SPCR internship projects 2026

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Name & email of reviewer(s) for applicants applying to undertake this internship project: **Mark Lown (m.lown@soton.ac.uk)**
Length and dates of internship: Flexible, depending on mutual availability of intern and supervisor. Any time from 1 June 2026. Equivalent of 4 weeks full-time placement based on 35 hours per week a total of 140 hours. But this could be part-time spread out over more weeks.
Host department: Primary Care, Population Sciences and Medical Education, University of Southampton
How will the internship be conducted: ☐ In person at the university ☒ Virtual/ from home ☐ Both are possible, depending on preference of student
Title internship project: Optimising Implementation of Maternal and Perinatal Death Surveillance and Response to prevent avoidable future deaths
Summary of the internship project: *(max 250 words, can include hyperlinks to further information)* The intern will work alongside a team in the UK and Uganda on the analysis of data from the Opti-MaP project. This is a Global Health Group funded by NIHR. The abstract for the whole project is below. The precise role of the intern will depend on the specific interests of the intern, and the needs of the project at the time when the intern is able to join the project. We anticipate this could include involvement in data cleaning and analysis, and preparing manuscripts for publication. This is likely to involve mainly qualitative analysis. **Project abstract:** Research question: Can perinatal and maternal deaths be reduced by implementation of a customised 'Toolbox' of interventions to optimise implementation of Maternal and Perinatal Death Surveillance and Response (MPDSR) in LMICs? Background: When implemented optimally, MPDSR has been shown to reduce maternal mortality by 35% and perinatal mortality by 30%. However, documented barriers to implementation are frequent: • Lack of community involvement: under-notification of community deaths, infrequent community-level data collection & review • Fear of blame / litigation among health care providers, deterring engagement / learning

- Poor quality data, hampering identification of modifiable factors
- Insufficient training at all levels
- Inadequate implementation of responses
- Lack of monitoring / accountability and funding for implementation

Aims
- To develop and optimise intervention components to improve functionality of MPDSR
- To evaluate the effect of a customised intervention (optimising MDPSR) on maternal and perinatal mortality.

Specific objectives

1. To review existing tools, develop and adapt a harmonised toolbox of resources to optimise MPDSR implementation
2. To co-design a customised "intervention package" using the toolbox
3. To evaluate effectiveness and cost-effectiveness of the "customised intervention package" to reduce perinatal and maternal mortality.

Methods and timelines

Community Advisory Boards and Stakeholder Committees will be established and meet regularly to advise on all aspects of the project (WP1.1, months 1-48). Political Economic Analysis will be conducted (WP 1.2, m1-12).

Phase 1 (WP 2-6, m1-12): Co-development of a comprehensive "toolbox" of resources for adaptation to specific country contexts, including tools for:

- Reviewing, then proposing the amendment/development of laws and regulatory frameworks to facilitate an enabling regulatory environment for MPDSR and legal accountability for implementing responses at all levels (WP2)
- Improving data quality (WP3)
- Training and mentoring health workers across specific MPDSR roles (WP4)
- Improving MPDSR response-tracking and budgeting (WP5)
- Community death notification, data collection and review (WP6)
- Counselling bereaved families (WP6)

Phase 2 (WP7, m12-18): Developing customised "intervention packages". Each country will hold stakeholder workshops to select, adapt and translate "toolbox" components to ensure they align with national policies, capacity, socio-economic context, and the proportion of deaths in health facilities and outside.

Phase 3 (WP8, m18-48): stepped-wedge cluster-randomised trial to assess effectiveness and cost-effectiveness of "customised intervention packages" in 9 districts (3 in each country, implemented at months 18, 24 and 30), with perinatal mortality as the primary outcome. To ensure that mortality data is reported reliably and consistently, we will also implement improved tools for death notification in all sites from month 12. Outcome data will be collected up to month 42.

Learning objectives:

- TO learn skills in quantitative and/or qualitative data analysis
- To gain experience of working in a collaborative global health project with partners in Uganda, Ethiopia, Ghana and the UK

Any further information: