

**Structure/Method/Design:** Between March and July 2016, a 5-member core team of IT-engineers and program staff was set up. Stakeholder sessions were held to reinforce advocacy, project goals and streamline data tools. Public IT administrators, quality control supervisors and data clerks were trained. Laptops and internet modems were provided and the existing paper records of HW per facility was entered into the iHRIS database.

**Outcome & Evaluation:** A total of 5376 records (3481 new and 1895 updated) representing staff of the state's 728 PHCs was entered into the registry. Preliminary analysis showed median age of 42.5 years and 49.6% of HW were female. Only 68.17% (3665/5376) of HW records had assigned cadres, with 39.7% of these as health attendants (HA) and 27.6% as community health extension workers (CHEW). Laboratory personnel was 6.3%, clinicians (doctors, nurses and pharmacists) and records staff were 3.1% and 1.2% respectively. Only CHEWs and HA met national minimum staffing standards of 1 and 2 per PHC respectively. Incomplete, absent or misplaced fields in HW paper records were challenges.

**Going Forward:** HW data management using iHRIS in this resource limited setting was successful in terms of storage and generating quick trends. Poor data quality in source documents were major barriers. Future directions include routine updates of all records and the use of iHRIS data to guide decision on cadre, postings and numbers to be recruited. Policymakers have also opted to physically verify each digital entry and cross-referenced with payroll information.

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### **Sustainable PEPFAR Funded In Service HIV Training Delivery Models: A Training Impact Evaluation from Nigeria**

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**Program/Project Purpose:** PEPFAR has invested significant resources in strengthening the healthcare workforce in Nigeria. In-service training for health care workers is a key strategic approach to scaling up and sustaining health-related services in response to the HIV/AIDS epidemic. Center for Clinical Care Clinical Research (CCCRN) in partnership with University of Maryland Baltimore implemented a CDC funded training award to build sustainable models for In service training delivery. Training hubs at tertiary health care academic facilities in 9 states were established. Instructional technique of faculty member was strengthened through Trainer of Trainers and HIV update workshops. There is limited post course evaluation data demonstrating effectiveness of health care worker trainings on job performance.

**Structure/Method/Design:** We conducted a level 3 Kirkpatrick post course training evaluation of a sample of 228 health care

workers trained in Adult and Pediatric ART, PMTCT and TB/HIV at these training hubs between 2012 and 2015. A participatory evaluation team based approach was employed with evaluators from training hubs, state lead implementing partners and CCCRN. Data collection tools included checklists for on the job observation of key tasks and questionnaires. Quantitative Data was analyzed using Strata and Qualitative data was grouped into common themes.

**Outcome & Evaluation:** The healthcare workers were very cooperative with the evaluation process and keen to contribute towards improving training quality. The training received was found to be useful and applicable in all the program areas evaluated. Evaluators' observation revealed that 94% of respondents ordered appropriate tests and drugs for initiation and monitoring of HIV infected patients according to National Guidelines. In PMTCT under training usefulness 92% stated that they found it useful, in adult ART over 90% of respondents reported appropriate ART initiation had improved.

**Going Forward:** This study demonstrated that PEPFAR resources invested in training health care workers has demonstrable outcomes on their capacity to perform key HIV service delivery tasks at their work places. Post course level 3 training evaluation should be part of In service training evaluation strategies to identify areas for improvement and identify barriers to real work application. Resources should be allocated for this and further evaluation of return on investment of PEPFAR training funds on population level outcomes of specific HIV related health indicators.

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### **Identifying the Needs and Barriers to Patient-Family Education to Design Educational Interventions that will Improve Neurosurgery Patient Outcomes in Mulago Hospital, Uganda**

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**Background:** Family members are the primary caregivers for patients at Mulago National Referral Hospital (MNRH), Uganda. They take on responsibilities with little or no knowledge of the patient's illness, key and critical observations to report to hospital staff, and proper overall health management. This ultimately results in poor medication management, high infection rates, and longer hospital stays which negatively impact patients' health outcomes. The objective of this study was to evaluate the needs and barriers to patient-family education in the neurosurgical ward at MNRH.

**Methods:** A mixed methods approach was used to determine the needs and barriers that family-members face in caring for neurosurgical patients, and the challenges hospital staff encounter in educating family members, through interviews and surveys. The quantitative data collected demographic information about each participant. The qualitative data, guided by standardized interview questions, collected responses from family members and staff about their experiences in the ward. Surveys were collected from 10 staff