

visit, the fellow aimed to assess and evaluate current clinical practices and monitoring and evaluation procedures. Also, the fellow endeavored to provide guidance to staff on the most current HIV screening and treatment options and developing a final evaluation framework. The fellow engaged in key informant interviews to gather data on individuals' experiences with the project. An English interpreter assisted in interviews for those who spoke the local language.

Outcomes & Evaluation: Achievements: As of March 2014, 98 pregnant mothers enrolled 100% HIV exposed infants were negative at 6 week PCR test 50 different parishes/villages.

Going Forward: Challenges: Delay in enrollment at inception of program; Long wait time for HIV testing; 50% turnover of nurses; Recurrent stock rupture of HIV tests; 20% turnover of CHWs and inadequate supervision by nurses; Challenge for enrolled mothers to visit clinic monthly for medication refills. Recommendations: Final evaluation of project to highlight PCR results at 6 weeks of age; Long lab wait time may be reduced by allowing nurses and HIV counselors to complete HIV rapid testing; Assess supply of ARVs for exposed infants and provide >30 day supply of medications to adherent mothers who live in far away communities.

Funding: Food for the Hungry

Abstract #: 02ETC012

Improving rural health through capacity building and training of rural health workforce using e-Learning

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Program/Project Purpose: India is the second most populous country in the world with a population of 1.21 billion. With nearly 72 percent of the country's population living in rural areas, there is a need to improve the quality of care for rural population. Huge disparities exist in the healthcare status of urban and rural India. The doctor patient ratio in rural India is 1:20,000, while the urban ratio is 1:2,000 against the statutory 1:250 ratio from WHO for which India requires 6,00,000 doctors. Capacity building of healthcare workforce at all levels has, thus, been a key focus of the National Rural Health Mission (NRHM), a flagship scheme of Government of India to improve healthcare delivery in rural India. However, continuous skill development is a huge challenge, given the large number of rural health workforce. As per the Indian Public Health Standards (IPHS) for Primary Health Centres (PHCs), training of health workers is crucial to maintain quality of services being offered at PHCs. e-Learning has evolved as a preferred mode to deliver training solutions for rural health workforce, globally. In one of the instances, African Medical & Research Foundation (AMREF), in partnership with the Nursing Council of Kenya (NCK), Accenture, Kenya Medical Training Colleges, several private and faith-based nursing schools and the Ministry of Health Kenya, pioneered a country-wide e-Learning program for upgrading community nurses in Kenya. Similarly, the Indian states, which have adopted e-training of rural health workforce of NRHM have demonstrated improved healthcare statistics owing to better delivery by highly skilled staff.

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Abstract #: 02ETC013

Implementation of a trauma response system, San Salvador, El Salvador

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Background: El Salvador has a high mortality rate caused by both accidental and intentional trauma. The World Health Organization estimates that trauma was responsible for 32% of all deaths between the ages of 15-60 in El Salvador in 2011. Currently, there is a lack of standardized, formal trauma training in El Salvador. We recently developed and administered a trauma response training in El Salvador. Here we report on the preliminary data from our first trauma training and its impact on trauma care during the single center, pilot phase of our study.

Methods: The pilot phase of the study is taking place at Hospital Nacional San Rafael (HNSR), a major hospital in the metropolitan area of San Salvador. Clinical residents and medical students observed emergency ward (EW) shifts, 24 hours per day, and filled out a standardized checklist of critical actions performed by clinicians during the trauma resuscitation, including use of bedside ultrasound. Victims of trauma over the age of 12 years that met the criteria for the American College of Surgery's trauma team activation were included in the study. Patients that were dead on arrival and refused consent were excluded. Critical actions assessed include checking vital signs, primary and secondary surveys, and measures such as EW to operating room time, mortality, and ability to use available ultrasound equipment to perform a FAST exam. Partway through the pilot phase, the medical personnel at HNSR underwent a two-day course in Primary Trauma Care (PTC), which is a trauma training curriculum developed in the UK that uses a sustainable train the trainer model to teach trauma care in limited resource settings. Additional didactic and simulation-based training such as hands-on ultrasound training were also provided. In addition, a two week in-service FAST training was performed in the EW by trained staff. The data from the observation checklists were divided into pre and post PTC training.

Findings: While data collection to get to our sample size of 200 is still ongoing, we have enrolled 162 patients, including 49 patients pre-intervention and 113 patients post-intervention. Significant results in the subgroup for use of FAST exam in trauma have been noted with 9.52% of correctly performed FAST exams occurring in the pre-intervention group compared with 23.90% in the post-intervention group ($p = 0.034$).

Interpretation: This is the single center, pilot phase of a larger project designed to assess the impact of providing trauma-response trainings for emergency room staff at HNSR in San Salvador. The interim results show a dramatic improvement in physician FAST usage in major trauma cases. The final data collected in our study will be used to develop a nationwide trauma training program.

Funding: None.

Abstract #: 02ETC014

From global partnerships to pay for performance (P4P): Opportunities for achieving academic excellence in higher learning institutions in Rwanda

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Program/Project Purpose: The University of Rwanda, College of Medicine and Health Sciences (UR/CMHS) was established in September 2013, a result of merging seven higher learning institutions in the country with the goal of improving quality of teaching and research to promote excellence and efficiency in Rwanda. At the School of Public Health (UR/CMHS/SPH), one of the six schools under the UR/CMHS, challenges in meeting this goal include limited skilled academic staff (6 PhD-level and 6 Masters-level faculty in addition to 5 research assistants), a large number of degree programs (5 Masters, 1 MPhil and 1 PhD program), limited publications per capita and disproportionate student-supervisor ratio (15 students: 1 PhD faculty). The UR/CMHS/SPH has adopted innovative approaches to ensure academic success, despite these challenges.

