

**Professional
Diploma in
Sexual and
Reproductive
Health in Low
Resource
Areas (DSRH)**

LSTM
LIVERPOOL SCHOOL
OF TROPICAL MEDICINE



**Programme
Handbook
January
2019**



Royal College of
Obstetricians &
Gynaecologists



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Welcome from the Liverpool School of Tropical Medicine

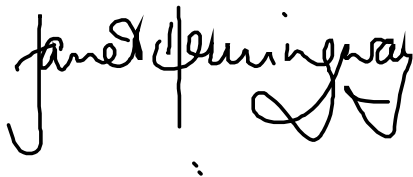
Dear Student

May we, on behalf of all the staff, welcome you to the Liverpool School of Tropical Medicine.

When it was founded, over one hundred years ago, the School was the first institute in the world devoted to the study of medicine and health in the tropics. We are proud of our tradition and our achievements and can claim to lead the world in a number of important areas of research. Through our research and scholarship and our close working links with colleagues, universities and governments in the countries of the developing world, the staff involved in our many teaching programmes bring a unique blend of experience and innovation to their work.

You will, I am sure, find Liverpool a warm and welcoming city and the School strives to provide a friendly environment to foster your studies.

We wish you an interesting, informative and, hopefully, enjoyable time here.



Professor J Hemingway
Director
Liverpool School of Tropical Medicine



Prof Nynke van den Broek
Head
Centre for Maternal & Newborn Health (CMNH)
Liverpool School of Tropical Medicine



Royal College of
Obstetricians &
Gynaecologists

Welcome from the Royal College of Obstetricians and Gynaecologists

The Royal College of Obstetricians and Gynaecologists, welcomes you to the Diploma in Reproductive Health at the Liverpool School of Tropical Medicine with great pleasure. We know that you will find this a most productive period for learning and we are sure that you will have many new experiences that are academic, social and cultural.

You are in very good hands and will be taught by an extremely dedicated group of teachers who have experience of working in many corners of the world. There is no doubt that you will find their teaching very stimulating.

We are sure that this will prove to be the most productive attachment for you.

For more information on RCOG and its activities please visit our website at: <https://www.rcog.org.uk/>



Welcome from the Royal College of Midwives (RCM)

The RCM is the UK's trade union and professional association for midwives and those who work with midwives. The ultimate goal is to enhance the confidence, professional practice and influence of midwives for the benefit of childbearing women and their families. The RCM strives to operate with integrity, to act in an open and transparent way and to be accessible to members and to support equity in service. It provides workplace advice and support, professional and clinical guidance and information, and learning opportunities with its broad range of events, conferences and online resources.

The RCM is also engaged in global work to support midwifery around the world. It has been funded by UK-AID and THET for twinning projects with midwifery associations in Uganda, Cambodia and Nepal and is currently engaged in supporting midwifery mentorship in Uganda through the MOMENTUM project. It also has a midwifery education twinning project in Northern Nigeria, in cooperation with Health Partners International and a new scoping project in Malawi. The RCM has very strong links with the European Midwives Association and the International Confederation of Midwives.

The DSRH course is accredited by the Royal College of Midwives until November 2020.

For more information about the RCM's global work visit our website at www.rcm.org.uk/global

Liverpool School of Tropical Medicine

LSTM has been a leading international institution for effective tropical research and capacity development for over 100 years. It has a worldwide reputation for cross-disciplinary working and for establishing genuine partnerships that lead to integration of research into policy and practice.

The LSTM is a premier institution for training, providing and promoting high quality education and training in and for developing countries. Every year over 500 students from over 60 countries attend courses ranging from 4-year PhD research programs to one-week summer courses and short-term individual training attachments. Participants from over 50 different countries have successfully completed the Diploma in Sexual and Reproductive Health in Low Resource Areas at LSTM. The focus of this course is on reducing reproductive mortality and morbidity through a multidimensional team approach. Participants are equipped to improve their capacity to analyse problems, appraise and apply alternative solutions in their work in sexual and reproductive health. This Diploma is unique in that doctors, midwives, clinical officers and other healthcare professionals from all corners of the world work together for 3 months in Liverpool each year to achieve a common goal.

At the LSTM, nearly 300 academic, research and support staff are employed with an excellent track record of managing research, funding and logistics required to produce effective and timely outputs for complex multi-partner international programmes. LSTM is able to combine multi-disciplinary research with effective collaborations from field to policy levels and to adjust and re-align activities rapidly in response to changing demands. Liverpool also has the highest concentration of Cochrane Groups in the world synthesizing global evidence on the effectiveness of health care interventions. These include the Pregnancy and Childbirth Group at the Women's Hospital and the Infectious Diseases Group at LSTM.

The Royal College of Obstetricians and Gynaecologists

27 Sussex Place, Regent's Park, London, NW1 4RG
www.rcog.org.uk

In the mid-17th century doctors were beginning to take over the role of the largely unqualified midwives but there was no antenatal care, no gynaecological surgery and obstetrics consisted only of the process of delivering the child.

By 1518 a College of Physicians was established, and a Guild of Surgeons was formed in 1540. These two bodies, together with the Society of Apothecaries (1815) and the universities began to control medical education and the examination of physicians and surgeons. Obstetrics and gynaecology were recognised as specialities in the mid-19th century and it then became clear that they could only take their place as disciplines in their own right with the creation of a separate college.

