

(CHNs), trained by Center for Global Health personnel, deliver the maternal and child programs, which provide education and screening interventions. To better meet the needs of the CHNs and to reduce costs in faculty time and travel, a plan to conduct weekly training sessions via telehealth was actualized in May 2015, with the aim of strengthening the local team's knowledge and capacity.

Structure/Method/Design: The curriculum of the 30-minute weekly trainings includes content and guidelines from the World Health Organization, the Breastfeeding Telephone Triage and Advice Book (author MB), the Wellstart International Lactation Self-study Modules and recommendations from the Guatemala Ministry of Health. Trainings are conducted using the Vidyo® technology platform. The initial curriculum focused in breastfeeding and has since included topics requested by participants such as fever, cough and pneumonia, dengue fever and chikungunya, diarrhea, child development and infant rashes.

Outcome & Evaluation: Initial evaluation of the telehealth project through participant discussions and assessments shows positive impact on knowledge, confidence and capacity. Customizing the training content to meet the participants' specific needs enhanced acceptance of the remote training. In addition to the educational component, having formalized weekly contact with the CHNs allows for a more effective mechanism for feedback that further strengthens the programs themselves to ultimately improve maternal and child health in the region.

Going Forward: Special attention to adult learning techniques such as case-based, interactive teaching to improve engagement and knowledge retention is important for project sustainability. Furthermore, there is a need to determine if certain content is better delivered only in-person versus via telehealth, or via telehealth augmented with in-person training. Revisiting of topics is essential and should be guided by recurring evaluation.

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Tackling maternal mortality in rural Liberia: a field and facility-based approach

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Program/Project Purpose: Liberia's maternal mortality rate (1,072 deaths/100,000 live births) is among the highest in the world. Contributory factors include low rate of facility-based deliveries (56%) and limited antenatal care. After years of civil war and the worst Ebola outbreak in history, the Liberian health system has struggled to rebuild comprehensive maternal health care. Last Mile Health (LMH), an NGO committed to improving health for remote populations through work with community health workers (CHWs), is a partner of the Liberian Ministry of Health (MOH). LMH has developed new programs to increase facility-based deliveries and improve access to ANC services.

Structure/Method/Design: LMH will address maternal mortality in two counties in Liberia through a comprehensive field and

facility-based program. Process objectives include: number of CHWs trained in maternal health; number of facilities receiving midwife delivery kits; number of facility-based midwives who receive basic obstetric lifesaving skills (BLSS) training; and number of communities per month receiving ANC services via outreach programs. Outcome objectives include: percentage of women receiving antenatal care during pregnancy; percentage of facility-based deliveries; and maternal mortality rates. Participants include CHWs, their supervisors, and midwives. County Health Teams (CHTs) and the women of rural Liberia will be engaged as key stakeholders. The program focuses on training and ongoing mentorship of facility-based midwives and field-based staff. Additionally, the design and implementation process are done collaboratively with the respective CHTs and the Liberian MOH to facilitate ease of integration into national plans for community health initiatives.

Outcome & Evaluation: Midwife delivery kits have been delivered to most facilities in target areas in both counties. Re-design of curriculum and program activities are currently ongoing.

Going Forward: The improvement of maternal mortality is a complex endeavor. While the current program is designed to tackle many contributing factors, poor road conditions and long distances to health facilities present ongoing challenges.

Funding: Several project activities are funded by grants from Direct Relief and the ELMA Foundation.

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Global health competencies for undergraduate nursing students in South Korea

Abstract Opted Out of Publication

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Assessing point of care ultrasound in Nicaragua: A survey of utility, access, training, and interest amongst health care providers in rural and urban centers

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Background: This study explored the functional need for and potential receptivity to point of care ultrasound (POCUS) in urban and rural health care settings to guide future research and training programs within an annual exchange program between the University of California Davis and La Universidad Nacional Autónoma de Nicaragua (UNAN), León. It was hypothesized that there would be limited POCUS availability; that patients and physicians could benefit from greater access to POCUS; and that urban health care systems will have fewer barriers to POCUS use as compared to rural settings.

Methods: The study consisted of a survey in written Spanish given to a subject population that included 142 physicians, medical students, nurses, and nursing students selected on a convenience sampling basis from rural and urban clinics associated with UNAN- León in León, Totogalpa, and Sabana Grande, Nicaragua. Oral informed consent was obtained from each participant. The study was approved by the IRB of UC Davis and the Dean of UNAN- León.