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61 maternal deaths per 100,000 births. Partners In Health (PIH) has partnered with the Mexican Ministry of Health to reduce maternal morbidity and mortality by increasing the number and quality of institutional births, as well as reducing obstetric violence.

Structure/Method/Design: The strategy is centered around improving the value-chain of care surrounding birth at the Ángel Albino Corzo community hospital and its catchment area: improving antenatal care and family planning; facilitating access to facility deliveries; improving the experience of mothers during childbirth and the quality of care through standardized training, including the "WHO Safe Childbirth Checklist," "Helping Babies Breathe," and contextualized dignified birth practices (reducing episiotomy, overuse of antibiotics and IVs, allowing a companion, and encouraging free position for the delivery); and ensuring emergency transportation to secondary-level facilities for complications. Forming this strategy required coordinating international best practices with Mexican national policies and brokering buy-in from local partners.

Outcome & Evaluation: Implementing all of the elements as a single comprehensive program within an already existing government strategy is transforming the way in which births are being taken care of at the government-run, PIH-supported facility. In the 2 months since the PIH obstetric service started, 97 women have given birth in the hospital, 68 of whom have been taken care of utilizing the new model, representing an increase from 52% in the first month to 83% in the second month. The program is a model for Obstetric Nurse training, and 5 are currently working in the PIH-supported site.

Going Forward: Using this demonstration program, our goal is to continue working with the government to make this strategy *the* standard of care for pregnant women across Chiapas and beyond. If successful, the PIH experience suggests that this will lead to dramatic improvements in maternal-child health.

Source of Funding: MacArthur Foundation.

Abstract #: *2.021_WOM*

Critical Assessment of Maternal-Newborn Care Delivery in Solukhumbu, Nepal

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Background: The majority of Nepal's births take place in remote, rural and difficult to reach areas. Adverse outcomes for mothers and newborns are common. Little information exists about available health resources and care practices for maternal-child health (MCH) in these areas. The intent of this study was to evaluate care practices and identify areas of intervention for ante-, intra-, and postpartum care in one Nepali district.

Methods: From December 2015 to March 2016, in the Solukhumbu District, we surveyed a random sample of 122 women who had delivered in the preceding 24 months. They live in 3 randomly selected, geographically separated village clusters (pop ~5,000), each consisting of 9 settlements. Women were identified from government birth records. This was done using a previously validated, standardized MCH household survey, based on WHO practice guidelines with a primary focus on ante-, intra-, and post-partum processes and outcomes after delivery. Reporting is descriptive.

Findings: Of 122 women surveyed, 60/122 (49%) had a birth preparedness plan, including at least one antenatal care visit. 32/122 (26%) of deliveries took place in a healthcare facility, with a trained midwife who has the ability to manage birth asphyxia. 86/122 (70%) of deliveries were at home without a skilled provider, and 3 deliveries occurred en route to a hospital. 19/122 (16%) of deliveries had complications including post-partum hemorrhage, mal presentation, or prolonged labor; including one maternal and one newborn death. Of 121 live births, 7/121 (6%) had all four essential elements of newborn care (immediate drying, skin-to-skin placement, cord clamping after 1-3 minutes and breast-feeding within 1 hour). 11/121 (9%) of live newborns had a danger sign in the first week, and 47/121 (39%) received a health-worker check-up within the first week.

Interpretation: Access to skilled care around childbirth remains problematic in Solukhumbu. Improvements in the access to quality MCH services are critically needed. This data, in combination with prior related studies, has laid the foundation for our cohort to undertake a multi-faceted intervention to make such improvements possible.

Source of Funding: None.

Abstract #: *2.022_WOM*

Human-Centered Design of Women's Reproductive Health Education in Guatemala: Promoting Education and Understanding about Cervical Cancer

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Program/Project Purpose: Although cervical cancer is the most common cancer as well as the leading cause of cancer-related premature deaths and disabilities (DALYs) among women in Guatemala, only an estimated 40% of Guatemalan women have ever been screened for this preventable cancer. With the long-term goal of increasing women's utilization of cervical cancer screening, this project of the UVA-Guatemala Initiative (UVA-GI) utilized human-centered design (HCD) methodology to co-design an educational curriculum concerning cervical cancer (CC), screening, and preventive health with indigenous Guatemalan women.