Despite formidable difficulties the British College of Obstetricians and Gynaecologists was founded in September 1929 by Professor William Blair-Bell and Sir William Fletcher Shaw. Thereafter the care and safety of women in childbirth improved, standards of healthcare delivery for women in hospitals were properly assessed, and obstetrics and gynaecology became a recognised part of the final examination for medical students.

The College was granted a 'Royal' title by His Majesty King George VI in 1938 and the Royal Charter was awarded in 1947, after delay caused by the Second World War.

Today, there are approximately 11,000 members of the College of who over 50% work and reside overseas. The geographical distribution of members is published in the Annual Report.

You can read more about the history of the College; a short History of the RCOG 1929-2015 is available from the Administration Department. The RCOG Press also publishes biographies of some of our influential members. More information can be obtained from the RCOG bookshop or from the RCOG website: <https://www.rcog.org.uk>

Improving women's health in developing countries

The RCOG, other concerned health professionals and international organizations such as WHO, acknowledge that maternal mortality and provision of accessible, acceptable and quality maternal and neonatal health services are still huge problems in developing countries and recognize that the situation needs to be addressed through improved service provision. This was the main impetus for launching the DSRH course.

There have been key landmarks such as Primary Health Care (1978) in Alma Ata, the Safe Motherhood Initiative (1987) in Nairobi, The International Conference on Population and Development, ICPD (1994) in Cairo, formulation of Millennium Development Goals (MDGs) in 2000 and Sustainable Development Goals (SDGs) in 2015 in the UN headquarters in New York, USA. All these events have signaled a progressive development of health services for women. Governments and the International Community are now recognizing the needs of women in the broader context by including Sexual and Reproductive Health as the focal point of many health and population development programs. After the ICPD in Cairo, Sexual and Reproductive Health came very much more to the forefront of people's minds around the world and there was an increasing awareness that the situation has to change, although recognising that in some places these changes had already been started.

In 2000 the International community agreed on 8 Millennium Development Goals to provide the focus for development from 2000 to 2015. Two goals, MDG 4 and 5 were particularly focused on reproductive health. MDG4: Reduce Child Mortality and MDG 5: Improve Maternal health. The target was to decrease child mortality by 66% and maternal deaths by 75%. By the end of the MDGs era in December 2015, there was suboptimal achievement of the targets overall with more countries making progress in MDG 4 than MDG5. A number of priority countries with poor indicators for maternal and child health were singled out and followed as "countdown countries". Most countries achieved MDG 4 however the contribution of neonatal deaths to the under-five mortality is still significantly high at about 44%. Of the 75 countdown countries, only 3 achieved MGD 5. This highlights the importance of continued, improved and sustained efforts to improve both the availability and quality of reproductive services among the poor communities around the world (Countdown final report 2015, World Health Statistics, WHO 2015).

The MDGs agenda for development has been succeeded by the Sustainable Development Goals (SDGs) to drive the global development agenda for the next 15 years from 2016 to 2030.

SDG 3 is directly linked to health. It states: Ensure healthy lives and promote well-being for all at all ages. The goal has 13 targets outlined below (<https://sustainabledevelopment.un.org/sdg3>):

3.1

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6

By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9

By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a

Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

3.b

Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.c

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Achieving a reduction of the global maternal mortality to an MMR of 70/100,000 live births, neonatal mortality to less than 12/1,000 live births and under-five mortality to 25/1,000 live births may seem quite ambitious and will only be possible through serious innovative and coordinated efforts from everyone concerned.

What is needed is effective and rapid action to increase awareness, making the need for more effective use of knowledge and tools in MNH 'visible' to politicians, professionals and the public, to develop capacity for strengthening health systems to facilitate the implementation and scale-up of good practice and to develop and apply new knowledge gathered through research which meets local needs and directly informs policy.

The Royal College of Obstetricians and Gynaecologists (RCOG) is in a key position to help achievement of SDG 3. It currently has an extensive network of members and fellows all over the world and excellent relations with other key professional groups in the UK. The RCOG has vast information and teaching resources (over 200 journals held, archives, on-line training programs), an active publishing department, and produces a wealth of policy documents and guidelines on maternal and neonatal care developed by multidisciplinary working parties. The RCOG has long focused on postgraduate professional training.

In collaboration with LSTM it has awarded the Diploma in Sexual and Reproductive Health in Developing Countries since 1995. LSTM-RCOG collaboration expanded to build capacity of health care providers in under-resourced settings and enable them to manage the major causes of maternal death and provide essential care to newborns. Courses on Life-Saving Skills-Emergency Obstetric Care and Newborn Care have been running

since 2007 in several countries including Bangladesh, India, Ghana, Kenya, Malawi, Malaysia, Nigeria, Pakistan, Sierra Leone, South Africa, Somaliland, Tanzania and Zimbabwe.

The Professional Diploma in Sexual and Reproductive Health in Low Resource Areas

The Professional Diploma in Sexual and Reproductive Health in Developing Countries (DSRH) was first taught in 1995 and is awarded jointly by the Liverpool School of Tropical Medicine (LSTM) and the Royal College of Obstetricians and Gynaecologists (RCOG). Since November 2014 it has also been accredited by the Royal College of Midwives (RCM).

The DSRH offers an opportunity to examine and discuss issues surrounding sexual and reproductive health in a low resource setting context. The course focuses on those aspects of reproductive health that are within the scope of health professionals to address, either through influencing policy, better management of health services, research, or, training others to provide effective services that are of good quality and are women-friendly.

