

## HEALTH SYSTEMS AND HUMAN RESOURCES

### Initiating Kangaroo Mother Care in Facilities in Limited Resource Settings

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**Program/Project Purpose:** Taking a cue from the Global Every Newborn Action Plan, India launched the India Newborn Action Plan (INAP) in September 2014. INAP is being implemented within the National Health Mission of the Government of India (GOI). Majority (80%) of mortality among newborns occurs among low birth weight and preterm newborns together constituting 'small newborns'. Recognizing this fact, care of small and sick newborn is one of the core pillars of INAP.

Evidence shows that KMC is a simple and low resource intervention that leads to decrease in duration of stay in Sick Newborn Units (SNCU), increased breastfeeding, decreased infections etc. Though the intervention is simple, it needs substantial change in attitude of nurses and doctors working in SNCU, improved knowledge and skills and infrastructure to provide effective KMC. To address these issues, GOI released KMC guidelines in September 2014, for dissemination across the country. However, in several northern states the guidelines have not taken effect.

**Structure/Method/Design:** The USAID supported Vriddhi Project, works in six large States of the country and is a consortium of two partners IPE-Global and John Snow, Inc. (JSI) Under the project, JSI has been mandated to set up working models in two rural, poor performing districts (Gumla in Jharkhand and Haridwar in Uttarakhand) to demonstrate rapid scale-up of newer child health interventions of GOI – Facility-based Kangaroo Mother Care (KMC), Injection Gentamicin to newborns by Auxilliary Nurse Midwives (ANMs) and Home Based Newborn Care (HBNC).

As part of the care of small and sick newborns package, JSI took up the mandate to establish KMC in two SNCUs located at district headquarters as demonstration models. At these sites, all staff have undergone training in KMC and Infant Feeding. The Project also facilitates logistics, supportive supervision, data recording and reporting.

**Outcome & Evaluation:** Activities to roll out KMC were initiated in May 2015 and learnings are being documented.

**Going Forward:** The demonstration of successful implementation of KMC in these resource limited settings will set the stage for scale up of the activities across the State and country. Experiences will be ready for sharing by March 2017.

**Source of Funding:** The Project is funded by USAID.

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### Global Abroad Experiences and its Impact on Career Trajectories of Osteopathic Medical Students: A Retroactive Longitudinal Study

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**Program/Project Purpose:** Ohio University is located in the poorest counties and education and retention of primary care physicians to work in underserved regions of Ohio is an essential mission of the osteopathic college. Although a concern that providing global health experiences (GHE) may take students away from this mission exists, exposure to GHE provides an opportunity to develop cultural humility and work in diverse communities. Literature indicate that medical students who are exposed to GHE during their education develop a keener insight into differential diagnosis, conduct comprehensive physical exams that rely less on technological and invasive testing, work collaboratively in interdisciplinary health teams, and develop a greater understanding of the interaction between health, diseases, and its determinants (Drain et al., 2007; Edmonds, 2012; Kelleher, 2013; Mkandawire-Valhmu & Doering, 2012; Nilsson et al., 2014). The objective of this project was to determine the relationship between GHE and future practice of graduates with underserved populations.

**Structure/Method/Design:** A longitudinal analysis of student participation in abroad experiences and area of employment after graduation between the years 1999 and 2015 was conducted. Participation in GHE opportunities ranged from a variety of global abroad opportunities including independent rotations, faculty-led experiences, and experiences through third-party providers.

**Outcome & Evaluation:** Results revealed that students with GHE (61.8%) were more likely to practice in primary care in underserved settings versus students that did not participate during their medical coursework (53.8%),  $\chi^2 = 4.36$ ,  $p < .05$ . It was also noted that students that participated in GHE sought employment in health professional shortage areas (HPSAs), 15.9% (versus 13.4% had no GHE but practiced in these areas). Students with GHE (49.2%) were more likely to work in medically underserved areas (MUA) in contrast to those that did not have GHE (37.8%),  $\chi^2 = 8.55$ ,  $p < .05$ .

**Going Forward:** These results support previous literature suggesting GHE support a mission of working with underserved populations. Students who participate in GHE may have already been oriented toward primary care with the underserved but GHE may act as a reinforcing experience. Further, if GHE opportunities serve to attract students oriented to primary care, they can serve as a recruitment tool for primary care programs.

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### University of Arizona, University of Cuenca and The Cinterandes Foundation: A New Global Health Collaboration in Ecuador

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