Structure/Method/Design: This project involved in-depth interviews of 48 indigenous Mayan (Kaqchikel) women— who were selected based on prior involvement with UVA-GI programs— in three rural villages surrounding San Lucas Tolimán, Guatemala.

Interviews were facilitated and interpreted with community liaisons/staff. The interviews assessed knowledge and opinions concerning women's reproductive health and healthcare access, CC and screening, health education, and preventive health. The study qualitatively analyzed collections of statements concerning each of these topics via the following HCD ideation procedure: download of learnings, identification of themes, creation of insight statements, translation of these statements into opportunities for design, and designation of design principles.

Outcome & Evaluation: Several key themes emerged to guide the design, including participants': unfamiliarity with secondary prevention strategies; unawareness of disease presenting without symptoms; misconceptions concerning the cause of CC and the purpose/outcomes of CC screening; favor toward group education, games, metaphors, and images; and potential educational discouragement due to embarrassment and immaturity of peers. The design project applied these themes and consequent design principles to create a rapid prototype of a CC-focused educational curriculum, including several culturally-respectful in-class activities designed to emphasize fundamental learning objectives. Prototype journey-mappings, metaphors, and games were tested with five Kaqchikel women to elicit feedback that was then integrated into a re-iterated curriculum.

Going Forward: The curriculum will be piloted in early 2017. The course will then be implemented in the communities surrounding San Lucas Tolimán by UVA-GI staff, with continual evaluation through course exams, information retention exams, and surveys. HCD application processes will be shared with other UVA-GI projects and global health innovators.

Source of Funding: Community Based Undergraduate Research Grant, Raven Fellowship, UVA Medical Innovation + Human-Centered Design VentureWell Grant.

Abstract #: *2.023_WOM*

Preliminary Results: Youth Friendly Reproductive Health Provision Preferences among Youth, Parents, and Health Providers in Malawi

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Background: Malawi's population growth is exacerbating growing food insecurity and environmental degradation while stretching already scarce government health and education funding. With two-thirds of the population under the age of 25, reducing unmet need for family planning among youth (15-24 years) as a means to reduce unwanted pregnancies is a priority for the reproductive health agenda. Uptake of family planning among youth and changes in youth-specific fertility rates have been slow despite recent investments.

Methods: To investigate reasons for slower than expected decreases in youth-specific fertility rates we collected opinions and perceptions about youth-focused family planning provision in Malawi using qualitative methods, including semi-structured interviews and focus groups. Three districts were selected to maximize variability in reproductive health outcome measures, region, and provider performance. Facility catchment areas were randomly selected and participants were recruited by health facility staff and NGOs. Youth aged fifteen to twenty-four and parents or legal guardians of youth were recruited for demographic-specific focus groups, and clinic and community-based providers of family planning services were recruited for interviews.

Findings: We held seventeen semi-structured interviews with health providers and thirty-four focus group discussions with youth and parents. Varied preferences exist for family planning services including provider age, facility versus community-based distribution, and the desire for family planning counseling. Youth know of available contraception but have little knowledge of how they work and misconceptions are widespread. Health workers also face many challenges, ranging from busy workloads to challenging norms surrounding sexual and reproductive health in Malawi. Parents' attitudes were reported to play a vital role in both facilitating and preventing youth access and utilization of family planning services.

Interpretation: This study adds to existing research by examining the barriers and preferences for youth-friendly family planning provision among youth, parents, and health providers in Malawi. The differing preferences among the groups make policies and interventions aimed at improving family planning services for youth challenging and context specific. The impact of social norms is often counterproductive with family planning investments, policies, and political will in Malawi. These preliminary results suggest that improving health provider training, method availability, and counseling could help improve access and utilization of family planning among youth in Malawi.

Source of Funding: Global Affairs, Canada.

Abstract #: *2.024_WOM*

Closing the Gender Gap in Global Health Leadership and Why it Matters

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Program/Project Purpose: Improving women's health and reducing inequalities is fundamental to global health, and multiple studies demonstrate that female leaders enact policies that improve the health of women and children. Despite this, global health leadership is highly skewed towards men. Female trainees make up three-quarters of those interested in global health, yet women hold only a quarter of senior leadership positions in the field. Addressing the gender gap in global health leadership is essential for equity and the promotion of women's health globally.