The emphasis during the course will be on participation, interaction and discussion. Interaction with colleagues from across the globe, discussion with experts in the areas identified and the opportunity to address issues in detail will enable each candidate to explore ways of improving their professional work.

The causes of ill health and morbidity are multifactorial and are strongly influenced by the socio-economic environment in which people live. Poverty is a major barrier for individuals and communities seeking to improve their own health. It is important for health professionals to consider issues of access and equity in their efforts to provide effective care. SDG 3 has one of its targets focusing on Universal Health Coverage (UHC) which aims at addressing the financial barrier to accessing health.

For this course, a specific but fairly broad definition has been selected for reproductive health which focuses on women, because of their central role of childbearing. However, any change needs to involve men and programs should also target them.

Until recently services for women have generally focused either on fertility regulation in the form of family planning programs for women aged between 15 and 45 years or on obstetric care (including emergency obstetric care) and skilled attendance at birth. The focus has also often been on women as mothers and services may have neglected other health needs that women experience.

The definition of reproductive health (below) adopted at the International Conference on Population and Development in 1994 captures the essential characteristics that make reproductive and sexual health unique compared to other fields of health. Reproductive health extends before and beyond the years of reproduction, and is closely associated with sociocultural factors, gender roles and the respect and protection of human rights, especially, but not only, in regard to sexuality and personal relationships.

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choices, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”

In line with the above definition, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and wellbeing by preventing and solving

reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, not merely counselling and care related to reproduction and sexually transmitted diseases.

Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights instruments and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to have the information and means to decide freely and responsibly the number, spacing and timing of their children, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. (Programme of Action of the International Conference on Population and Development, New York, United Nations, 1994)

The DSRH course focuses on more specific aspects of women's health than those covered in the above definition, but acknowledges that the broader issues surrounding women's health cannot be ignored or forgotten.

The WHO Safe Motherhood Newsletter (1994) used the following definition of reproductive health:

“Reproductive Health implies that people have the ability to reproduce, to regulate their fertility, and to practice and enjoy a wholesome sexual relationship. It implies women can go safely through pregnancy and childbirth, that fertility regulation can be achieved without health hazards and that people are safe having sex. Finally, it implies that reproduction is carried to a successful outcome through infant survival and lays the foundation for future health and development”.

This definition of reproductive health addresses sexual behavior, family planning, maternal care and safe motherhood, abortion, reproductive tract infections including sexually transmitted diseases and HIV and AIDS and sexual and gender-based violence. It is this definition that reflects most accurately the scope of the present DSRH course.

The DSRH is integrated with the MIPH-SRH program, with which it shares some of the lectures and modules (e.g. Key Concepts of Sexual & Reproductive Health, Maternal & Neonatal Health and Quality improvement in Maternal & Newborn Health as well as Sexual Health and Human Sexuality).

Course Aim, Learning Outcomes and Structure

Course aim

The programme is aimed at those who work, or are planning to work, in areas of sexual and reproductive health (SRH) in low resource settings. Examples include Ministry of Health programme officers, individuals working in health non-governmental organizations, district health officers, medical doctors and nurse midwives involved in clinical care of patients, pre-service medical and nurse-midwife tutors and sexual/reproductive health advocates to name but a few. The course is designed to provide students with the in-depth knowledge of SRH and skills in designing, implementing and evaluating healthcare programmes which will enable them to contribute to local healthcare development focused upon population needs. Students study full time in Liverpool which includes studying alongside students on the Masters in International Public Health – Sexual and Reproductive Health pathway for some of their sessions.

Course learning outcomes

The DSRH is designed to help doctors, midwives and other health professionals acquire knowledge, understanding and skills that will enable them to:

- Develop a systematic understanding of the social determinants of sexual and reproductive health in a wider public health context.
- Develop a systematic understanding of national and international health policies that may affect provision of sexual and reproductive healthcare.
- Critically evaluate evidence on sexual and reproductive health issues in low resource areas.
- Communicate knowledge effectively both verbally and in writing.
- Manage projects and meet deadlines by setting priorities and goals.
- Be confident in basic IT skills needed in literature search, academic writing and presentation
- Appreciate differences and demonstrate sensitivity and understanding when working with others from different backgrounds and cultures.
- Take responsibility for own learning and become a lifelong learner in the field of sexual and reproductive health.

Throughout the course the aim is for the participants to gain sufficient confidence in new skills and ideas to be able to begin to develop them in their working environment and with colleagues in a developing country situation. The course puts an emphasis on discussion groups and participation with a minimum of didactic lecturing. It is therefore important for students to be actively involved to benefit fully from the course. Although it is recommended to bring your own computer, for those unable, desk PCs will be available in the computer lab and at the library for word processing, data analysis, presentation preparation and to access the internet.

