International worked with Namibia's Ministry of Health and Social Services to provide comprehensive emergency obstetric and neonatal care (EmONC) and lifesaving skills (LSS) training in four district hospitals in Kavango region (Andara, Nankudu, Nyangana, Rundu). Recognizing that services improve and communities thrive when health workers perform their jobs efficiently and effectively, IntraHealth also used its performance improvement approach to correct outdated practices and enhance and monitor health worker performance.

Structure/Method/Design: Performance problems are often complex, with difficult-to-pinpoint origins. IntraHealth's approach identifies the root causes of performance problems and offers solutions. The approach includes structured interviews, observation, record reviews, and on-site mentorship. The interviews assessed how well health workers in maternity departments were preventing, identifying, and managing obstetric/newborn complications; considered facilities' provision of essential services based on EmONC signal functions (a shortlist of key lifesaving obstetric interventions); and identified resource and expertise shortages. Observations of health workers during deliveries assessed practices—especially during active management of third stage of labor and immediate newborn care. Record review examined a 20% random sample of deliveries (past two months), focusing on timely, accurate, and complete partograph use and follow-up. When these methods identified problems or gaps, mentoring and coaching led by the ministry's regional management team and IntraHealth were put into place, including hospital team meetings to identify performance improvements.

Outcomes & Evaluation: Three of the four hospitals documented improvements in the quality of maternity care provided. Providing an excellent example of management's ownership of performance improvement initiatives, one hospital implemented best practices such as regularly reviewing maternity ward records and displaying posters on maternity ward walls to make it easier for staff to find information in emergencies and provide standardized care. In other instances, nurses who attended the EmONC/LSS training identified the need for more support from hospital managers to implement improvements, which became the focus of subsequent site visits.

Going Forward: Health workers who receive training require managers' support to institute new ways of doing things. Regional management teams must provide follow-up to reinforce learning and correct misconceptions. Moreover, because only a few staff can be trained at a time, colleagues should receive in-service training to expose all maternity staff to key EmONC concepts. Obtaining buy-in from managers at the regional/facility levels includes working through contentious issues to obtain support for best practices that may represent a shift from current practices.

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Abstract #: *01ITIS014*

Review of the impact of demand-side interventions to improve maternal and neonatal outcomes: Is quality of care a problem?

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Background: Reducing maternal and neonatal mortality is essential to improve population health. Demand-side interventions are designed to increase uptake of critical maternal services, but associated change in service uptake and outcomes is varied. We undertook a literature review to understand current evidence of demand-side intervention impact on improving utilization and outcomes for mothers and their newborn children.

Methods: We completed a rapid review of literature in PUBMED. Title and Abstracts of publications identified from selected search terms were reviewed to select articles meeting inclusion criteria: demand-side intervention in low or middle income countries (LMIC), published after 2004, study design described and reporting on >1 priority outcome: utilization (antenatal care visits (ANC), facility based delivery, delivery with a skilled birth attendant) or a clinical measure (maternal mortality ratio (MMR), stillbirth rate, perinatal mortality rate (PMR), neonatal mortality rate (NMR)). Bibliographies of articles were searched to identify additional relevant papers. Articles were Abstracted using a standardized data collection template with double extraction on a sample to ensure quality.

Findings: 487 articles were screened with 49 selected for full review; 15 met the extraction criteria (eight community mobilization interventions, six financial incentive interventions, and one including both). Community mobilization interventions included participatory women's groups, training of community facilitators, and community-focused health promotion. Financial incentive interventions included conditional cash transfers or voucher schemes. Interventions were implemented across a range of LMICs and in rural and urban settings. We found that demand-side interventions are effective in increasing the uptake of key services important to reducing maternal and early neonatal mortality. Five of the seven community mobilization interventions and all of the financial incentive interventions reported an increase in utilization of maternal health services. Reported associations with clinical outcomes were more varied. Two studies reported reductions in MMR and four reported reduced NMR. None of the studies found an effect on stillbirth rate. Of the ten studies that reported on both utilization and clinical measures, only four (40%) reported both increased utilization and decreased mortality.

Interpretation: Although demand side interventions improve access to more skilled childbirth care, the variable effect on outcomes indicates that measures strengthening the quality of facility-based care will remain critical to achieving the promise of these interventions. Further research is needed to identify how to combine interventions focused on increasing demand and those designed to improve quality to more effectively reduce mortality for women and their newborn children.

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Evaluating progress in data availability and timeliness: A scorecard assessment of ministry of health and national statistical office websites in low-income countries

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Background: Demand for health information is growing beyond national policymakers as other stakeholders and decision makers are also participating in program development, implementation, and evaluation. Though research has shown that policy is often influenced by a multitude of factors, the increase in evidence-based practice, calls for data sharing, and accountability concerns are refocusing attention on the importance of accessible health information to guide decision-making. I designed a study to evaluate country progress in data availability and timeliness on the Ministry of Health (MOH) and National Statistical Office (NSO) websites of countries considered low-income (as classified by the World Bank) from January 2011 to September 2014.