in Swahili) in 2014, an innovative, scalable solution to reduce poverty and improve child survival in South Kivu Province, DRC.

The program start-up phase will conclude in 2017 and Stanford researchers are implementing the ongoing evaluation.

Structure/Method/Design: Asili is a membership-based social enterprise that provides access to health services, clean water and an agricultural co-operative in South Kivu. Through its innovative multi-sectoral intervention, Asili aims to improve child health and create a self-sustaining business model. The social enterprises are delivered through local partners: Clean water kiosks developed by Associations des Usagers de Reseaux d'Eau Potable; (2) Smallformat health clinics initially based on the HealthStore franchise model used in Kenya and Rwanda; and (3) Agriculture co-operatives for improved crop production, use of improved seed varieties, and nutritious home gardens, building on an existing Congolese cooperative model run by Action Sociale d'Organisation Paysanne.

Outcome & Evaluation: From July 2nd, 2014 - September 29th, 2015:

- The small-format health clinic saw 1,209 patients.
- 900 farming families enrolled and were given potato seeds and training in improved agricultural techniques. To date, these farmers have produced 250 tons of food.
- Asili has sold over 1.5 million liters of clean, safe water from its 17 operational water points.

Baseline data from a household survey are scheduled to be collected in Zones 1 and 2 in December 2015 and will be applied to improve project implementation.

Going Forward: Asili will expand to four zones by the end of 2016 with all business lines expected to be profitable within three years of operation.

Funding: Asili is supported by funding from USAID under cooperative agreement #AID-OAA-A-15-00026 and a consortium of other private donors and social investors.

Abstract #: 2.005_FOS

Building interprofessional teams for Belize

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Program/Project Purpose: The Rush University Belize Immersion Experience (RUBIE) program was created in 2004. The program objectives developed in collaboration with Belize partner, Hand in Hand Ministries (HHM), focuses on 3 major goals: public health education, student's international experience and house building. Over the past sixteen years, more than 200 students, faculty, and staff from specialties such as general medicine, pediatrics, nursing, allied health and administration, have participated in this program. Every year multidisciplinary teams spend a week in Belize during late fall/winter building a home and providing public health services. Expectations include: 1) developing cultural sensitivity competencies through on-line modules; 2) preparation of educational materials; 3) fundraising for the cost of the house to be built; and 4) development of scholarly product to be presented at Rush Global Health annual symposium.

Structure/Method/Design: The goal of HHM "to work with people and organizations to deliver life's essentials...food, water, shelter, clothing, education, and medicine...to the poor" and

sustainable model of this non-profit made it an ideal partner for Rush. Ten students and four advisors work in programs to assist disabled children, people with HIV/AIDS and the elderly in rural Belize. In collaboration with Building for Change, a program that provides housing for those living in poverty, the RUBIE team constructs a house for a Belizean family. RUBIE now enters its 16th year, making it the University's most sustainable international service effort and only HHM health professional team in Belize.

Outcome & Evaluation: RUBIE has impacted both, the local community and the learners. To date, eleven homes were built and more than forty educational sessions have been provided for Belizean residents. For the learners, it facilitated interprofessional experience and engaged them in the production of scholarly work.

Going Forward: Rush is in the process of expanding in Belize and replicating this model to serve other communities. This model presents a unique opportunity for multidisciplinary students to learn within the reality of global health service.

Funding: Provided by Office of Global Health, Office of Philanthropy and Team Fundraising.

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Evaluating a university's need for international scholar housing in a stressed rental market

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Background: UCSF is in the most expensive rental market in the US; median rents rose ~55% between 2000 and 2014, reaching \$3,530 for a 1-bedroom apartment in September 2015. Last academic year, UCSF had 1494 international scholars registered including 743 postdocs (50% of all postdocs), but provided 32% of trainee housing demand. Yet UCSF is committed to partnerships in low and middle-income countries. We investigated whether and how the lack of affordable housing impacts UCSF's ability to attract international scholars, and what strategies other medical schools use to provide affordable international housing.

Methods: Between 8/2015 and 10/2015, we administered 2 anonymous online surveys: one (UC Survey) went to current UCSF faculty/staff involved with international scholars, and the other (IS Survey) went to all UCSF international scholars registered through the International Students and Scholars Office during the last 5 years. We also conducted interviews at four universities hosting comparable numbers of international scholars in highly stressed rental markets: 2 local; 2 distant, and 2 private; 2 public. We used descriptive statistics and proportions to analyze our data.

Findings: UC Survey: 93 respondents (44%) out of 209; IS Survey: 220 respondents (7%) out of 3041.

- 87% (UC) and 85% (IS) Survey respondents agreed/strongly agreed that lack of affordable housing made it difficult for international scholars to participate at UCSF.
- IS Survey: trainee level in first year (85% graduate students/post-docs); country of citizenship (47% W. Europe; 32% Asia; 2% Africa, and 6% Latin America); average income percent spent on rent (63%), if had known about high housing costs would have come to UCSF (37% no).
- UC Survey: host students/residents (73%); pre and postdocs (70%) and faculty/researchers (63%); scholars' countries