

there are 21.7% vitamin A, 34% iodine, and 68% iron micronutrient deficiencies. In order to better address malnutrition, nonprofit organizations and nursing education institutions will partner with CHT community health worker (CHW) programs from Fall 2016 through Fall 2017 targeting the Millennium Development Goal 4: reduction of child mortality (UNICEF).

Structure/Method/Design: In the prospective study of the CHW malnutrition pilot program, the trainee participation is limited to 20 enrollees to ensure optimal learning resulting in increased knowledge and skills in detection and management of malnutrition. Community elders identify health priority areas, successes and challenges with addressing the health concern, sustainable solutions utilizing existing health services, and key stakeholders to implement the CHW health pilot program. The project viability is dependent upon formal (health system and nongovernmental agencies) as well as cultural (community elders) partnerships.

Outcomes/Results: Education institutions will provide nursing instructors to facilitate learning sessions to identify early and chronic symptoms as well as risks for complication of malnutrition (Phillips & Jensen, 2013). CHWs apply their knowledge in malnutrition with height, weight, head circumference, and anthropometric measurements skills. Trainees show increases in knowledge, attitudes, and beliefs on key training topics selected by the community elders. The health education intervention builds upon nonprofit and community-led partnerships to prevent and to treat children's micronutrient deficiencies. There are clinical, program, and policy implications with improved pediatric morbidity and mortality.

Going Forward: January 2014 saw hartal demonstrations which hindered movement necessary for outreach camps targeting staff training and specialty delivery of patient services. International sponsors expected uninterrupted program activities; however, international aid organizations were unable to sustain funding through the political insecurity. Unmet goals include patients requiring identification and management of malnutrition and staff requesting nutrition training updates. Future program activities were deferred by demonstrations until Fall 2016 requiring additional fundraising efforts.

Funding: No current funding.

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Research-driven schistosomiasis mass drug administration campaign in four Tanzanian villages along Lake Victoria

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Background: Schistosomiasis is the deadliest neglected tropical disease, and it impacts primary school attendance, lowers growth proportions, and delays cognitive development. Previous unpublished research showed that the schistosomiasis prevalence among school-aged-children in one lakeside community was 95%. This program aimed to conduct research on schistosomiasis prevalence to guide the implementation of a mass drug administration

(MDA) campaign against schistosomiasis. This program lasted between May and September 2015.

Methods: The first part of the program aimed (1) to quantify the burden of the schistosomiasis infection in four communities in Rorya District, Tanzania, (2) to identify risk factors for infection, and (3) to determine if prior treatment campaigns lowered prevalence. The second part of the program utilized this community-based research to scale an existing MDA. Program participants were recruited through mass community advertising. The project will be continued through a new partnership between SHED Foundation and Duke GlobeMed.

Outcome & Evaluation: By using CCA-antigen urine rapid tests (N=1600), schistosomiasis was found to be highly prevalent among both adults and children in the four tested communities, with prevalence ranging from 90% to 97% for adults and 85% to 90% for children. Major risk factors implicated in such high prevalence include youth, no prior treatment, and proximity to Lake Victoria. Comparing the number of uninfected people who were previously treated in a 2014 campaign (N=216) and the number of people not previously treated (N=216) showed that SHED Foundation's 2014 MDA led to a 57% increase in the percent of uninfected people (7% to 11%). As a result of these findings, an MDA was launched in the four communities in coordination with the SHED Foundation. In total, over 8,000 community members were given free praziquantel during the program period.

Going Forward: SHED Foundation is exploring the feasibility of using mass texting to increase future MDA coverage.

Funding: None.

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Bi-directional model for International and local collaboration among student initiatives towards Global Health Education and practice

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Program/Project Purpose: In partnership with the Rwanda Village Concept Project (RVCP), the Rwanda Health and Healing Project (RHHP) at Thomas Jefferson University (TJU) in Philadelphia USA provides health professional students with opportunities to serve communities at both the local and the global levels. Working with community based organizations like Barefoot Artist in Rugerero in Northwest Rwanda and the RVCP, medical students from TJU were involved in implementing community building through art and public health programming. These programs and activities expanded to Akarambi, near Kigali, where students, with the help of local leaders and the RVCP, implemented longitudinal, interdisciplinary programming in health and hygiene, nutrition, village gardens, helminthic prevention, HIV/AIDS education and support groups, and family planning providing students from TJU hands on knowledge of tropical diseases.

Structure/Method/Design: In 2006, to enrich the partnership, the RVCP and RHHP developed an exchange program for