

## Delivering High-Impact, Evidence-based Interventions to Save the Lives of Women and Babies in Insingiro District

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**Program/Project Purpose:** Jhpiego and GE Foundation worked in the Insingiro district of Uganda to save the lives of women, children and their families by strengthening the capacity of health providers to deliver high quality maternal and newborn health care. Uganda's maternal mortality rate continues to remain higher than other developing countries at 438 deaths per 100,000 live births (UDHS 2011). The project sought to improve the maternal health services provided in public facilities and overcome challenges such as lack of basic supplies, equipment and skills needed to properly manage emergency obstetric cases.

**Structure/Method/Design:** To strengthen the clinical training, performance, monitoring and mentoring skills of providers, Jhpiego used a Standard Based Management and Recognition (SBM-R) model. This methodology helps to assess gaps in health facilities and enables learners to plan a learning cycle on topics of their choice, practice using humanistic models, and have peer performance reviews. Jhpiego established facility based learning centers for practical trainings focused on Basic Emergency Obstetric and Newborn Care (BEMONC) and Comprehensive Emergency Obstetric and Newborn Care (CEMONC).

In addition to the trainings, Jhpiego provided essential equipment, including infection prevention supplies, aspirators and delivery kits, and helped revive the drug re-distribution mechanism. Benchmarking activities were conducted to identify best and worst performing facilities and exchange visits were organized for facilities to share learnings and best practices.

**Outcome & Evaluation:** Jhpiego trained 60 health care workers in BEMONC skills, and 30 health care workers in CEMONC. Additionally, 35 health care workers were trained in SBM-R assessment and 62 members of the health unit management committees were trained.

From baseline (2013/2014) to endline (2014/2015), there was an increase in number of deliveries from 8,968 to 10,480 and improvement in partograph use from 39.49% to 64%. Similarly, maternal and newborn health performance standards increased from 45% to 78%.

**Going Forward:** Facility-based trainings that offer health providers flexibility and opportunities for peer learning, coupled with recognition of best performers (SBM-R), can improve the quality of maternal and newborn health services provided. Throughout the project, Jhpiego worked closely with the Ministry of Health and District Health Officials to ensure that there was local ownership and champions who will carry on the work.

**Source of Funding:** General Electric (GE) Foundation.

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## Cost of Road Traffic Crashes in a Developing Country, Sri Lanka

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**Background:** Road Traffic Crashes (RTCs) kill an estimated 1.24 million and injure another 20-50 million people each year, globally. Sri Lanka is facing the growing burden of RTCs due to exponential growth in motorization. Published data on the cost of RTCs is scares for Sri Lanka. Therefore we conducted this study to estimate the cost of RTCs recorded at police stations in the Kurunegala Police Division (KPD) in Sri Lanka.

**Methods:** A descriptive, cross-sectional study was conducted, which included all recorded RTCs at ten police stations in KPD. An interviewer administered structured questionnaire and two data record sheets were used to collect data. Gross output method was used to calculate the cost of RTCs, which included six cost components: cost of medical treatment, cost of lost labour output, cost of pain, grief and suffering, cost of vehicle and property damage and administrative cost.

**Findings:** Study included 851 RTCs which were recorded at 10 police stations involving 1481 vehicles and 1887 road users consisting 66 (7.8%) fatal RTCs with 71 deaths, 596 (70%) non fatal injury producing RTCs and 189 (22.2%) RTCs with property damage only. Total cost of these 851 RTCs was Rs 183,404,130.80 (1USD=140 Rs.) with a mean cost of Rs 215,516.02 (SD=4,133.90) per RTC. This cost consisted of medical treatment cost of Rs 10,523,759.13 (mean = Rs 11,797.00, SD=Rs644.61), lost labour output cost of Rs 127,011,642.00 (mean=Rs 67,308.77, SD=Rs 4,122.80), vehicle damage cost of Rs 16,180,000.00 (mean Rs 10,925.05, SD=Rs966.92), property damage cost of Rs 925,350.00 and administrative cost of Rs 2,800,379.32. Although, there were only 7.8% fatal RTCs, 83.7% of RTC cost was incurred by fatal RTCs compared to non fatal RTCs and property damage only RTCs (70% and 22.2% respectively).

**Interpretation:** The cost of RTCs is significant and could be reduced by the implementation of strategies to reduce them. The highest cost incurred by the fatal crashes indicates the burden imposed from the premature death from this man made epidemic.

