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 Isingiro 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.

Abstract #: *1.032_HHR*

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 structered questionnair 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 adminstrative 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 (SD4,133.90) per RTC. This cost consisted of medical treatment cost of Rs 10,523,759.13 (mean = Rs 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 statergies to reduce them. The highest cost incured by the fatal crashes indicates the burden imposed from the premature death from this man made epidemic.

Abstract #: *1.033_HHR*

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