Course Structure

The course is organized into 8 Units as follows:

Unit (Week)	Area of study
Unit 1 (Week 1)	Introduction to the course, key skills needed for the course including use of information technology and statistics
Unit 2(Weeks 1 and 2)	Key concepts in Sexual and Reproductive Health (Trop 923)
Unit 3 (Weeks 3,4,5)	Planning and Provision for Maternal and Newborn Health Services including emergency Obstetric and Newborn care (Trop 924)
Unit 4 (Week 6)	Health Systems, Policy and Governance in Sexual and Reproductive Health, epidemiology, writing and presentation skills
Unit 5 (Week 7)	Caring for the sexual and reproductive health needs of adolescents
Unit 6 (Week 8,9)	The Importance of Sexual Health and Human Sexuality in Sexual and Reproductive Health Care (Trop 926)
Unit 7 (Week 10, 13)	Self-directed study and assessments
Unit 8 (Week 11,12)	Quality improvement in Sexual and Reproductive Health and Qualitative research methods (Trop 972)

The first week of the course will be spent on introductions and settling in including some of the key lectures of TROP 923, Trop 923 continues into week 2 accompanied by teaching on statistics. Weeks 3 and 4 target public health aspects of Maternal and Newborn Health (TROP 924), followed by a practical skills training in the LSS-EOC&NC course in week 5. Week 6 covers main concepts of SRH with lectures on health systems and introduction into health management and planning, together with an introduction to epidemiology, critical appraisal and writing and presentation skills. Week 7 is specific to adolescent health issues and qualitative research methods. Weeks 8 and 9 focus on sexual health and human sexuality. In week 10 you will have the opportunity to present your assignment findings. In weeks 11 and 12 Trop 972 teaches quality improvement methods in maternal and newborn health.

During the course students are given the opportunity to conduct a literature review on a topic of special interest to them which forms part of the formative assessment. The assignment is submitted on *Turnitin* and feedback is provided to help them in writing the final assessment. The assignment for the final assessment involves developing a project plan to improve an aspect of SRH in a chosen country. This work forms the dissertation which is submitted at the end of week 10. Based on this dissertation a student will prepare a 10 minute presentation of key points from their work which is also assessed in week 10.

Introduction sessions

Students will be introduced to LSTM and opening sessions will be used to set the overall scene and background to the course. There will be an introductory session to familiarize the participants with the library at LSTM and how to conduct a computer-based literature search.

Research Methods

The course will introduce different research methodologies as applicable to Reproductive Health. Sessions will cover both quantitative and qualitative research methods.

Qualitative research methods will be covered in week 7. The sessions cover principles of qualitative research, research methodology, advantages and limitations together with planning and implementation. Sessions will also cover analysis of qualitative data and ethical issues related to data collection.

Principles of Epidemiology and Statistics

During weeks 2 and 6 of the course students will explore the relevance of epidemiology and statistics to reproductive health. Sessions will cover different epidemiological study designs as well as epidemiological and statistical concepts. Different measures of mortality and morbidity will be presented with explanations of how these can be calculated from routinely available data. The advantage and limitations of different sources of data and indicators available in developing countries will be discussed.

Critical Appraisal of scientific literature

The aim of this section is to encourage students to use and critically interpret published studies concerning reproductive health issues, and to appropriately apply the acquired knowledge in conducting the literature review for their assignment.

Key concepts in Maternal and Neonatal Health

This module aids students in understanding the concepts of Maternal & Neonatal Health (MNH) and Safe Motherhood (SM), its historical development, the key strategies for reducing maternal and neonatal mortality and improving maternal and neonatal health, in addition to the global strategy of WHO to improve MNH towards achieving SDG 3. Students will learn how to develop a strategic plan for the reduction of maternal and neonatal mortality, how to plan, organise and monitor & evaluate evidence-based MNH programmes, taking into consideration the importance of effectively functioning health systems.

Health Policy, Planning and Change-Management Concepts

Doctors and midwives are increasingly being called upon to manage health services and programs. To effectively meet these demands, it is vital that they have a good understanding of managerial principles and how these are applicable to the health services, particularly to reproductive health services. Students will be given an overview of management principles and its applicability to health care systems. They will learn how to plan, implement, monitor and evaluate sexual and reproductive health interventions.

Adolescent Sexual & Reproductive Health

There is a growing recognition that because of a combination of biological, psychological and social reasons, adolescents face many different health problems. Specific sessions will provide an overview of health issues and problems faced by adolescents and will challenge participants to examine their own perceptions, their clinical practice and existing health services. Students will be encouraged to consider how services can be improved to better meet the reproductive health needs of young people in their own countries.

Sexual Health and Human Sexuality

In this module the concepts of human sexuality, forms of sexual dysfunction and general principles of management as well as the principles of psychosexual counselling and comprehensive sexuality education will be introduced. Topics covered include the epidemiology of Sexually Transmitted Infections (STIs), including HIV, and methods for prevention and control as well as diagnosis and treatment of STIs. Lectures

will also address sexual and gender-based violence (SGBV) and unsafe abortion. Students will also learn to recognise the role of FP in SRH, how to design FP programmes, how to monitor & evaluate specific FP interventions. Other module sessions will give an overview of FGM, obstetric fistula and cervical cancer.

Quality improvement in Maternal and Newborn Health

This module aims to provide students with knowledge and critical understanding of the concepts of quality of care in maternal and newborn health. Students will learn the importance of improving quality of MNH care and services, how to assess quality, reflect critically on own area of practice and role in quality improvement and appreciate how research and audit differ and how they are related. In the specific sessions, quality improvement methods for MNH services, notably maternal death reviews, perinatal death reviews and standards-based audits will be introduced.

Assessment and Examination Regulations

Assessments

The award of Professional Diploma in Reproductive Health in Low Resource Areas is based on the results of the written assignment (dissertation), MCQs, and a presentation.