**Source of Funding:** None.

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## Master of Science in Global Health Students: Who Are They and What Jobs Do They Want?

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**Background:** The Master of Science in Global Health (MSGH) at Northwestern University's School of Professional Studies is a new interprofessional competency-based degree program focusing on preparing students for a career in global health. Building on data presented at the 2016 CUGH annual meeting, the purpose of our current research is to further understand the market characteristics for this degree, provide additional student backgrounds to inform

continuous improvements to the MSGH coursework and program design, and to describe the desired student characteristics for admission into graduate degree programs in global health.

**Methods:** This study examines survey responses from students matriculated in the MSGH program between 2014 and 2015. All active students were invited to complete an online self-assessment with questions related to their global health experience, skills and career goals. Free-text responses were hand-coded using 10 categorical variables. These categories were developed through an inductive process.

**Findings:** Previous data revealed that students admitted to the MSGH program during this first year were 78% female, with an average age of 36. 57% were working in health science and 11% in government or public administration. Survey text responses from active students during the same time period provide additional information on their backgrounds and goals. Students' previous global health experiences fell overwhelmingly in the medicine and mission/volunteer categories, 45% and 50% respectively. Responses indicating the desired area of future work were spread more evenly across the categories. All professional categories, excluding volunteer and mission work, were represented in at least 2 text responses. The highest response rates were in the categories of medicine and government and policy, 30% and 25% respectively.

**Interpretation:** The diversity of industries represented by students admitted to the program underscores the interprofessional nature of the field and the workforce. This diversity is encouraging and necessitates pedagogical techniques that can appeal to a wide array of students, including a majority female population. Findings also suggest that career advising will need to adapt to market demands, prioritizing program management in the non-profit/governmental sectors.

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### Development of a Global Health Milestones Tool for Emergency Medicine Trainees: A Pilot Project

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**Program/Project Purpose:** In Graduate Medical Education, increasing numbers of both institutions and learners are participating in global health experiences. Within the context of outcomes-based, competency linked education and assessment methodologies, a standardized assessment tool may prove valuable to all stakeholders. Milestones are now used as the standard for trainee assessment across many specialties in Graduate Medical Education, thus, the development of a similar tool for Global Health was undertaken with learners in Emergency Medicine in mind.

**Structure/Method/Design:** With inspiration stemming from the Interprofessional Global Health Competencies published by the CUGH Global Health Competency Subcommittee, a group of global health educators with expertise and experience in global

emergency care convened to develop an assessment tool. The expert consensus group was divided into teams to develop individual milestones based on the 11 stated domains, and an iterative review process was implemented.

**Outcome & Evaluation:** Milestones were developed in each of the 11 domains, with five levels of competency for each domain. Specific resources and suggested evaluation methodologies were identified for each level within each domain. The Global Health EM Milestones Tool is designed for continuous usage by learners and mentors across a career in global health and emergency care.

**Going Forward:** This Global Health Milestones tool may prove valuable to numerous stakeholders. Next steps include a formalized pilot program for efficacy across programs and stakeholders, accompanied by evaluation of the same.

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### Health Worker Text-messaging for Training, Peer Support, and Mentoring in Pediatric and Adolescent HIV/AIDS Care: Lessons Learned in Zimbabwe

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**Program/Project Purpose:** Global 90-90-90 targets necessitate strengthening HIV related counseling services among children, adolescents and their families. Innovative, cost-effective approaches are needed, as Zimbabwe's resources for training and mentoring are limited. Blended learning incorporates electronic media and discussion groups using the mobile phone text messaging application, WhatsApp. This study assessed the use of the text-messaging component of the program, to build skills, knowledge and confidence of primary counsellors to care for children and adolescents with HIV.

**Structure/Method/Design:** Forty-three health care workers completed the blended learning course "HIV Testing Services for Children and Adolescents" between August–October 2016. Participants used *WhatsApp* as a forum for peer-to-peer learning and support. Two evaluators reviewed the messaging activity and entries. At the end of five weeks, two follow-up discussions were conducted to assess lessons learned.

**Outcome & Evaluation:** Participants strongly endorsed using *WhatsApp* groups as part of the training. They generated over 300 entries and continued discussions after all course assignments were complete. Communication categories tracked included greetings and social contacts, inquiries, comments, and responses about course assignments, participants' own case consultations, feedback, and encouragement. Case discussions were complex, including patient history, symptoms, medications, and psychosocial issues - child abuse, adherence, and disclosure. Two "spin-off" text messaging