

Maternal Health Alliance Project: Evidence of Impact

Across Ntcheu, community members, health providers, and local government officials are working together to overcome reproductive and maternal health access, utilization and provision challenges. Here are a few examples of locally developed solutions.

Male Champions standing up for women's and newborn's health

In Champiti, the community identified that men were not supporting their partners in attending antenatal care visits during pregnancy or in planning for delivery at a health facility. The men stated they had very little information on the services, the benefits or what role they could play. In response, the community formed a group called 'Secret Men' – male role models who visit other men to share reproductive health information and encourage them to support healthy behaviors. The work of the 'Secret Men' has led to more men accompanying their wives to antenatal care visits and engaging in birth planning.



Youth led peer to peer support & problem solving

In Malawi, adolescents acutely lack access to reproductive and maternal health services. During the Score Card process youth identified that they needed safe spaces to talk about their health issues and needs. In response, the project worked with a district government official to establish youth clubs in half of the intervention sites. The clubs also provide a forum for adolescents to develop and implement solutions to overcome their unique barriers. For example, in Champiti and Nsiyaludzu, teen mothers identified a lack of financial services as a barrier, so CARE assisted the women in establishing a village savings and loan group.



NGOs adopting the Score Card process to be more responsive

There are several NGOs that work in Ntcheu to address maternal and newborn health issues. Several of these NGOs, including the Family Planning Association of Malawi, provide services directly. These NGOs traditionally have not involved community members and government health workers in the planning and targeting of their activities. However, after participating in the Score Card process, these NGOs changed the way they worked to ensure family planning services were more widely available and responsive.



Community Action Groups rising to the challenge to improve maternal and newborn health in their communities

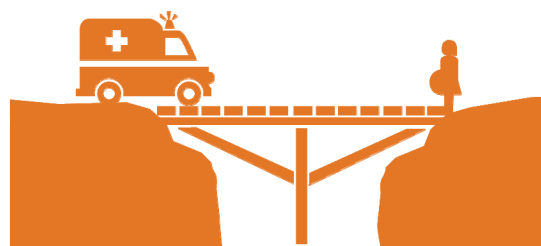
Community Action Groups have formed to support implementation of the action plans that result from the Score Card process. These groups have increasingly taken on responsibility to address barriers to maternal and newborn health in their villages:

- In Chigodi, it was identified there was no house for the health worker, nor an antenatal clinic. So the group mobilized themselves to haul in the sand and make bricks and they petitioned members of the community to contribute a small amount of money for cement and construction costs. Now they are working to find funds to purchase the iron sheets needed to build the roof.
- In Gwedeza, faced with the challenges of transporting women to the hospital during delivery the community mobilized resources to build a stretcher to carry women to the hospital.
- In Katsekera, community action group along with the health workers jointly mobilized resources to rehabilitate a bridge so women and their children have better access to the health facility by foot or ambulance.

Government Officials changing the way they work by listening and responding

The Ntcheu district health officials, who are charged with overseeing and supporting health services, recently told CARE that the Score Card process has helped them do their job better and has improved their relationship with the community. As district managers, they now understand what is happening on the ground level and are better able to respond. Further, the community members now better understand the constraints and limitations they face. Some of the actions the health officials have taken to address barriers include:

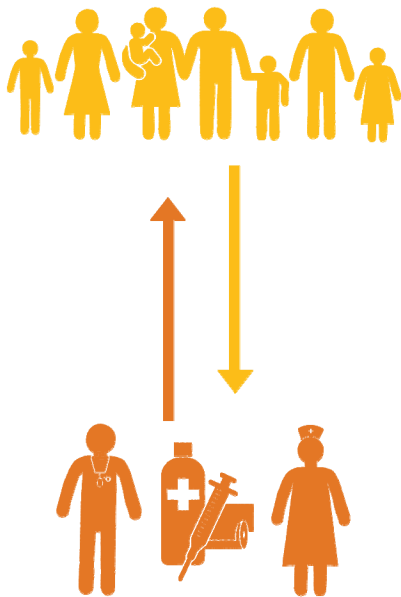
1. Sending more health providers to facilities that were overstretched
2. Re-activating Health Action Committees at health facilities to serve as a link to the community
3. Improving the health provider and community relationship by orienting providers to patient rights
4. Advocating with parliamentarians for additional resources to support health services
5. Incorporating community and health provider priorities in their health plans



What money cannot buy—Transforming relationships to transform health

A district government official recently told CARE that at first they were not happy that ‘hardware’, like medical equipment was not part of the project; however, they have since seen that the Score Card has brought other benefits that ‘money cannot buy’ - it has improved relationships at all levels.

The value of a good relationship is supported by research from Tanzania (Kruk et al, 2009, Tanzania) which found that provider attitude and availability of equipment/drugs was most predictive of women delivering in a facility than other variables, including cost, distance and free transport.



Improving the relationship between the community and health providers

At the start of the project at Kasinje Health Facility, the relationship between health providers and the service users was very poor. Health providers made women sweep the floor and clean the bed linens after giving birth and community members did not treat providers with respect.

At the first Score Card interface meeting, the local government official clarified the roles and responsibilities of both patients and providers, sharing that cleaning the health facility was the job of the health providers.

As a result of the Score Card process, understanding between health providers and the community improved greatly and the demand for services increased drastically at the health center. So much so, the local district government deployed an additional two Medical Assistants to support the increased patient load.

To ensure the improved relationship is sustained, the health providers have established their own staff code of conduct, which emphasizes the rights of patients, and use it to orient new health providers who come to work at the facility.

After a year of the Score Card process the ‘relationship between service providers and service users’ indicator has risen from 60/100 to 88/100.



Improving service access and utilization through economic empowerment

Women cited lack of financial resources as a barrier to accessing and utilizing services at Nsipe health center. To overcome this obstacle, the community proposed the formation of a women's [Village Savings and Loans Association](#) (VSLA) so women could become more economically empowered and make decisions to protect their health.

In response, CARE trained two community level government staff in VSLA to support the women to form a group. The women in the VSLA group are now able to save and generate financial resources, which they can use to access health services as needed.



Tackling referral issues through dialogue with Parliamentarians

In Ntcheu, timely access to labor and delivery services is hampered by poor transportation and referral services, as well as a shortage of ambulances. Associated delays cost women their lives. To overcome this challenge, CARE arranged for dialogues between the district government and Parliamentarians, at which the district officials requested an additional ambulance for Ntcheu. Working with the District to gather supporting evidence to make a strong case, the Parliamentarians were able to advocate for additional funds and obtain an ambulance for Ntcheu. This collaboration itself is a great success of the project, given that before the Score Card process, the Parliamentarians did not have access to local level information on health service implementation bottlenecks or face-to-face dialogues to discuss and overcome them.

