

health information was collected through interviewing 12 women with children 0–11 months representing each of the communities. Treatment effects were the average differences MNH care practices between PCQI and non-PCQI group subjects across propensity score matched pairs during follow-up. Pairs were matched on communities with similar estimates for the MNH indicator at baseline, administrative region, and the respondents' background characteristics.

Findings: The analysis indicated that the coverage of 4+ antenatal care, having neonatal tetanus protected childbirth, skilled birth attendance, and immediately initiating breastfeeding were 8, 8, 11, and 5 percentage-points higher ($p < 0.05$) in the PCQI areas compared to the non-PCQI areas.

Interpretation: Engaging communities as part of the HEP service delivery strategy using PCQI is effective. Community participation should be integral part of health systems in settings with human resource constraints for health services.

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Task shifting and capacity building for non-communicable diseases in Uganda

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Background: Sub-Saharan Africa has one of the most rapidly growing incidences of non-communicable diseases (NCD) in the World yet this region suffers from a chronic shortage of doctors and capacity for managing these diseases is inadequate. In Uganda, non-physician providers also called clinical officers are rendering chronic HIV care with very good outcomes and they have become an integral part of the district health services and rural health centers. They play a critical role in patient assessment, disease management, triage and referrals and very often under take minor surgical procedures. We hypothesized that task shifting and training these clinical officers in chronic disease management may be one potential intervention to build a sustainable capacity in dealing with this worsening burden of NCD.

Methods: First we undertook a needs assessment study to identify knowledge gaps and attitudes of Ugandan clinical officers about NCD management. We then developed an education intervention to train Ugandan clinical officers in NCD s. A curriculum appropriate to Ugandan settings, was developed, delivered by Ugandan physicians, and includes lectures and hands-on workshops.

Results/Findings: So far 50 clinical officers have graduated from our training program. Participant feedback suggests that the curriculum is appropriate and relevant to their practice needs. There was a perceived improvement in knowledge and readiness to tackle NCDs such as Diabetes and Hypertension.

Interpretation: The major lesson learned is that clinical officers when well-trained can play a vital role in managing the growing epidemic of non-communicable diseases in Uganda. This project is the first of its kind to focus on NCD capacity building among clinical officers in Uganda. We plan to scale up our training programs to other neighboring countries.

Funding: The initial phase of our program was funded by the R.K. Pederson Global Outreach Fund of the American Academy of Physician Assistants.

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Improving adherence to clinical practice guidelines in a low-resource primary care setting in Kenya

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Project Purpose: Penda Health is a community-based private healthcare organization located in Kenya. In Kenya, and at Penda Health, non-physician healthcare providers called Clinical Officers (COs) often deliver outpatient clinical services. Due to the substantial responsibility placed on mid-level care providers in Kenya, interventions to increase and evaluate their adherence to clinical quality guidelines may lead to substantial improvements in the quality of primary care. Our project focused on provider-level educational interventions to increase adherence to clinical practice guidelines and build skills related to patient-centered care.

Our objectives were threefold. First, to standardize Penda Health's clinical training modules for childhood diarrhea, respiratory tract infections, tonsillitis, urinary tract infections, vaginal discharge, and family planning. Second, to incorporate education related to patient-centered care within the training modules. Third, to develop an online training platform in order to facilitate staff training at Penda Health.

Structure and Method: The relevant training modules were reviewed for consistency and formatted to emphasize evidence-based clinical quality guidelines to be used at all Penda Clinics. Each module and topic was reviewed to ensure accordance with Penda Health's own Clinical Quality Guidelines (CQMs) and with internationally recognized standards. Penda Health's "Patient-Provider Interaction" training module and expectations were incorporated into each clinical training module to better emphasize the importance of both evidence-based and patient-centered primary care. Finally, after considering multiple online training programs, we chose the SkyPrep system and uploaded a prototype training module and quiz for COs to complete.

Outcome: This project had concrete results through which Penda Health is able to improve upon existing provider training methods. The integration of evidence-based clinical practices with guidelines for patient-centered care is a novel approach for Penda Health, through which both clinical outcomes and patient satisfaction may be improved.

Going Forward: Next steps include incorporating all Penda Health trainings into the online system, improving the assessment of COs who have gone through the trainings, garnering feedback from COs about the efficacy and functionality of the online trainings, collecting data from charts to compare with prior CQM adherence, and collecting data from patients to evaluate any improvements in patient satisfaction.

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