civil strife nearly two decades ago. With a great need for oral health education, the University Of Rwanda School Of Dentistry (UR-SOD) was established in 2014. Its dental curriculum is organized into course blocks instead of ongoing simultaneous courses throughout the semester, similar to how it was under the Kigali Health Institute (KHI). The current system was criticized due to a difficulty of student application of didactic information in a clinical setting. New policy requires that the final tests be administered at the end of the semester which may lead to a three-month gap between early course blocks and their exams.
Methods: In 2012, KHI approved the Bachelor of Dental Surgery (BDS) curriculum. Dental students in the BDS program began their first two years along their medical counterparts in 2013, and will join dental therapy students in the Bachelor of Dental Therapy (BDT) program in September of 2015 at the dental school. The BDS, BDT, and Bridge (a program that allows dental therapy diploma holders to receive BDT degrees) curricula are currently under revision to accommodate all the programs while delivering optimum training. A curriculum committee was formed, and the plan to follow the UR medical school education guiding principles for writing course modules. UR-SOD will run the BDS, BDT and a bridge program, with vertical integration of all programs. Several challenges are anticipated, such as limitations in resources, facilities, number of faculty members and manpower. Additionally, faculty members will have to transition from the teaching block courses to semester-long simultaneous courses.
Findings: Several changes were adopted in this process. They include: adoption of semester-long modules running concurrently, completion of preclinical lab work in the second year for BDT students and first semester of the third year for BDS students, use of extensive online resources (such as lectures, lecture materials, and study aids), and elective courses. The three programs will overlap in some courses, where students from two or all three programs will receive instruction together. Students will be given continuous and summative assessments in adherence to their respective competencies.
Interpretation: The UR-SOD will shift to ongoing simultaneous courses throughout the semester, while being community oriented, emphasizing clinical, employing elective modules, and providing online access to courses, while using innovative multi-instruction methods.
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Engaging mentor mothers in a PMTCT intervention program in rural North-Central Nigeria

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Program/Project Purpose: Mentor Mothers (MMs) are HIV-infected women with comprehensive Prevention of Mother-to-Child Transmission (PMTCT) experience. MMs provide psychosocial, adherence and retention support for women living with HIV. With
Structure/Method/Design: HIV-positive women were recruited from Primary Healthcare Center (PHC)-linked mother support groups in rural North-Central Nigeria. Selection was restricted to PMTCT-experienced, community-resident women 18-45 years old, who spoke at least one local language. English reading/writing skills were considered an added advantage. Selected women received 5-day training, including sessions on HIV/PMTCT, counseling, confidentiality and documentation. Pre-/post-tests were administered; illiterate women were tested verbally. Scope-of-work and client visit/tracking logbooks were explained and provided to each MM. Up to 2 MM were targeted to each PHC's catchment area and were provided activity-related stipends. Supervisors were engaged to monitor/audit MM activities and provide MM support and PMTCT re-trainings. Pre-implementation qualitative studies were conducted to assess MM program acceptability among stakeholders.
Outcomes & Evaluation: Qualitative studies showed high-level MM program acceptability among stakeholders (HIV-positive women, healthcare providers/policy-makers, traditional birth attendants, community/religious leaders, male partners). Stigma by MM-association was a concern, so adjustments were made for client visits at non-residential locations as necessary. In 2013, we trained 38 MM;