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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