

prior management training, become skilled hospital administrators immediately improving the hospitals they run, transferring knowledge to their staff, and developing the function of the health system. The MHA program leadership articulated its faculty and institutional capacity building goals at the beginning; Yale GHLI endeavors to transfer the MHA to the local universities after graduating three cohorts: Yale GHLI leading in first year, co-delivering in the second, and providing audit and support in the third.

Outcomes & Evaluation: MHA faculty and staff benefit from technical, administrative, and professional development support; hospitals are the recipients of important MHA student-led quality improvement initiatives. The programs have a common core curriculum, course content, capstone assignments, program structure, and emphasis on strategic problem solving; however each are tailored to include local context and to address training needs. In 2014, Ethiopia Ministry of Health conducted a qualitative evaluation on the MHA. Preliminary results showed MHA trained CEO-led hospitals have significantly better planning, implementing, and monitoring of hospital programs. Evaluation in Rwanda will follow.

Going Forward: As MHA is still new to some of the host-universities and faculty members are not trained experts on all hospital quality improvement areas, the faculty advisor to student ratio is high. The program provides close and frequent mentorship to students and fa

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Comprehensive Sexuality Education in Zambian schools: Why do kids need it?

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Background: In 2013, UNESCO commissioned Education Development Center (EDC) to implement a national study in Zambia of schools and teacher training institutions (TTIs), to collect data on the knowledge, behavior and attitudes of young people between the ages of 10 and 24 with regard to sexual and reproductive health; the availability and quality of Comprehensive Sexuality Education (CSE) in schools; and safety, discrimination and harassment both in- and out of school. The study will serve as the baseline for a national project, “Strengthening CSE Programmes for Young People in School Settings in Zambia”.

Methods: The study collected cross-sectional data on a nationally representative sample of young people between 10 and 24 years of age who are enrolled in and attending a school or a TTI. In total, 1,815 students from 115 schools and 9 TTIs, and 390 teachers took part in the baseline assessment.

Findings: The study found that 25% of Zambian school students in grades 4 through 12 and 50% of TTI enrollees answered 95% or more of essential HIV/AIDS facts questions correctly. Over two-thirds of students displayed accepting attitudes towards people with HIV/AIDS and would share a meal, buy food from a HIV-positive shopkeeper and would be friends with a person living with HIV. Significantly more female students were found to have accepting attitudes toward HIV-positive persons. Analyses of sexual activity of students show that by the age of 16, 17% of girls and 33% of boys report having had sex. Only 36% of schools in the study reported that they have systems to refer students for clinical SRH services, and only about two-thirds of 14 to 17 year old students knew where to find SRH information and or receive SRH services. Of all students, 40%

of girls and 36% of boys report having been victims of violence or harassment. A significant proportion of students, especially females, experience bullying and sexual harassment in schools. Although many schools have adopted violence prevention policies, only 2% of schools communicated those policies to school staff, parents and students. More than 75% of schools did not communicate their policies to anyone.

Interpretation: The study findings are significant for educators and health providers in Zambia, as well as the international donor community, to inform their efforts to promote SRH among young people and reduce unwanted pregnancies and as well as sexually-transmitted infections including HIV. The study provides vital information on SRH behaviors, experiences and attitudes of young people, as well as school response including their provision of comprehensive sexuality education in schools, provision of health and SRH referrals, and ensuring that the school environment is safe from violence, harassment and discrimination.

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UpToDate-GHDonline collaboration: Increasing uptake and access

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Program/Project Purpose: GHDonline.org, a product of the Global Health Delivery Project at Harvard University, has provided a platform of professional virtual communities (PVCs) for thousands of health care implementers around the world to connect, share, and discuss delivery challenges, focusing primarily on low-resource settings. GHDonline has partnered with UpToDate (UTD)—an evidence-based, physician-authored clinical decision support tool used by 700,000 clinicians in 158 countries and almost 90% of academic medical centers in the United States—to provide free UTD access to professionals working in resource-limited settings. The UTD International Grant Subscription program has focused primarily on developing the clinical capacity of health care providers who deliver medical care, education, or related services to poor or underserved populations outside of the US.

Structure/Method/Design: Health care professionals or institutions (proficient in English, have some Internet access, cannot afford a subscription, outside the US) can apply for a year-long free UTD subscription through GHDonline. All applicants must complete the free GHDonline membership form and a short application. GHDonline and then an UTD committee screens applications before granting awards, UTD recipients are asked to provide monthly feedback on utility of UTD or suggest new areas for UTD to address in the private GHDonline community. Individuals and institutions can apply to renew their subscription annually.

Outcomes & Evaluation: Since 2009, this partnership has impacted 16,787 clinicians in more than 60 countries. Grant recipients have posted 1600+ comments in both public and private GHDonline communities. Qualitative responses from the grant recipients demonstrate that UTD access continues to be crucial in improving the accuracy of diagnosis, treatment and disease management; in training health care staff; and in improving delivery of medical services.