

pharmacists, physicians, and other health professionals committed to careers that include global health.

Structure/Method/Design: Program Goals: 1) provide training in global health systems, with a focus on health care delivery in resource-constrained settings; 2) establish an interprofessional cohort for global health action; 3) facilitate longitudinal mentorship for attendees Participants: The goal was to recruit clinicians with exposure to but not extensive service in global health, who were committed to dedicating part of their career to this pursuit. Although most participants were US-based, scholarships for participants from international resource-constrained settings were provided to strengthen the diversity of perspective in the cohort. Capacity Building: The curriculum was based upon the findings of a needs assessment and was further developed through frequent consultations with a team of interdisciplinary experts. We will continue to seed these skills annually, fostering connectedness across a wider group.

Outcomes & Evaluation: All 35 participants successfully completed the course. Initial feedback was overwhelmingly positive (average 4.8/5.0 for overall quality and 4.7/5.0 for relevance to practice). All respondents indicated an intention to change their practice as a result of the Bootcamp, with 88% planning to better integrate social determinants of health into their understanding of global health delivery. We plan a one year post-survey to evaluate the impact on community building and project development. A participant: "I have a much stronger concept of some of the ethical and systems related to global health that I am already using as the chair of a committee in my college on global engagement for students and faculty. I thought I already understood a lot of that, but the Bootcamp gave me a better grounding, both practically and theoretically. Really useful course."

Going Forward: Challenges: (1) connecting all sessions thematically, (2) increasing the interactivity across all sessions, (3) supporting participation from resource-constrained settings. Unmet goals: No, though we hope to increase community health worker participation as teachers. Future change: We may need to consider some tele-education options to increase participation of our international colleagues.

Funding: Faculty support for curriculum development, filming costs, as well as scholarships for international participants were supported philanthropically by an anonymous donor. We will use the revenue from CME fees collected to sustain the Global Health Bootcamp.

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Strengthening the monitoring and evaluation of a large-scale multi-sectoral nutrition program in Nepal

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Program/Project Purpose: The nutritional status of children in Nepal has improved over the past 15 years. Nonetheless, many remain trapped in a cycle of poverty and hunger. In response, the Government of Nepal has committed to scaling up a set of evidence-based "nutrition specific" and "nutrition sensitive" interventions to improve maternal and child nutrition, as articulated in its Multi-Sectoral Nutrition Plan (MSNP). The MSNP is designed to address the determinants of undernutrition, and was developed by Nepal's National Planning Commission (NPC) in collaboration with six government Ministries and partners including the UN, the World Bank, and bilateral agencies. Recognizing the unique challenges posed by a multi-sectoral endeavor, the NPC engaged in a process to

strengthen and build capacity for the MSNP M&E system under the auspices of a multi-stakeholder technical working group. The purpose of this presentation is to describe the M&E strengthening process and to highlight aspects of a multi-sectoral M&E system that are relevant to similar efforts worldwide.

Structure/Method/Design: The goal of the M&E strengthening process was to develop a system capable of tracking progress towards MSNP objectives, identifying bottlenecks, and capturing the added value of multi-sectoral collaboration. Key outputs included the preparation of six sectoral M&E frameworks with indicators to measure process and impact, a consolidated M&E framework providing an overview of the program, operational guidelines for each, protocols for baseline/endline surveys and sentinel surveillance, and a set of capacity-building tools. The NPC's National Nutrition and Food Security Secretariat (NNFSS) led the strengthening process in consultation with UNICEF, the University of Washington (UW), and other partners, starting in January 2014. To facilitate this work, a model of mutual capacity-building was adopted, with a Masters-level student from the UW linked to UNICEF and NNFSS junior professional counterparts, and support from UW faculty. M&E and Planning Officers from all relevant sectors collaborated throughout. Wherever possible this work built on existing materials and institutions to ensure sustainability.

Outcomes & Evaluation: All six ministries and the NPC endorsed the products of the strengthening process. Sector M&E frameworks are now grounded in process-oriented theories of change, based on activity plans for which resources have been allocated, and include core indicators utilizing available data. These frameworks monitor progress, identify bottlenecks, and measure the added value of multi-sectoral collaboration. Because government owned the process and collaborated at all levels, there is significant buy-in to the system.

Going Forward: MSNP M&E will be initiated alongside program implementation. The system will rely largely on district staff responsible for ensuring the quality and timeliness of data. It will be essential to provide training and ongoing supervision of relevant staff, to motivate them to participate in the process, and to provide an adequate forum for multi-sectoral collaboration at the district level.

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Participatory blended maternal and child health (MCH) seminar programs to strengthen the competency among nursing professionals in the developing country

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Background: 70% of Maternal and Child Mortality causes in the developing countries could be prevented if mothers and babies could access the quality MCH care. Accurate knowledge and clinical competency amongst health professionals are keys to reduce preventive tragedies. However training opportunities are very little in these countries, especially in remote area due to lack of resources, the poor infrastructures. Developing low cost and accessible continuing education system is crucial to tackle with the current challenges, and continuity of the sustainable development. We have developed participatory blended program over the last 5 years. Numerous changes from both teaching institutions and clinical practices at forefront had been reported.