Massive open online courses (MOOC) for continuing education for Public Health professionals during COVID-19 pandemic in the Democratic Republic of Congo

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Introduction

Continuing

Methods (continued)

Results (continued)

education (CE)health tor **Course**

Contents were organized through Users ranked a more flexible, responsive, and

professionals is crucial for improving quality and competence-based performance in health care delivery and disease surveillance.

□ The DRC Health System encompasses, more than 20,000 health professionals spread across the 26 health districts and 516 Health zones.

□ The COVID-19 crisis and its related restrictive measures has put serious constraints on the traditional face to face training of the health professionals.

□ There was raising need for rapid training on COVID-19 Surveillance and the surveillance of other important diseases under control

□ MOOC which is a suitable type of online training for massive employees at their workplace had never been developed and used before

□ The Kinshasa school of public health (KSPH), in partnership with PATH and the ministry of health (MOH) tested for the first time two locallydesigned Massive Open Online Courses (MOOCs) to train DRC public health professionals across the country.

Modules > themes + Tests

□ Each theme was a ppt presentation longed for up 10 minutes video presentation

Lecturers were experts from MoH, local Universities, MoH' partners while Targeted trainees were health professionals from district and health zones levels

□ A first cohort of 140 were identified for SC101 and 55 health professionals for SC102 from 4 Health Districts under self-paced mode

• Course analytics were generated by the platform

□ In addition, a anonymous, self-administered online survey were analyzed on student participation and performance to collect trainees' perception and satisfaction feedback.

Results

useful e-learning platform.

□ The median duration of completeness was 12 days for SC101, with a retention rate of 97%; median duration was 9 days for SC102, with a retention rate of 100%.

□ At 2 weeks, more than 50 % of users downloaded their certificates of course completeness from the platform.

• Over 75% of users indicated that they were "highly satisfied" with the system and the content.

Conclusion

□ Remote continuing training for health professionals is feasible for any program of MoH in the DRC.

Objectives

This abstract

describes the system/process so used

reports on courses analytics and student's perceptions.

Methods

□ This is case report experience on digital innovation

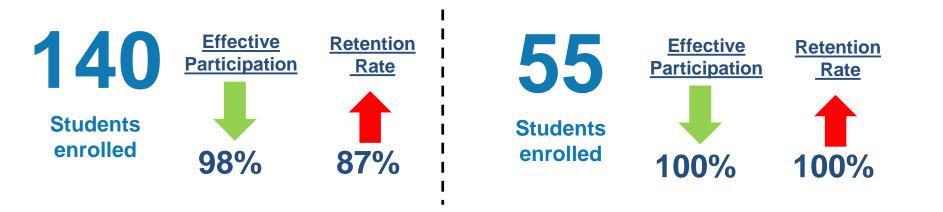
□ We customized a stand-alone Open-EDX platform, and deployed at <u>https://mooc.espkin.school</u>.

□ We developed two MOOC "Malaria surveillance and management" (MOOC SC101) and "COVID-19 digital surveillance using DHIS2 tracker" (MOOC SC102).

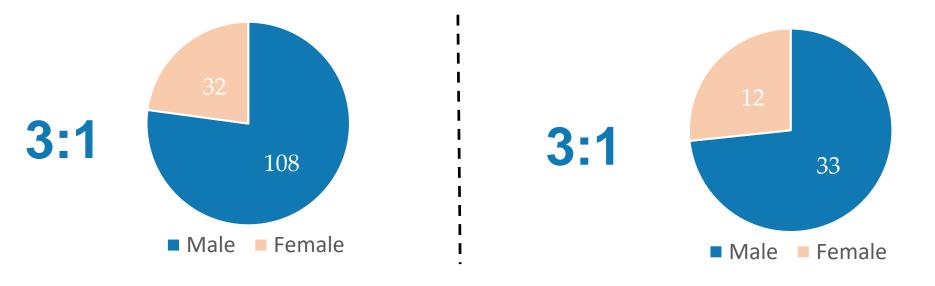
SC101 COVID Malaria	
5 Modules,	
34 videos, and 5 tests	

SC102 DHIS2 Tracker 3 Modules, 22 videos, and 2 tests

Course Participation



Demographics - Sex Ratio Ratio of male individuals over female ones



Students performance

Average grade of students on course visualization, tests and assignments

Student's Inconvenience

Number of students who

reported inconvenience such as

Internet Connexion

Platform Accessibility

Abundance of Materials

lecturers pending discussion

MoH should consider integrating MOOCs strategy as a complement to traditional face-to-face training for continuing education.

