



## PROJECT SUMMARY

### The Maternal Health Alliance Project: Overview of CARE's Intervention & Evaluation Plan



#### Overview

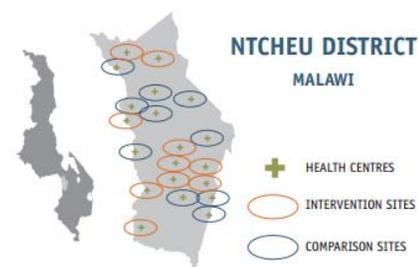
As a global community we know that the science around *what* to deliver in reproductive, maternal and newborn health (RMNCH) is well-established, but the science on *how* to do it effectively and efficiently for the greatest impact, is not. With generous support from the Sall Family Foundation, CARE implemented a five-year program (2011-2015) in partnership with the Government of Malawi's Ministry of Health to test the effectiveness of CARE's Community Score Card<sup>©</sup> in improving the coverage, quality, and equity of RMNCH service delivery in Ntcheu, Malawi. We hope to demonstrate the power of the Community Score Card as a broadly applicable approach for systematically improving the implementation of evidence-based RMNCH health interventions, as well as share learning for rapid scale up.

#### CARE's Intervention in Malawi

CARE's experience has shown that participatory governance is a key strategy to addressing important barriers to health, including socio-cultural barriers as well as coverage, quality, and equity in service delivery. Our approach to participatory governance, the Community Score Card<sup>1</sup>, was invented by CARE Malawi in 2002 with the aim of empowering community members, health care providers and other government officials to identify and overcome obstacles to effective service delivery and healthy outcomes. Since then, the CSC has become an internationally recognized social accountability tool that brings together community members, providers and government officials to identify service access, utilization and provision challenges, generate solutions, and work in partnership to implement and track the effectiveness of these solutions in an ongoing process of improvement. The CSC consist of five phases (see diagram on next page) and is repeated every six months.

#### Evaluation Design

To rigorously evaluate the CSC approach, CARE used a cluster-randomized control design. Ten intervention and ten control health facilities and their catchment areas were matched and randomly assigned to either the intervention or control. Baseline (2012) and endline (2015) surveys of women who had given birth in the last year in the treatment and control villages, and health providers throughout the district, were conducted.



CARE's evaluation sought to understand the CSC's impact on:

- the empowerment of women and communities to participate in quality improvement efforts as well as to access and utilize family planning and maternal health services;
- the empowerment of health workers to be more responsive, effective and accountable to community needs and;
- the coverage, quality and equity of reproductive, maternal and newborn health services.

<sup>1</sup>To obtain a copy of the Community Scorecard Toolkit please visit: <http://familyplanning.care2share.wikispaces.net/The+Community+Score+Card>

## Preliminary Evidence

Preliminary evidence from analysis of our RCT results show significant changes in measures of service utilization, provision and satisfaction with services received, as well as increases in family planning use.

In addition to our RCT results, we assessed changes in the Score Card indicators over time. Both health workers and community members who participated in the CSC process identified twelve health indicators of importance to them, generating scores for the indicators during each Score Card cycle. We analyzed the indicator scores from the first and last CSC cycles and found that all twelve showed improvement. Statistically significant improvements ( $p < .05$ ) were found for six of the indicators including level of male involvement, relationship between health workers and communities and availability and accessibility of information. Stay tuned for further details on our results:

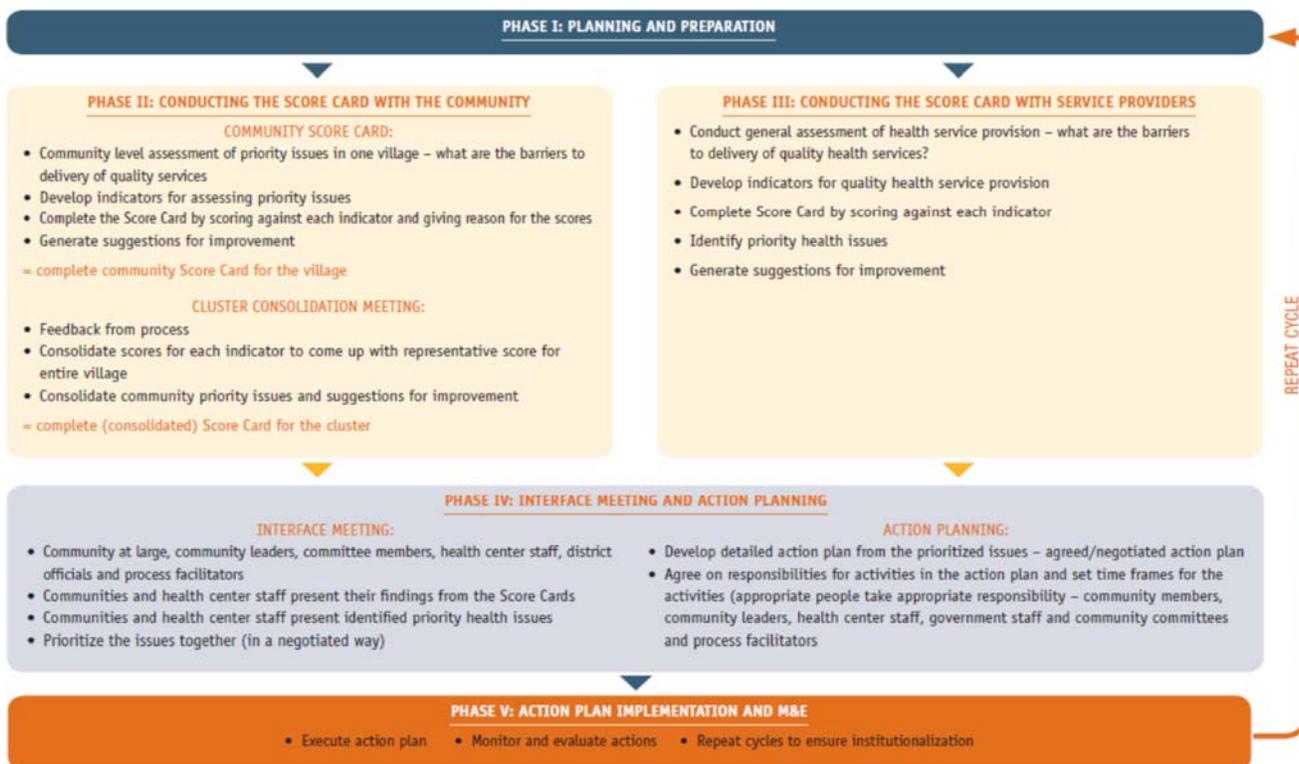
<http://familyplanning.care2share.wikispaces.net/The+Community+Score+Card>

## What's Next?

The CSC approach has already gained the support of the District Health Management Team in Ntcheu and they are expanding the CSC to the villages and health facilities that did not receive it during the intervention. CARE plans to build on this experience with the creation of a Community Score Card Consulting Group to respond to the rising demand for the CSC in addressing barriers to high quality service delivery. These consultants are already working on ways to adapt the CSC to new settings and health issues for other CARE projects both within and outside Malawi.

It is clear that the CSC's strength lies in its ability to bring communities and service providers together to identify not only barriers but local solutions as well. The diversity of solutions envisioned and enacted in Ntcheu illustrates how a low-cost, low-technology intervention that harnesses the creativity and capacity of local communities can bring about changes to improve maternal and child health.

### Community Score Card Process Diagram



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