Structure/Method/Design: Various strategies have been utilized by UR/CMHS/SPH to improve both education and research quality including: (1) partnerships with universities in developed countries to create joint supervision for advanced degrees offered to selected junior academic staff, (2) a repositioning of pay for performance system, an income linked to research and teaching outputs, (3) improved mandatory seminars that are linked to outputs (such as proposals or manuscripts) to develop faculty competences, and (4) linking grant funding with students' topics to create and stimulate research around global health.

Outcomes & Evaluation: Since 2010, 80% of junior faculty has enrolled in various academic programs in Rwanda and beyond. In 2013-2014, UR/CMHS/SPH graduated 63 Masters and 1 MPhil student. The number of manuscripts in peer-reviewed journals has increased from 20 in 2012 to almost 50 in each of 2013 and 2014. Of 14 grants submitted in the last quarter, 7 were awarded and the rest are under peer-review.

Going Forward: Improving academic and research quality is paramount for universities in resource limited countries. Overcoming the imbalance between demand and available resources is key for successful academic quality improvement. The UR/CMHS/SPH will continue to rely on in-country strategies and partnerships to grow faculty and activities to improve quantity and quality of outputs. Universities from developed countries can support these programs by better aligning their priorities to in-country needs. Government leadership, operational innovations and partnerships are key for effective and sustainable capacity building to achieve excellence in higher learning institutions in countries like Rwanda.

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Abstract #: 02ETC015

Working to strengthen orphans and vulnerable children (OVC) service provision by building capacity of local Zimbabwean partners

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Program/Project Purpose: The Vana Bantwana (VB) Capacity Building Initiative (CBI) is part of the USAID supported 5-year, World Education/Bantwana project that seeks to mitigate the impact of HIV/AIDS on Zimbabwe's orphans and vulnerable children (OVC). Working through local partners, VB's approach is rooted in the premise that CBO and NGO service providers must be equipped with the skills, tools, and systems that allow them to sustainably provide meaningful, high-quality services necessary for communities, caregivers, and OVC to thrive.

Structure/Method/Design: Since January 2013, with technical assistance from John Snow Inc. (JSI), the VB CBI has worked closely

with three levels of Zimbabwean civil society organizations along a capacity building continuum: 1) National level NGOs that have demonstrated technical expertise, influence at the national level, and proven capacity to manage sub-grants; 2) Regional sub-partners with a more localized and targeted reach and a strong record in providing core OVC services; and 3) Local CBOs smaller in size and offer one or two specific services. By the end of the five-year project, the national level NGOs and at least five of the sub-partners will have stronger finance and management systems, be able to offer an expanded basket of comprehensive services and be able to directly access and manage international donor funding. Recognizing that capacity building requires a modification of systems and structures, VB works directly with the sub-partners' leadership team who are key to ensuring the necessary changes for building more robust systems and stronger programming. The CBI team facilitates self-assessments for each partner to identify gaps and develop time-bound actions to address specific challenges using JSI's evidence-based assessment tools. The CBI team supports the partner with targeted technical assistance to complete the specific steps of their action plans.

Outcomes & Evaluation: Building on a year of intensive capacity building support, the three National level NGOs underwent a simulated audit, using the USAID Non-US Organization Pre-Award Survey tool that confirmed their readiness to receive direct funding. In July 2014, USAID conducted a formal assessment with the three NGOs, which demonstrated that they met performance milestones and were ready to transition to receive direct USAID funding support.

Going Forward: By the end of the second year, results show that the CBI interventions using the VB/JSI model, which actively engages leadership and staff in managing their own progress, is very effective. Participating NGOs demonstrated improved financial, HR, administrative and M&E systems, improved program management, quality standards and more functional boards. The VB Capacity Building process has now been rolled out to five regional sub-partners and has been adjusted for building the capacity of local CBOs.

Funding: The VB CBI is funded by USAID/PEPFAR

Abstract #: 02ETC016

A cooperative agreement for workforce development in vietnam: HIV-addiction technology transfer center (VH-ATTC)

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Program/Project Purpose: Vietnam is experiencing an HIV epidemic due, in large part, to the persistent problem of injection heroin use. There is an urgent need for workforce development in the areas of HIV and substance use disorders (SUD). Based at Hanoi Medical University (HMU), the Vietnam HIV-Addiction Technology Transfer Center (VH-ATTC) aims to provide a workforce that can deliver services to reduce the individual and societal impacts of HIV and SUD by (1) improving access to treatment and prevention services through systems linkage, and (2) increasing the capacity of the workforce to provide a wide range of evidence-based treatments. Phase I Project: 9/1/2011 – 8/31/2014 Phase II Project: 9/1/2014 – 8/31/2017

Structure/Method/Design: The overarching goals of this initiative are to disseminate evidence-based knowledge and skills; to adapt approaches to the Vietnamese culture; to monitor, support and encourage implementation of these practices; and to develop a Vietnam-based resource that will sustain these efforts in the future. HMU