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E S P

□ These MOOC were developed in French language under professional content, and were deliver asynchronously

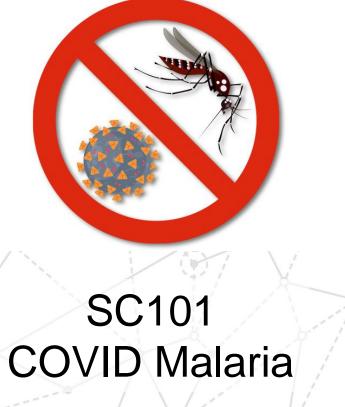
□ Video Capture made using Camtasia and adobe premiere Pro software

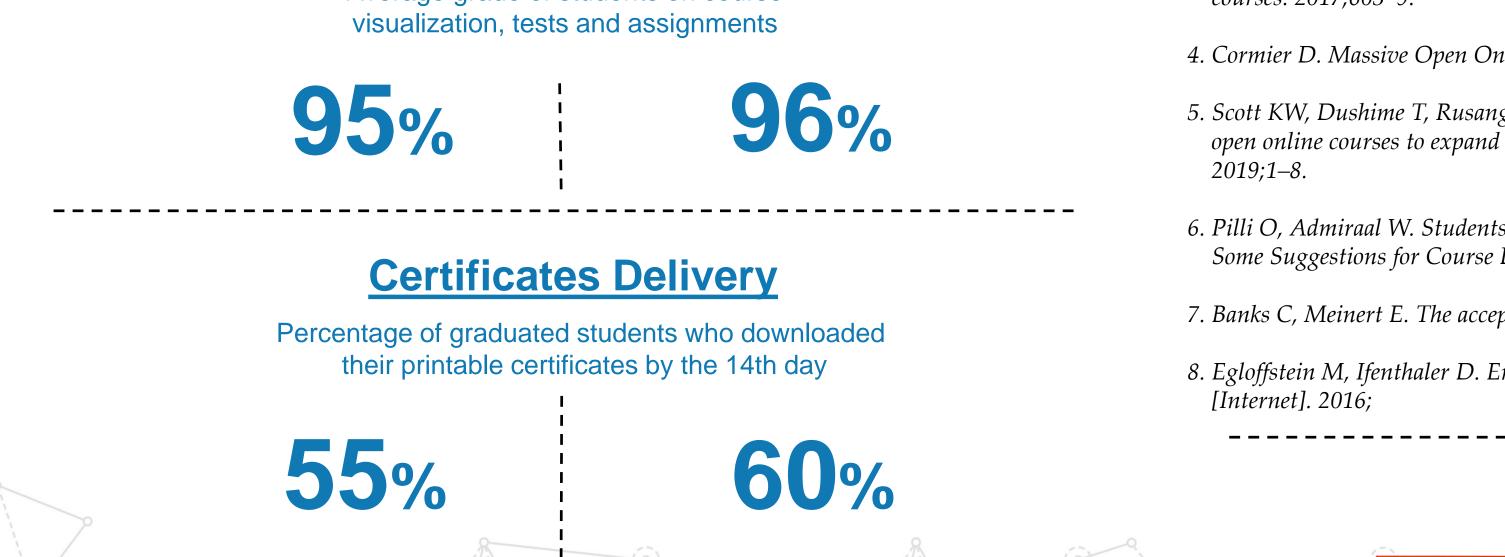
dhis2

COVID-19

SC102

DHIS2 Tracker





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