

expand the quantity, quality, and relevance of nursing and midwifery professions to address population-based health needs; 2) strengthen the capacity, quality, and effectiveness of nurse and midwifery training and education programs; 3) identify innovative models to increase the number of qualified health care workers; 4) strengthen research and professional development opportunities; and 5) develop evidence-based strategies to guide future human resources for health investments

**Structure/Method/Design:** The NEPI Coordinating Center (CC) facilitates the planning, implementation, and monitoring of this preservice nursing program in the countries of DRC, Ethiopia, Lesotho, Malawi, and Zambia. Each country receives approximately \$1.2 million per year, for 5 years. There are three to six NEPI schools of nursing (SON) in each country. Under the leadership of the Ministries of Health and Education, the CC works with national nurse leaders to implement innovative interventions that respond to identified needs and have a sustainable effect on the nursing profession by increasing the number of well-prepared nursing and midwifery graduates.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Envisioned by Ambassador Goosby, NEPI is supported by the Office of the U.S. Global AIDS Coordinator (OGAC) and implemented through the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA). Ministries of Health and Education lead program implementation and assure synchronized coordination and sustainability. Other stakeholders include In-Country PEPFAR teams, USAID and its CapacityPlus Project, World Health Organization, Clinton Health Initiative, and ELMA Philanthropies.

**Summary/Conclusion:** NEPI has strengthened the spectrum of nursing by using innovative models to invest in preservice and regulatory bodies, educators, educational practices (competency-based curricula, preceptors, clinical simulation), equipment, and support to nursing students. Concurrently, NEPI has increased the administrative and financial capacity of NEPI schools; it is expected that NEPI SONs will be able to seek and be awarded support from other funding sources.

### Assessment of a community health worker training program in the Peruvian Amazon demonstrates effective learning retention: Implications for health care education in a resource-limited setting

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**Background:** UNICEF data suggests under-5 mortality rates (U5MR) rates in rural Peru are nearly double those of urban areas. To reduce U5MR, the World Health Organization developed the Integrated Management of Childhood Illness (IMCI) framework, which utilizes vital signs to classify illness severity in children under the age of 5. Using IMCI as a model, Comunidades Unidas Peru (CU Peru) designed and implemented trainings for community health workers (CHWs) in the Peruvian Amazon to measure and interpret vital signs. This study evaluated the effectiveness of the training to increase the ability to collect and interpret patient vital signs in the rural areas of the Loreto Region in Peru.

**Structure/Method/Design:** A vital sign pre- and post-test was administered to CHWs at each training to evaluate improvement over the year and the retention of the vital signs curriculum from year to year. CHWs were given the Short Assessment of Health Literacy for

Spanish Adults (SAHLSA-50) to assess if the curriculum was appropriate for learners with varying health literacy.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** After adjusting for gender, age, and years as a CHW, CHWs that have previously attended CU Peru training sessions scored higher on the pre-test than first-time attendees ( $P = 0.07$ ); although marginally significant, this implies a trend of curriculum retention. No significant difference was observed in post-test scores between first-time CHW training attendees and those CHWs who had previously attended ( $P = 0.49$ ). For those CHWs who had attended training sessions in 2012 and 2013, there was no significant difference in the post-test scores from 2012 and pre-test scores in 2013 ( $P = 0.13$ ), again indicating a trend in curriculum retention. The main effect of SAHLSA-50 scores and possible interaction with CHWs who had attended a previous training sessions were considered in the model but were not statistically a better fit than the model excluding SAHLSA-50 scores ( $F = 0.41$ ;  $P = 0.53$ ). Therefore, literacy is not modifying or confounding the results nor is the SAHLSA-50 score a good predictor of CHWs' pre-test scores.

**Summary/Conclusion:** CHWs who complete the training retain the curriculum from year to year, and performed better at the pre-test than those CHWs who had not previously attended a training program. First-time attendees and repeat attendees did not differ significantly in their post-test scores, indicating that single training provides substantial improvements. CHW SAHLSA-50 scores were not strong predictors of CHWs' pre-test scores, suggesting that this curriculum is well suited for a CHW population with varying levels of health literacy. Future work will evaluate the effect of training on community health outcomes.

### Creation of a continuing and professional development (CPD) library for nurses and midwives in the East, Central, and Southern Africa College of Nursing (ECSACON) region

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**Background:** The development of a CPD Library for ECSACON will contribute to the overall sustainability of newly created national-level CPD programs in the region. Many countries have created national frameworks for CPD over the past 2 years, and this library will help support them by making high-quality CPD content more accessible.

**Structure/Method/Design:** The CPD Library will be housed on the ECSACON website. Library content and delivery mechanisms will be determined based on the results of a survey that was developed and piloted by ECSACON, ARC, and nursing leaders in the region. It was distributed to nursing and midwifery leaders in 17 countries. A desk review was also conducted of content already available and produced by other implementing partners in the region.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** East, Central, and Southern Africa College of Nursing (ECSACON)

African Regulatory Collaborative for Nurses and Midwives (ARC)

Afya Bora Consortium in Global Health Leadership  
Centers for Disease Control and Prevention (CDC)  
Emory School of Nursing