Improving rural health through capacity building and training of rural health workforce using e-Learning

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Program/Project Purpose: India is the second most populous country in the world with a population of 1.21 billion. With nearly 72 percent of the country’s population living in rural areas, there is a need to improve the quality of care for rural population. Huge disparities exist in the healthcare status of rural and urban India. The doctor patient ratio in rural India is 1:2,000, while the urban ratio is 1:2,000 against the statutory 1:250 ratio from WHO for which India requires 6,00,000 doctors. Capacity building of healthcare workforce at all levels has, thus, been a key focus of the National Rural Health Mission (NRHM), a flagship scheme of Government of India to improve healthcare delivery in rural India. However, continuous skill development is a huge challenge, given the large number of rural health workforce. As per the Indian Public Health Standards (IPHS) for Primary Health Centres (PHCs), training of health workers is crucial to maintain quality of services being offered at PHCs. e-Learning has evolved as a preferred mode to deliver training solutions for rural health workforce, globally. In one of the instances, the Lum developed in the UK that uses a sustainable train the trainer subgroup for use of FAST exam in trauma have been noted with 9.52% of correctly performed FAST exams occurring in the pre-intervention group compared with 23.90% in the post-intervention group (p = 0.034).

Findings: While data collection to get to our sample size of 200 is still ongoing, we have enrolled 162 patients, including 49 patients pre-intervention and 113 patients post-intervention. Significant results in the subgroup for use of FAST exam in trauma have been noted with 9.52% of correctly performed FAST exams occurring in the pre-intervention group compared with 23.90% in the post-intervention group (p = 0.034).

Interpretation: This is the single center, pilot phase of a larger project designed to assess the impact of providing trauma-response trainings for emergency room staff at HNSR in San Salvador. The interim results show a dramatic improvement in physician FAST usage in major trauma cases. The final data collected in our study will be used to develop a nationwide trauma training program.

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From global partnerships to pay for performance (P4P): Opportunities for achieving academic excellence in higher learning institutions in Rwanda

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Background: Rwanda’s Ministry of Education aims to prepare university graduates that are competitive in the global job market. In 2012, the government of Rwanda launched a pay-for-performance (P4P) program to improve quality of higher education institutions. The P4P program rewards institutions according to their performance in national and international university rankings. The government has also established quality assurance mechanisms to recognize and promote good practices within higher education institutions.

Methods: The study adopted a cross-sectional design and used self-administered questionnaires to collect data from 100 university staff members across 10 public and private universities in Rwanda. The data was analyzed using SPSS version 24.0.

Findings: The study found that the P4P program has positively influenced the quality of education in the public universities. The results showed that the P4P program has improved the quality of teaching, research, and service delivery. The study also found that the P4P program has increased the institutional capacity to produce quality graduates.

Interpretation: The findings of the study have implications for policymakers and higher education institutions in Rwanda. The study suggests that the P4P program has been successful in improving the quality of higher education in Rwanda. The study also highlights the need for further research to understand the long-term impact of the P4P program on the quality of higher education in Rwanda.

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