The marks are distributed as follows:

Assessment	% of total Mark
Written Assignment	35%
Presentation	15%
MCQs	50%

1. Written Assignment (35%)

This is the dissertation project plan to improve a SRH service in a chosen country. It MUST be submitted through BRIGHTSPACE no later than 23:55 on Friday 15th March 2019. After this time, penalties for late submission will be applied. Please allow adequate time for the on-line submission as it can take several minutes to upload. You may wish to print and bind copies of your dissertation for yourself, sponsors, home, hospital, etc, but this will be at your own expense.

2. Presentation Assessment (15%)

Students will prepare a presentation on their written assignment. This will include the main points in the background, rationale, summary of the plan and recommendations for service improvement. The presentation will take place in class in front of colleagues and other invited staff and it will take place on Wednesday 13th March 2019. The presentation should not exceed 10 minutes followed by 5 minutes for discussion, questions and answers. Please make sure you upload your presentation through BRIGHTSPACE by 11:55 on Monday 11th March 2019. Penalties will apply if presentations are uploaded after this time. Presentations will also be assessed for Plagiarism.

3. MCQs

This assessment will take place in Week 13 on 2nd April 2019 from 0900 to 1100Hrs and will cover all materials from Week 1 to Week 12. It will comprise of 50 questions.

4. VIVAs

Students deemed worthy of a distinction may be asked to attend a short Viva on Wednesday 3rd April 2019.

Examination Results

The pass mark for all assessments is 50%. Students must attain 50% or above in all of their summative assessments.

Students will be awarded a **PASS** or **FAIL**. Students with a combined mark of 70% or more for all summative assessments will be awarded a **DISTINCTION**.

The results of the in-course assessments will be made available to each student individually once the assessments have been marked. All marks are provisional until they have been verified by the Board of Examiners at the end of the course.

Re-sit

Candidates may re-sit failed assessments on one further occasion only. Re-sits must normally take place within 3 months of the end date of the programme. Under exceptional circumstances, international students will be allowed to undertake examinations in their home country provided controlled conditions can be assured. Marks achieved in reassessment shall be recorded on the transcript as the actual mark achieved, but will be flagged to indicate they were achieved at a second or subsequent attempt and will be capped at 50% for the purpose of calculating the overall award.

Instructions for the written assignment

Project plan

Identify a relevant sexual and reproductive, maternal, newborn or adolescent health service that needs improvement from your home country or a country you intend to work in in the next 6-12 months. Your choice of service to improve should be based on global and country policies and evidence based practice. You could focus on a facility, district/sub-national or national level. Your project plan should use the following structure:

- 1. Summary/Abstract**

Tie together the main points raised throughout the assignment, to present a summary for the overall approach to the project being planned.

- 2. Introduction and Background**

Include a statement of the problem and rationale for focussing on this SRH service. This must include: why you have chosen this country or setting; why you have chosen this service (for example, providing some recent relevant prevalence estimates); and explaining why this service is important to the population in question. Your justification should be linked to country and international priorities.

- 3. Description of the setting and the service**

Explain the structure of the health system in your chosen country and briefly outline how the service is organised and provided. For example, if you chose to improve antenatal care uptake in Tanzania, you should provide an overview of the Tanzanian health system, indicating where antenatal care services are provided and by whom. Highlight the problems that your project aims to solve and propose activities that will be performed in the project to do so.

- 4. Description of project implementation**

Provide a step-by-step description of the implementation process for each of the activities chosen. Outline potential limitations and risks in implementation and include suggestions

for how these risks and limitations can possibly be mitigated. Include a proposed work plan for the project. You might consider using a Gantt chart or any similar tool to organize the proposed workplan.

5. Recommendations for monitoring and evaluation

Make some practical suggestions about how monitoring and evaluation of this project might be carried out.

Students are expected to utilize up-to-date and relevant literature sources, employ current scientific writing principles and use critical appraisal skills to evaluate the literature they draw on. Throughout the work critical thinking and analysis of ideas is expected and not merely a description of facts. This may be demonstrated here through providing thoughtful rationale for the choices presented.

Word count: 2500 excluding references, figures, tables and annexes.

Throughout the work critical thinking and analysis of ideas is expected and not merely a description of facts.

The contents should be arranged as follows:

Front page: A standard template is used

Front page: A standard template is used

The front page should comprise:

- *Course Title*
- *Assignment Title*
- *Anonymous exam number*
- *Word count*

Title: The title should be short (not more than 20 words), clear and may have a geographical focus e.g. Uptake of modern contraceptive methods among women in Somalia.

Summary/Abstract: This is to give the reader an overview of your work and is best written at the end of your project work

Contents page: Here you should list the components of your dissertation with matching page numbers

List of abbreviations

List of figures tables and illustrations: Write down headings of tables, figures and illustrations with matching page numbers

Acknowledgements (optional)

The project plan with your chosen headings

References Please use the Harvard referencing style taught (**Harvard Cite Them Right**). Maximum 40 references.

Appendices (Annexes)

Lay-out

Font and size

All assignments must be typed.
Ariel font, size 11pt for main text.

Margins should be as follows:

3.8 cms left-hand margin
3.8 cms top margin
2.5 cms right-hand margin
2.5 cms bottom margin

Spacing

You should use 1.5 line spacing, single side.

Page Numbering

Pages in the text should be numbered consecutively throughout, including appendices, and numbers should be centred at the bottom of each page.

