

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

was selected as the VH-ATTC hub, as it is the country's leading institution in coordinating curriculum development in many fields of medicine and public health. UCLA provides consultation to HMU in developing a plan to become a self-sustaining training and technical assistance resource.

Outcomes & Evaluation: The VH-ATTC has succeeded in building the capacity to develop a skilled and knowledgeable local workforce by establishing: master trainers with considerable technical knowledge and capabilities, an abundance of Vietnamese language materials, resources and curricula, and a website, newsletter and listserv. The VH-ATTC has been designated as a national training institution, and its staff members have provided technical assistance to clinics in more than 10 provinces. Evaluation activities are designed to determine whether the VH-ATTC is effectively providing ongoing workforce development and training resources, and meeting U.S. Government (GPRA) reporting requirements. Since its inception, the VH-ATTC team has carried out more than 60 trainings, 15 lectures on addiction science, and two large conferences; far exceeding projected GPRA targets (380+% of goal).

Going Forward: During Phase II, a second high-functioning VH-ATTC will be created in southern Vietnam at the Ho Chi Minh City University of Medicine and Pharmacy. The priority of this project is to expand training and technical assistance resources throughout Vietnam and strengthen the capacity of the addiction services system. The VH-ATTC at HMU will play a substantial role in mentoring the South VH-ATTC in the foundation components of a newly established VH-ATTC. By the end of the current work plan, each university will "own" their VH-ATTC, and will have developed a plan to generate revenue for sustainability beyond the project period.

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Qualitative mid-term evaluation of a maternal, newborn and child health training and research capacity building program in Kenya

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Program/Project Purpose: Kenya has made small gains on morbidity and mortality for Maternal, Newborn, and child health (MNCH) over the last 25 years. Mortality rates remain high at 400 maternal deaths per 100,000 live births and 73 deaths per 1000 live births for under-five mortality. Medical Education Partnership Initiative (MEPI) Linked award at the University of Nairobi (UON) has worked to improve MNCH through providing opportunities and support for graduate level research and training for healthcare professionals at eight decentralized Kenyan health centers. Trainings consist of short courses and emergency obstetrics and newborn resuscitation simulation (PRONTO).

Structure/Method/Design: A rapid assessment of 28 key informant interviews with administrators and clinical staff, as well as six focus group discussions from six of the sites, was conducted and gross data was disseminated to MNCH award leadership to evaluate the program and develop a final impact evaluation plan. A deeper analysis to develop a more nuanced understanding of how MNCH activities are influencing the work environment at the facilities is going to be conducted through thematic coding and analysis.

Outcomes & Evaluation: Healthcare providers reported that the presence of graduate students conducting research temporarily improved

quality of care and catalyzed change in clinical practices and policy. Having the students present provided extra hands for the overworked staff and brought current knowledge of best practices in clinical care to their teams. Several interviewees at one center reported a drop in pediatric mortality rates from 11% to 6-7% due directly to UON student and adjunct faculty presence. The nursing staff reported improved confidence and increased quality of care as a result of PRONTO simulation drills and constructive feedback of performance. Short course trainings led to development of new management systems.

Going Forward: Some institutional policies, such as internal and external rotation of staff, have reduced the potential effectiveness of the trainings. These frequent rotations need to be addressed at the policy level or trainings need to include healthcare workers who will be rotating through those areas in the future. Overall the impact of these interventions has been perceived as positive and effective by the centers and if they were expanded could have a much larger impact on MNCH in Kenya.

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The global health leadership track: Collaborative training for future leaders in global health

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Program/Project Purpose: 1) To create a training program that develops collaboration across health disciplines. 2) To provide an educational foundation in global health that is applicable to all residency programs. 3) To bring residents together from multiple disciplines to share their unique areas of knowledge. Doing this, we aim to develop leaders in global health who will be capable of examining and improving health systems as much as individual medical conditions and who will appreciate the complex community factors that contribute to each individual patient.

Structure/Method/Design: The Global Health Leadership Track (GHLT) at the University of Virginia involves local didactics, international clinical training and international research. Didactics include: a two-week course on Global Health Policy and Implementation, a two-week course on Tropical Medicine, a monthly journal club organized on a rotating schedule by each GHLT department, and quarterly global health dinners on careers in global health. In addition to these required activities, most departments host monthly international rounds or telemedicine conferences. Residents travel internationally to sites that have typically been established by members of their department, allowing them to develop their medical skills in an appropriately supervised environment. As the sites become more established and faculty from other departments become involved, a more interdisciplinary group of residents will travel to the sites. In these locations residents do clinical work and research, guided by our local partners' needs.

Outcomes & Evaluation: The GHLT was started in 2010 by Family Medicine and Internal Medicine. For the first 4 years there were between four and seven GHLT residents. The GHLT now includes the departments of Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Pediatrics, and Radiology. There are currently 22 GHLT residents from across these departments. International clinical sites include locations in Guatemala, Uganda, Costa Rica, Rwanda and a community health rotation in South Africa. Areas of research for GHLT participants have included enteric infections, traditional mid-wives, peripheral vascular disease, tuberculous