

**Methods:** Modules of blended MCH seminar program focused on health promotion, risk assessment, prevention, and management were designed in collaboration with professional bodies and four national universities in Mongolia for knowledge and clinical skills translation into local contexts. It is designed with interactive online and face to face seminars between Japan and Mongolia. Moodle which we settled to function as a platform for all participants to access seminar materials, including text documents, seminar videos, and list of references for free of charge.

**Findings:** Over 40 % of all Mongolian nursing profession was able to enroll at least one of these seminars between 2008 and 2013. Using the IT technology reduced both traveling time and cost of Japanese lecturers and Mongolian participants. All seminar credits have been accredited by the Mongolian government for renewal of the license, which was the major cause of reduction of nursing workforce in the remote area over the decades. Findings revealed that there were impacts on both clinical practices and undergraduate curricular, including introduction of parental education classes, better use of MCH handbook which is a combination of growth records throughout pregnancy to delivery, and a child up to 6 years old, and educational part, developing nursing care protocols and introduction of the first nursing diagnosis and nursing records. The first MCH nursing textbook were published and distributed by local partners, and widely used in the country now.

**Interpretation:** Participatory blended seminar program provided platforms for not only the collaborative learning activities and mutual understanding between Japanese and Mongolian professionals and students, but also promoted local communication to understand the problems and possible intervention in Mongolia. Future work is planned to formulate the evaluation indicator of the outcomes.

**Funding:** No funding listed.

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### **Nine summers in Uganda: A global midwifery program**

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**Program/Project Purpose:** The University of British Columbia (UBC) Midwifery Division developed a global citizenship program in Uganda in 2006. Low resourced maternity wards in Uganda provide Canadian students a chance to learn about global midwifery challenges, and prepare them for practice in rural and remote settings in Canada. As well, the program prepares Ugandan midwives to provide continuing education for both urban and rural midwives. Ugandan midwives also work with the Canadian team in student-led maternal-infant research resulting in co-publications, posters and co-presentations.

**Structure/Method/Design:** The program was established to promote within UBC midwifery students an understanding of current global maternal-infant issues. The students participate in maternal-infant care in low resource settings supervised by Canadian preceptors licensed in Uganda, and Ugandan preceptors. Students also learn about social and economic determinants of health. The program includes a three credit theoretical global maternal-infant course, an orientation, a six-week practicum, and a debriefing session. Participants selected through an interview process, participate in preparation through gathering donated supplies, fundraising, and preparing continuing education materials. Once there, they teach midwifery skills to junior Ugandan students, and work alongside their preceptors. The Ugandan Ministry of Health selects program sites according to need. Early in the program, a Ugandan midwife

came to Canada to become a neonatal resuscitation teacher as part of the program's commitment to reciprocity of learning. At each site, we provide two consecutive years of continuing education, and we select one or more Ugandan midwives to be a mentor for that site, reinforcing the changes in practice. The following year, they join the Canadian-Ugandan team to present workshops in locations identified by Ministry of Health and regional directors as needed. This year, our Canadian team is mentoring 'junior instructors' who will join us, and replace existing instructors in future, assuring continuity of the program.

**Outcomes & Evaluation:** To date, more than 2/3 of UBC midwifery students have participated in the global citizenship program, and scholarship funding has been obtained covering 20% of students' costs. Student evaluations show increased confidence to practice in low resource settings, and a health systems perspective of global maternal newborn care. Several Ugandan trainers have become national trainers and two have co-presented with Canadian team members at international midwifery conferences. Evaluations of clinical skills of Ugandan midwives after refresher courses showed that trained midwives were often moved to other wards, emphasizing the need for local onsite trainers.

**Going Forward:** We plan to expand the program to another country and offer the theoretical course by distributed learning, improving accessibility for other health profession students, and encourage an interprofessional global placement.

**Funding:** UBC Midwifery Program and Students for Global Citizenship Fund.

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### **Incorporating religious leaders into the HIV care continuum in Northern Ethiopia: Evaluation of a pilot project and development of a scale up plan with a focus on sustainability**

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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 was implemented in June-August of 2013 in Northern Ethiopia where religious leaders hold unparalleled social influence. Four religious women and four priests were trained at a local health center on HIV, antenatal care (ANC), and prevention of mother to child transmission (PMTCT). The participants educated and referred parishioners for these services. In June-August of 2014 the pilot project was formally evaluated using the number of ANC visits, focus group interviews with participants, and key informant interviews. The data gathered were used to modify the program protocol and plan the initial phase of a scale up effort.

**Structure/Method/Design:** This project sought to develop a scale up plan for the pilot program with an emphasis on sustainability. Following evaluation of the pilot project, five health centers were visited to assess for appropriateness and readiness for implementation of the project. Considerations included enthusiasm of clinic staff, infrastructure, and capacity for services. SWOT analyses were conducted. Two health centers were chosen to enter into the implementation phase of this project beginning in January, 2015. An additional health center was chosen for a pre-implementation phase. Adjustments to the original project protocol included a prolonged implementation phase and more a robust monitoring and evaluation plan.