Diagrams/illustrations/photographs/maps

Wherever possible, these should be placed near the appropriate text. Photographs may be included in the dissertation if they are likely to help the readers comprehend the written material. There is limit to the size of document which may be uploaded through BRIGHTSPACE (20mb max), illustrations/photographs may have to be removed from the electronic copy before submission if the size has exceeded the limit.

Table of Contents

A table of contents should be provided, listing all relevant divisions of the dissertation including the preliminary pages.

References

Points discussed in the project should be referenced and the author should differentiate between what is their opinion and what is a quote from another paper.

The standard referencing system used for submitted course work is “**Harvard Cite Them Right**”. For more information and guidance please refer to LSTM’s Harvard referencing guide which is available via the Library web pages at:

<https://lstmed.sharepoint.com/sites/Students/SitePages/Academic%20Liaison%20and%20Training%20Officer.aspx>

Students who use an alternative referencing system will be penalised. EndNote X7 reference management software is also available to download from the Student Intranet. A maximum of 40 references should be included.

If you need advice on referencing or help with literature searching, please contact Alison Derbyshire (Academic Liaison and Training Officer) at the following e-mail address: Alison.Derbyshire@lstmed.ac.uk

Abbreviations

Where these are used, an abbreviation list has to be provided.

Proofreading

LSTM acknowledges the right of students to contract a proof reader to read and correct a dissertation before it is examined. However, in order to reflect the academic requirement that the dissertation is the work of the student, LSTM has defined proofreading as follows:

“Proofreading is the correction of errors in spelling, punctuation, grammar and sentence construction, referencing, and idiomatic usage. Proofreading may include identifying and alerting the author to passages that lack clarity, i.e. are poorly written or constructed. Proofreading may also extend to feedback on structural issues. Proofreading does not include structural editing or revising/rewriting passages that lack clarity. Revising and rewriting are the responsibility of the student alone”.

The student must include, in the acknowledgements section of the dissertation submitted for examination, a statement which indicates the name of the proof reader and the nature of the services rendered by that person. Any relevant academic or professional experience possessed by that proof reader should also be indicated. LSTM has produced guidelines for proof readers (obtainable from the Registry), which students are encouraged to give to proof readers to ensure that there is clarity about their responsibilities.

Academic Integrity

Breaches of academic integrity include plagiarism, collusion, copying, falsification of data and commissioning. Plagiarism occurs when a student misrepresents, as his/her own work, the work, written or otherwise, of any other person (including another student) or of any institution. Examples of forms of plagiarism include:

- the verbatim (word for word) copying of another’s work without appropriate and correctly presented acknowledgement;
- the close paraphrasing of another’s work by simply changing a few words or altering the order of presentation, without appropriate and correctly presented acknowledgement;
- unacknowledged quotation of phrases from another’s work;
- the deliberate and detailed presentation of another’s concept as one’s own.

Assignments submitted through Brightspace are automatically checked for similarity to other sources by a plagiarism detection tool, “Turnitin”. Penalties for breaches of academic integrity can be severe, including the awarding of a mark of zero for the assignment. Further information on academic integrity can be found in the Professional Diploma and Certificate handbook.

Word count

A word count limit is set for all written assignments and posted on BRIGHTSPACE in the appropriate folder. The purpose of a word count limit is to give students an indication of the amount of work and level of detail expected for a written assignment, and help you allocate time to one piece of assessed work in relation to others. It is important to appreciate that assignments are assessed on the quality of the writing and ability to make a reasoned argument, not on the length. It is possible that a shorter, focused assignment will score more highly than a long, rambling piece of work.

The word count should **include** the following:

- Citations within the assignment text
- Quotations from other authors (correctly referenced)

Unless otherwise indicated in the assignment brief, the following can be **excluded**:

- Title and contents page
- Stand-alone figures and text boxes
- Graphs and tables (but see below)
- References/bibliography
- Appendices

For this written project the word count is 3000 words. There is no penalty for submitting an assignment that is shorter than the minimum. An assignment that is longer than the maximum will be penalised. Exceeding the word count limit by more than 10% but less than 20% will result in a 5% deduction from the mark awarded to the assignment. If the word count exceeds the limit by more than 20%, the assignment will be awarded a mark of zero.

Copies

You may wish to print copies for your sponsors, home hospital, etc. You are allowed to do so, but at your own expense.

Some common faults in dissertations

- a) Rambling, for example, drifting away from the point, or dwelling on irrelevant detail.
- b) Badly set out tables, such as numbers which do not add up, missing values ignored, chi-squares or other statistics quoted from computer print-out and not put into tables.
- c) References quoted incorrectly, or inconsistently.
- d) Uncritical literature review: Try to develop a critical approach to everything you read. Assess the good and bad aspects, as well as limitations and implications of published research.
- e) Inconsistent format for headings and sub-headings: choose a standard format and stick to it - make use of bold, underline, and capitals. Numerical notation may be useful (e.g. 3.1, 3.2), but do not make it complex and difficult to follow.
- f) Excessive use of subheadings (such as 3.1.1.2): Try and keep your headings to three levels at a maximum.

Time

Be careful not to spend too much time on your project. During the course there will be time during the week for self-study, which you can use to work on the project (see timetable). You may also wish to spend one or more evenings a week and a few hours at the weekend working on this project.

