

LMICs. We evaluated the functioning of iTrauma, an iPad-based trauma dataset adapted to LMICs one year after its implementation at Hospital Maciel in Montevideo, Uruguay.

Methods: The data collected during iTrauma's first year of operation at Hospital Maciel was analysed and a statistical report was generated. Assessment of the main strengths and weaknesses of the database and its functioning was conducted through distribution of questionnaires and meetings with the medical staff.

Findings: A total of 416 patient files were collected during the period of the study. The major cause of trauma mortality at Hospital Maciel is Motor Vehicle Crashes (MVCs) (54.9%), but a significant proportion is also due to gunshot wounds (13.0%). Only the minority of patients involved in MVCs was wearing a seatbelt or a helmet (31% and 9% respectively). An important barrier to independent database sustainability is a lack of human resources dedicated to data collection. One of the main limitations identified by the medical staff was difficulty to efficiently collect precise geographic information.

Interpretation: Analysis of the information collected demonstrates that Uruguay would benefit from injury prevention strategies (injury prevention programs on violence, seatbelt and helmet use). The data would also serve as a benchmark for evaluation of the effectiveness of these strategies. The integration of a more efficient method for geographic data collection would permit targeting the areas where these strategies would be most effective. Assessment of iTrauma's main strengths and weaknesses and the barriers that Hospital Maciel is currently facing will provide a strong basis for the ongoing collaborative work with the Pan-American Trauma Society and the Global Alliance for Care of the Injured of the World Health Organization to develop a global dataset for LMICs in Latin America.

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Investigating issues of rural water point sustainability: A field study

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Program/Project/Purpose: 65% of rural water points in the Zimbabwe are not functioning. Zimbabwe utilizes a Community Based Model framework for rural water point management. CBM aims to put the ownership of water points with the communities that use them while providing support from the government at the local and district level. Water Point Committees (WPCs) are established for each rural water point and are responsible for water point maintenance. Village Pump Mechanics (VPMs) are locally trained mechanics that rehabilitate broken down water points.

Structure/Method/Design: Cross-sectional research study was designed and implemented during July and August of 2015 to learn what obstacles stakeholders in the rural water process in the Chipinge Area. Development Program were facing and what suggestions they had for process improvement. Key stakeholders included members of local WPCs, VPMs, local government officials and NGO staff. These stakeholders were interviewed in order to

provide feedback to World Vision about the rural water process. WPCs were selected from communities involved in World Vision WASH projects and communities who were not involved in World Vision WASH projects. VPMs from were chosen by convenience sampling with the aim of maintaining a geographically representative sample.

Outcome & Evaluation: Results show that there are large gaps in what is taught to WPCs and what is practiced. Only a minimal amount of WPCs practiced all five of the behaviors considered to contribute to a functional WPC. It was found that the factor most extending water point breakdown time was community disagreement regarding fundraising for repairs. Other factors contributing to extended breakdown time included availability of spare parts, cost, and mechanic availability. Additionally, the effects of a water point breakdown had serious implications including financial strain and health risks. Participants suggested more skills based training, micro finance initiatives and improved water point monitoring systems as means to reduce breakdowns.

Going Forward: Recommendations were made to improve the rural water point management process. These recommendations are under currently under review by World Vision and local government.

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Online learning improves substance use care in Kenya: Randomized control trial results and implications

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Background: Alcohol use is the 5th most important risk factor driving the global burden of diseases. WHO identifies a lack of health worker training as one of the main barriers to providing cost-effective brief interventions for alcohol use disorder. This study assesses the impact of online training, using the NextGenU.org model, on the delivery of the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and its linked brief intervention (BI).

Methods: A randomized control trial (RCT) was performed in two Kenyan counties ([ClinicalTrial.gov](https://clinicaltrials.gov/ct2/show/study/NCT02388243) ID:NCT02388243, ethics from UBC and KEMRI) aiming to recruit 570 patients (sufficient for 80% power to detect a similar difference in alcohol consumption found in past trials, with 30% lost to follow-up). The primary outcome was decreases in alcohol consumption in the last 7 days at baseline, one, three, and six months' follow-up comparing the two trial arms (intention-to-treat analysis with multiple imputation for missing data). Adults presenting to the eight participating facilities were invited to take a lifestyle questionnaire including the ASSIST, and to receive verbal feedback plus written advice from a community health worker (CHW). Those consuming alcohol at moderate or high risk were offered to enroll in the RCT. After