

resuscitation is required. Knowledge of basic CPR concepts, although initially high, increased significantly. The observed increase in confidence

Funding: This project was not supported by any source of funding.

Abstract #: 02ETC066

PEER: USAID & NCI jointly support LMIC researchers in Indonesia and the Philippines

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Program/Project Purpose: The Partnerships for Enhanced Engagement in Research (PEER) program is a competitive grants program which directly support developing country researchers working in partnership with researchers supported by federal research agencies including: NASA, NIH, NSF, Smithsonian, USDA, and USGS. The goals of this program are threefold: (1) advance critical evidence to address challenges facing LMICs; (2) support collaboration between local research institutions, host country governments, USG researchers, and USAID Missions and Embassy staff; and (3) build capacity in LMICs thereby enabling local solutions to context specific challenges. The program is implemented by the National Academies of Science (NAS).

Structure/Method/Design: The 2013/2014 PEER solicitation was jointly supported by two federal agencies: United States Agency for International Development (USAID) and the National Cancer Institute (NCI). This high level partnership was designed to directly support Indonesian scientists working at the intersections of tobacco and maternal & child health and Filipino scientists working on tobacco and tuberculosis. Following the release of a jointly drafted solicitation, over 30 pre-proposals were received from Indonesian and Filipino applicants. Sixteen pre-proposals were invited to continue to the full proposal stage. Full proposals were evaluated in an 'NIH style review' hosted by NAS. A survey sent out to PEER applicants indicated that only 25% of Indonesian and Filipino scientists had previously worked with their USG partner. To promote productive partnerships and high quality full proposal submissions, USG partners were sponsored to travel to Indonesia or the Philippines to meet with PEER applicants and draft a full proposal application. Ninety percent of USG partners took advantage of this opportunity. Following the partner visit, all USG partners reported that they planned to continue working with their Indonesian or Filipino colleagues whether or not they received PEER funding.

Outcomes & Evaluation: Six diverse grant partnerships were awarded in Indonesia and Philippines. Three of these awards are supported by the National Cancer Institute and three are supported by USAID. Health awards in Indonesia will generate critical evidence addressing prenatal exposure to household tobacco smoke and preterm/low birth weight outcomes. In the Philippines,

research will focus on the impacts of tobacco use on childhood TB outcomes.

Going Forward: Developing a research program which reflects priorities of both donor agencies poses unique challenges. One challenge was defining clear areas of overlapping research priorities. The National Academies provides a neutral platform for federal science agencies

Funding: USAID and NCI.

Abstract #: 02ETC067

The ubuntu spirit of motivational interviewing: A pilot curriculum for community health workers in Limpopo, SA

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Program/Project Purpose: Motivational interviewing (MI) is a validated technique for behavioral change in patients with chronic disease. Given both the increasing burden of non-communicable disease and the increasing reliance on community health workers (CHWs) to provide care and education to patients in South Africa, we believe that motivational interviewing is an important tool to improve outcomes. Importantly, MI is a skill that is already within for the CHWs scope of practice and that builds on the peer and community relationships that the CHWs already have. The aim was to pilot a culturally competent motivational interviewing curriculum for CHWs in Limpopo, South Africa. The course was called "The Ubuntu Spirit of Motivational Interviewing" and linked the core MI values of partnership, evocation, compassion, and acceptance[1] to the concept of "Ubuntu," or universal humanity. The project is a tripartite collaboration between the University of Virginia (UVA), The University of Venda (UNIVEN), and the Vhembe Health District in Limpopo, South Africa and part of a larger ongoing CHW training program. The project was completed over a 5 week period July-August 2014. [1] Miller and Rollnick, 2013

Structure/Method/Design: Twenty-four CHWs who worked with the community based clinics participated. All 24 CHWs had previously participated in the 2013 training program and voluntarily returned for 2014 training sessions. The 4 hour course was designed and taught by both UVA and UNIVEN students, with lectures and roleplaying scenarios in both English and Xitsonga. CHWs also received a durable guide reviewing the steps of MI and including representative phrases in English and Xitsonga. Data was collected with a Likert-scale survey on attitudes and verbal responses.

Outcomes & Evaluation: Analysis of surveys showed the percentage of CHWs that "strongly agreed" with each statement: 96% learned something new, 92% felt better able to help their clients, and 100% could use what they learned in their daily work. Quotes from CHWs were overwhelmingly positive and focused on new feelings of equality, respect, and empowerment in the patient-provider relationship.

Going Forward: Real time translation of MI content and CHWs responses from English to Xitsonga required close collaboration with local student partners and modification of the curriculum. Our ultimate goal is to create MI lesson plans that can be delivered to other groups

Funding: Grants from the Jefferson Public Citizens foundation and the Center for Global Health at the University of Virginia.

Abstract #: 02ETC068

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

Funding: Strengthening Care through Partnerships in Ethiopia (SCOPE).

Abstract #: 02ETC069

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 possible

Funding: This project is funded by the International Development Research Centre (IDRC) Small Grant Program.

Abstract #: 02ETC070

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