Schedule

It is important that you plan your activities in detail or there is a risk that you will run out of time. Discuss an appropriate work schedule with your tutor in one of the early meetings.

The following schedule may be helpful to work towards. You can submit your draft to your tutors at any other time, however please make sure that the tutor gets enough time to read your draft and comment on it.

End of Week 3	Students have identified their project topic (SRH problem and country) of the needs assessment and drafted an outline for their work. Students will be allocated a supervisor and are asked to make an appointment to see their supervisor. Discussion of outline with personal tutor done.
Week 3-6	Conduct literature search on the topic, reading about subject and preparation of draft chapters which should be showed to the supervisor.
Week 7	Perform a literature review on any chosen topic on sexual and reproductive health and submit on Turnitin not later than Monday 12 th February 2018 at 23:55
Week 8 and 9	Review of the written work in light of feedback provided, and inputs from Supervisor. Prepare a 10 min presentation
Week 10	Submit the Presentation via Turnitin no later than 23:55 on Monday 12/03/2018 Tuesday 13/03/2018 1000 to 1400 Presentation Assessment Thursday 15/03/2018 Submit dissertation via Turnitin no later than 23:55
Week 13	Tuesday 03/04/2018: 0900 – 1100 MCQs Thursday 05/04/2018: 1000 – 1200 VIVAs (+/-)

Supervisors

Each student will be allocated a personal supervisor (either from within or outside the School). Supervisors will try to provide support in your subject area but they are not always experts. They are there to guide you, but not to hold your hand. Ask them for advice about where to look for information and what to include and what not to include. All our staff are very busy people. Make an appointment (and keep it!). Expect to see them two or three times for between 30 and 45 minutes each time. Expect them to encourage you to comment on your draft work and help you organize your ideas.

Note that your supervisor may require up to one week for reading and commenting on your draft work so be sure to allow sufficient time when you send a draft for review.

Mentors

Each student will be allocated a mentor. A mentor will be a member of the academic team at LSTM. The mentor will primarily provide pastoral support. Feel free to conduct the mentor at any time you face challenges about your academic or social life and they will be able to advise or point you to the right person to help you.

The student support office is open for accommodation and other student experience issues. The phone number for student support is **0151 705 3756**. Please use this office for all matters related to student experience and only take personal matters to the mentor.

Prize Awards

Two prizes are awarded on the Graduation day

1. CMNH Prize (The Helene Hayman Award)
2. Colin Bullough Prize

CMNH Prize (The Helene Hayman Award)

The Rt Hon Baroness Hayman GBE was the first elected Lord Speaker of the House of Lords from 2006 to 2011. Born in 1949, she was educated at Wolverhampton Girls' High School, and went on to read law at Newnham College, Cambridge, where she was elected President of the Union in 1969. Aged 25, she was the youngest Member of Parliament (MP) and one of only twenty-seven women MPs in the House of Commons at that time.

Since leaving office, Baroness Hayman has taken an increasing interest in issues relating to health in developing countries. She is Chair of the External Advisory Group for LSTM's Centre for Maternal & Newborn Health and has recently visited Sierra Leone and Zimbabwe to see the maternal and newborn health issues at first hand.

Baroness Hayman was appointed Dame Grand Cross of the Order of the British Empire (GBE) in the New Year Honours List 2012.

This award is given to the best performing student overall. The decision may be made after conducting VIVAs to students who get a Distinction

Colin Bullough Prize

Dr Colin Bullough was a community obstetrician whose rare commitment had a major impact on maternal and child health services in Africa and Asia. He was born 1939 in Scotland and after graduating in medicine from the University of Glasgow in 1963 and various junior hospital appointments in Glasgow, he went to Malawi in 1967 where he worked for 12 years. During that time he specialised in obstetrics and gynaecology and became the sole obstetrician for a population of 2.5 million.

He was concerned about the high mortality of mothers in pregnancy and childbirth and, as a result, developed a training programme for village midwives. This was adopted at a national level and continues to this day. He received a Doctorate in Medicine for this work.

In 1979 he returned to the UK and became a consultant in obstetrics and gynaecology at South Tyneside General Hospital where he worked for 13 years before leaving for Bangladesh in 1993 where he worked under the auspices of the University of Dundee and the British Council on a project to improve the training of doctors and building up of community based maternity services. In 1999 he returned to the UK and worked in the Dugald Baird Centre at the University of Aberdeen, conducting research to improve women's health in developing countries.

His expertise and experience were highly respected and he worked closely with many international agencies, such as the World Health Organisation and the UK Department for International Development, travelling extensively. He was also very interested in starting a diploma course and this eventually developed into the DSRH as we know it now. Dr Bullough died in 2006.

The prize in his honour is an award for the DSRH student who had benefited most from the course and progressed extensively during its duration and not necessarily a prize for the most academic student. The selection is based on the votes of fellow students and discussion with lecturers.

