

Guatemala, El Salvador, Nicaragua and Panama; statistically-significant (SS) knowledge acquisition and retention among participants; increased ability of trainees to effectively triage patients. Triage process outcomes: SS uptake and sustained utilization of triage algorithms; SS decreases in admission rates from emergency rooms to pediatric and intensive care units; trends towards decreased length of stay and mortality rates of acutely ill children.

**Going Forward:** Ongoing challenges include: limited personnel and equipment; need for bi-directional sustained mentoring; and managing foreign government partnerships. Unmet goals include: a free CETEP curriculum in Spanish for distribution by PAHO; expansion funding; and limited faculty time for development and implementation.

**Funding:** PAHO, MoH, and in-country partners fund training staff time, materials, and logistics. BCM/TCH provides internal funding and in-kind support for curriculum and training program development and generation of data supporting use and scale-up for CETEP trainings.

Abstract #: 01ETC019

### Impact of a health education program on Adolescent Girls' health knowledge in rural Maharashtra, India

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**Background:** Adolescent girls in rural India often have poor health knowledge, marry early, and are at risk for violence. The Comprehensive Rural Health Project in Jamkhed supports village-based health initiatives, including an Adolescent Girls' Program (AGP) for health education. This study assessed AGP participants' knowledge of reproductive health and sociocultural factors such as early marriage and dowry that affect women's health in India, as compared to the knowledge of non-participants.

**Methods:** 51 girls who graduated AGP in 2012-2013 and 51 unexposed girls sampled from similar villages with no AGP participation completed a survey on health topics covered in AGP. Participants were 12-19 years old. Using SAS 9.3, responses given by AGP-exposed and unexposed groups were compared using hierarchical logistic regression models including AGP exposure, age, caste/religion, school attendance, education, and translator as independent variables, with village as a random effect. Exact multiple logistic regression was used where AGP exposure produced quasi-complete separation in hierarchical regression. Informed consent was obtained from each participant's guardian. Ethical approval was granted by Mount Sinai's Institutional Review Board and CRHP.

**Findings:** The mean age and educational level of study participants was 14 years 6 months ( $\pm 18$  months) and 8th standard ( $\pm 1$  standard) with no significant difference in age, caste/religion, educational level, or school enrollment between groups. In hierarchical logistic regression, exposed girls had a greater odds of identifying violence against women as a consequence of dowry (odds ratio [OR] 8.475; 95% confidence interval [CI] 1.649-43.569;  $p=.0202$ ), identifying an intrauterine device as a contraceptive method (OR 27.319; 95% CI 1.195-624.782;  $p=.0419$ ), knowing any correct method of HIV transmission (OR 24.664; 95% CI 3.433-177.208;  $p=.0087$ ), and identifying sexual contact as a method of HIV transmission (OR 14.236; 95% CI 1.871-108.284;  $p=.0200$ ). In the exact logistic regression models AGP exposure was a significant predictor of being able to identify any negative consequence of dowry (OR 13.981; 95% CI 2.678- $\infty$ ;  $p=.0040$ ), being less likely to associate women being deprived of food as a consequence of dowry (OR 0.120; 95% CI 0-0.657;  $p=.0335$ ),

identifying lack of physical development as a health risk of early marriage (OR 4.427; 95% CI 8.725- $\infty$ ;  $p < .0001$ ), identifying condom as a contraceptive method (OR 22.492; 95% CI 4.560- $\infty$ ;  $p < .0001$ ), and identifying blood contact as a method of HIV transmission (OR 13.241; 95% CI 2.605- $\infty$ ;  $p=.0039$ ).

**Interpretation:** The AGP program appears to successfully transfer knowledge of several contextually important health topics. Study limitations included a selection bias towards girls whose baseline health education interest was high and potential disparities among non-CRHP health services in the villages. Further research is needed to elucidate the impact of concurrent socioeconomic and cultural factors on girls' implementation of knowledge gained through AGP.

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### CSIH MentorNet: Exploring application of module-based curriculum for mentoring students and young professionals in global health

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**Program/Project Purpose:** In 2011, the Canadian Society of International Health (CSIH) created MentorNet, a national global health mentorship program aimed at connecting students and young professionals (SYPs) with experts in fields relevant to global health. With long standing commitment to creating the next generation of leaders in the field, the program aims to facilitate knowledge transfer between SYPs studying and working in global health, with experienced global health experts in Canada. Three mentorship cohorts have completed the program to date (2011-12, 2012-13 and 2013-14), with a fourth cohort beginning in January 2015. As the program continues to grow, we aim explore and evaluate the application of module-based mentorship curriculum on training students and young professionals in the field.

**Structure/Method/Design:** MentorNet is run by a volunteer Steering Committee of seven young global health students and professionals from across Canada. The Committee members manage all aspects of the program, including recruitment, selection and matching of SYPs with mentors. SYP admission is competitive and successful applicants are matched with a mentor based on their interests. Committee members also liaise SYP-mentor relationships, providing tailored monthly modules that prompt pairs to critically engage in discussions on global health issues, reflect on career goals and expand their professional networks.

**Outcomes & Evaluation:** There were a total of 156 SYP (vs. 140 in 2011 and 70 in 2012) and 40 mentor (vs. 30 in 2011 and 22 in 2012) applications in Year 3 (2013). The program capacity increased to 29 matched pairs for cohort 1 lasting ten months and 8 matched pairs for cohort 2 lasting eight months. The geographic distribution of participants within Canada was primarily concentrated in Ontario, Canada. Mid and post program evaluation results indicate that participants were highly satisfied with the program, with the majority of SYPs reporting improved understanding of global health issues, expanded professional networks and increased interest in pursuing a career in global health.