

learning loss in computer skills. The trainings appear to particularly effective for Nurses, who had the highest mean change scores ($p < 0.001$) in comparison with other cadres in all models.

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The Fifth Child – A Data Informed Community Engagement Strategy to Improve Defaulter Tracing on Immunizations

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Program/Project Purpose: Access to health care is low in rural Northern Uganda, and low rates of vaccination reflect this issue of access. Only 49% of children are fully vaccinated in this area by 23 months of age. The International Rescue Committee, in coordination with the Ugandan Ministry of Health, evaluated an mHealth application and community engagement strategy entitled CommCare+ to identify immunization defaulters and re-enter them into the vaccine schedule.

Structure/Method/Design: Control and intervention areas were selected for implementation of CommCare+, and the intervention area received the intervention from August 2015 until April 2016. At the end of the intervention period, a two-stage cluster survey was conducted in two arms using proportional-to-size and simple random sampling. Caretakers of children aged 12–23 months were interviewed about their children’s vaccination status and barriers to vaccination. Additional data were collected from government-issued vaccination cards to determine vaccination status. A total of 683 children were included in analysis.

Outcome & Evaluation: Children in the control group were significantly more likely to have missed one or more vaccinations than children in the intervention group (51.7% vs. 39.6%, $p = 0.001$). However there was no significant difference in coverage of the DPT3 vaccine ($p = 0.78$) or other individual vaccines. Regarding barriers to coverage, caretakers in both groups cited problems at the clinic as the biggest barrier to vaccination (26.1% vs. 27.3%, $p = 0.10$). In each group, less than half of the caretakers of children who had missed on or more vaccinations were aware that their child was missing a vaccination (43.5% vs. 30.4%, $p = 0.06$).

Going Forward: The evaluation showed that children who were part of the Commcare+ approach were significantly less likely to have defaulted on at least one vaccination. The absence of a difference in individual vaccine coverage between the groups indicates that defaulting is not tied to one particular vaccine, but that coverage is spotty across the vaccine schedule. Caretaker knowledge of vaccination status appears to be a large barrier to complete vaccination as do problems encountered at the clinic. The findings support rollout of Commcare+ at a larger scale with close monitoring of measurable outcomes.

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Blended Learning on Family Planning Policy Requirements: Key Findings and Implications from a Mixed Methods Study

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Background: To address unmet needs for family planning and advance women’s rights, U.S. federal foreign aid recipients must ensure compliance with the family planning legislative and policy requirements. Because many health providers work in rural and remote settings, blended learning, which combines in-person and online experiences, is a promising approach for strengthening their compliance knowledge. However, there has been no systematic study of the relationship between various learning approaches and their impact on learning outcomes within this context.

Methods: We conducted a mixed methods study to examine the effect of blended learning that included three components (online course, in-person training, and conference call) on the retention and application of family planning compliance knowledge. Learners were grouped into five categories—those who took: 1) the online course only once, 2) the online course more than once, 3) the online course plus the in-person training, 4) the online course plus the conference call, and 5) the online course, in-person training and the conference call. A total of 660 learners from 44 countries completed the online survey, of which 26 respondents participated in an in-depth interview. Study participants were asked about their knowledge of family planning compliance, use of knowledge gained, and suggestions to improve their learning experiences.

Findings: Knowledge retention was higher in the group that utilized all three learning approaches compared to the online course plus the conference call group ($p < 0.05$). Learners who took the online course multiple times tended to retain knowledge better than respondents who took it only once, although this result was not statistically significant. Learners who had opportunities to attend the in-person training and/or the conference call were more likely to report that they had used the knowledge gained compared with those who took only the online course ($p < 0.001$). Knowledge use was higher in the group that took the online course multiple times compared to the group that only took it once ($p < 0.05$).

Interpretation: Blended learning having all three learning approaches resulted in the highest gains in knowledge and the highest level of knowledge use, suggesting that global health agencies continue using blended learning in their family planning compliance training.

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Global Health - The Lessons of Ebola: Two Universities Join to Teach an International Audience Via an Inter-professional Massive Open Online Course (MOOC)

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