Assessment Grid for the Written Assignment

Factors assessed	Distinction 70%+	Merit 60-69%	Pass 50 – 59%	Fail 0-49%
<i>Understanding of the SRH in a wider public health context in relation to national and international health policy</i>	Demonstrates systematic and detailed understanding and application of SRH concepts in relation to the SRH problem chosen. Well referenced discussion on availability and quality of SRH services in relation to the problem chosen.	Understands and explains the evidence from sexual and reproductive health concepts and principles linked to the identified problem. A discussion on SRH services availability and quality.	Work is more descriptive than analytical. Identifies and describes concepts and principles of sexual and reproductive health. Services availability and quality is mentioned in a manner that is not comprehensive enough.	Confusion or misunderstanding about how SRH concepts and principles relate to the problem chosen. Some ambiguity and limited understanding of service availability and quality for the chosen SRH problem.
<i>Critical evaluation of the evidence on SRH in low resource areas.</i>	Weighs up the evidence and makes compelling, logical, reasoned arguments about the application of theory to practice including evidence on the effectiveness of various approaches.	Understands the evidence, and provides good arguments about the application of theory to practice.	Presents and describes arguments, but not necessarily in a coherent logical manner. Suggests a reasonable course of action but one that is not so clearly based on the application of evidence to the situation	Limited evidence presented, or the evidence provided and is not appropriately contextualised. Limited understanding of the application of theory to practice
<i>Recommendations on the project plan and suggestion on appropriate interventions</i>	Clearly illustrates appropriate recommendations which are clearly linked to the identified services and the evidence presented. Critical, discussion around how evidence supports the recommendations linked to policy or practice appropriate for the country chosen. Evidence of innovative thinking supported by the available evidence. Relevant M&E approaches and indicators suggested.	Identifies and clearly describes appropriate recommendations and or strategies on how the chosen SRH problem could be approached. Enough logical argument to support the recommendations. Describes and discusses the various M&E possible approaches including their strengths and weaknesses.	Identifies and clearly describes appropriate recommendations or strategies based on how the SRH problem chosen could be solved. Descriptive discussion of the evidence and how it supports the application of the selected recommendations. Provides suitable linkages between the literature and evidence, and public health approaches relevant for the country/setting.	Confusion or misunderstanding about recommendations, illogical strategies not linked to evidence presented for the country. Lacks informed judgements about how and when a particular evidence should guide practice.
<i>Structure and presentation</i>	Clear framework with a structure that is easy to follow, coherent, flows logically and is interesting to read. Writing that is clear and concise. Uses highly relevant references with complete and accurate referencing	Structure is easy to follow and logical. Generally written clearly and concisely. Uses relevant references with complete and accurate referencing	Structure is not so easy to follow. Writing is more descriptive, lacks clarity in parts and could be more succinct. References are appropriate and mostly accurate.	No clear structure or structure is illogical and hard to follow. Writing is descriptive, vague and wordy or lacks coherence. References not always appropriate and/or not accurately cited.

Assessment Grid for presentation

	Distinction (70% +)	Merit (60-69%)	Pass (50-59%)	Fail (25-49%)	Fail (0-24%)
Relevant background, introduction and rationale of the sexual and reproductive health problem chosen (20%)	Demonstrates critical understanding of the background information which is presented in a coherent manner and leads logically to the statement of the problem. Succinct.	Good background information with an adequate and coherent linkage to the statement of the problem. Little unnecessary material.	Background and statement of problem less clearly presented. Link between background and problem statement not entirely clear.	Limited evidence of insight into the problem and inadequate background information that does not link to the problem. Major flaws.	Fails to demonstrate understanding and not supported with relevant background information.
Elaboration of availability and quality of services for the chosen project, evidence for effectiveness of interventions, tailored recommendations for policy and practice (40%)	Extremely presented needs assessment with critical reasoning around the SRH project chosen. Extremely logical flow of ideas on discussion, recommendations and how monitoring and evaluation of suggested interventions could be done.	Minor inconsistencies. Evidence of consistency with outcome of the needs assessment, discussion, recommendations and the monitoring and evaluation.	Presentation of evidence only partially adequate. Consistency shown but not throughout the, discussion, recommendations and monitoring and evaluation	Inadequate and inconsistent discussion and recommendation for the most part of the write up with some conflicting ideas, no logical flow of ideas. Irrelevant recommendations and Monitoring and evaluation plan.	Inappropriate discussion and recommendations. Gross inconsistencies of ideas in the process of the needs assessment unrealistic monitoring and evaluation plan suggested.
Overall layout and organisation of presentation (15%)	Well-constructed presentation with excellent continuity. No internal mistakes in presentation. Fluent and logical	Some lapses in continuity although presentation includes no typographical errors. Language less fluent and precise.	Clear breaks in argument with some typographical errors. Overall structure appropriate.	Poor structure with omissions of required sections (background information, methods, data collection process. Poor referencing / grammar and spelling errors.	Very poor structure with serious omissions. Many grammar / spelling / referencing errors.
Timing of presentation and interaction with the audience (10%)	Exceptional timing of the presentation. Presenter interacts very well with audience. Uses appropriate technology imaginatively and to a high standard.	Adequate timing of the presentation although some slides were not given enough time. Some interaction with the audience. Uses appropriate technology	Allocated time not sufficient to cover entire presentation and some slides could not be presented. Some limited evidence of interaction. Uses appropriate technology but at a basic level	Poor timing and presenter had major problems to make sense of his presentation in the time allocated. Poor interaction with the audience. Unconfident in use of technology	Complete inability of timekeeping and no interaction with the audience at all. Use of technology poor.
Addressing questions (15%)	Answers questions coherently and brings in new information not discussed in the presentation	Answers questions in a logical and coherent way. Demonstrating good understanding of the topic	Answers questions adequately but some lack of clarity and understanding	Questions poorly addressed and response inadequate	Questions not addressed at all and totally inappropriate answer

MM 08/01/2018