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Structure/Method/Design: Utilizing the Global Community Health Collaborative model, ATH builds partnerships, seeks opportunities to address community-identified needs, and utilizes diverse professional and strategic approaches to implement projects founded on ideals without illusions. ATH identifies local community strengths and assets, and pairs them with the resources of a large university. This generates targeted, adaptable outcomes based on evidence and best practices. In Mali—with input and contribution from graduate students and faculty—a community advisory board participated in selecting projects that a local organization implements and community-based advocates monitor. Mali interventions have increased access to health education across illiterate and poor areas while reducing access to FGC.

Outcome & Evaluation: ATH and partners developed a health education album in the local language, wrote/produced performances on health harms of FGC, and assist traditional cutters to abandon FGC through substitute livelihoods. M&E includes community surveys and regular evaluation of community and FGC practitioner engagement. A March 2016 forum in Bamako for anti-FGC advocates will inform future progress.

Going Forward: Challenges include identifying strong community and organizational partners and resource scarcity when poor and insecure communities invest in long-term projects. Future programs build on feedback from partnerships and multi-prong, multi-sector solution-based interventions.

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Abstract #: *1.043_MDG*

Small investment, big returns: examining the effects of having a 'Yellow Card' on immunization and growth monitoring of young children in Lao PDR

A. Mobasser, M. Fong, J. Bitzer, J. Measelle; University of Oregon, Eugene, Oregon, USA, [2]Swiss Red Cross, Luang Prabang, Lao PDR

Background: Infectious diseases and malnutrition continue to pose significant threats to healthy growth and development of children in Lao PDR, and with only 6.1% of the country's total government expenditures spent on health, it remains especially important for organizations to implement effective and evidence-based programs that maximize 'bang for their buck ' against these health risks. The aim of the current investigation is to characterize the relative importance of various predictors on rates of immunization coverage and growth monitoring in Lao children.

Methods: In collaboration with the Swiss Red Cross, we conducted a survey of over 400 households living in rural districts of the Luang Prabang province. Families were enrolled via door-to-door recruitment. In addition to demographic information, we collected data on over 100 health-related indicators across multiple domains, including mothers' knowledge about health prevention and treatment, incidence of contact with healthcare facilities or professionals, as well as current and historical measures of children's health and nutrition. In addition, families reported whether they owned a medical record-keeping booklet often referred to as a 'yellow card.' Hierarchical regression models were used to analyze the effects of these factors on outcome measures of children's total immunization coverage and growth monitoring.

Findings: After excluding 15 families for missing or erroneous birthdate information, the final sample consists of 405 children ranging from 6 to 34-months-old (M = 1.46 months; SD = .31). Regression models indicated that immunization and growth monitoring were significantly predicted by distance to nearest health center or hospital, mothers' contact with health facilities and health professionals (both antenatal and during childbirth), and ethnic group membership. Interestingly, the strongest individual predictor was related to whether the family was in possession of a 'yellow card,' explaining an additional 5.4% and 1.6% of the variability in immunization coverage and growth monitoring outcomes, respectively, above and beyond predictions of reduced models.

Interpretation: Results suggest that distribution and families' retention of 'yellow cards' represent relatively inexpensive, yet effective means of reducing the threats of infectious diseases and malnutrition in children of Lao PDR.

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Abstract #: *1.044_MDG*

Delayed initiation and non-exclusive breastfeeding needs attention in Tribal Gujarat, India

S.M. Nimbalkar[1], K.N. Talati[2], A. Phatak[3], N. Fahey[4], A. Soni[5], D. Patel[1], K.K. Talati[2], S. Bansal[1], J. Allison[5]; [1]Department of Pediatrics, Pramukhswami Medical College, Gujarat, India, [2]Department of Interdisciplinary Research, Foundation for Diffusion of Innovations, Gujarat, India, [3]Central Research Services, Charutar Arogya Mandal, Gujarat, India, [4]Des Moines University, Des Moines, IA, USA, [5]Quantitative Health Sciences, University of Massachusetts, Worcester, MA, USA

Background: Economic and social changes may adversely influence local cultures and feeding practices in tribal/ingenious populations. Poor feeding practices in early life, could lead to poor developmental outcomes. We assessed newborn feeding practices and its impact on exclusive breastfeeding in tribal populations.

Methods: We surveyed 1113 mothers across 3 tribal regions —Limkheda, Dahod, and Jhalod— of Dahod district, Gujarat. Data was collected in 35 randomly selected villages. Participants were asked about newborn feeding practices during the first 3 days of life and 24-hour dietary recall. Descriptive statistics and chi-square were used to analyze data.

Findings: Initiation of breastfeeding started in half 531(47.75%) of the newborns within 1 hour of birth. Of these newborns, 454(85.82%) also received colostrum. Cases where early initiation was absent, in 89(8%) and 493(44.3%) breastfeeding was initiated within 1 day and beyond 1 day, respectively. Among 380(66%) the reason for delay beyond 1 hour was attributed to the common belief that lactation begins 2 days after delivery. 744(67.15%) newborns received liquids other than breast milk, most commonly 613(82.4%) goat milk, at some point within the first 3 days of life. Mothers who could read properly (55% vs 44.5%, p=0.001)