

Maternal Health Alliance Project

*Global collaboration to improve
the science of implementation*



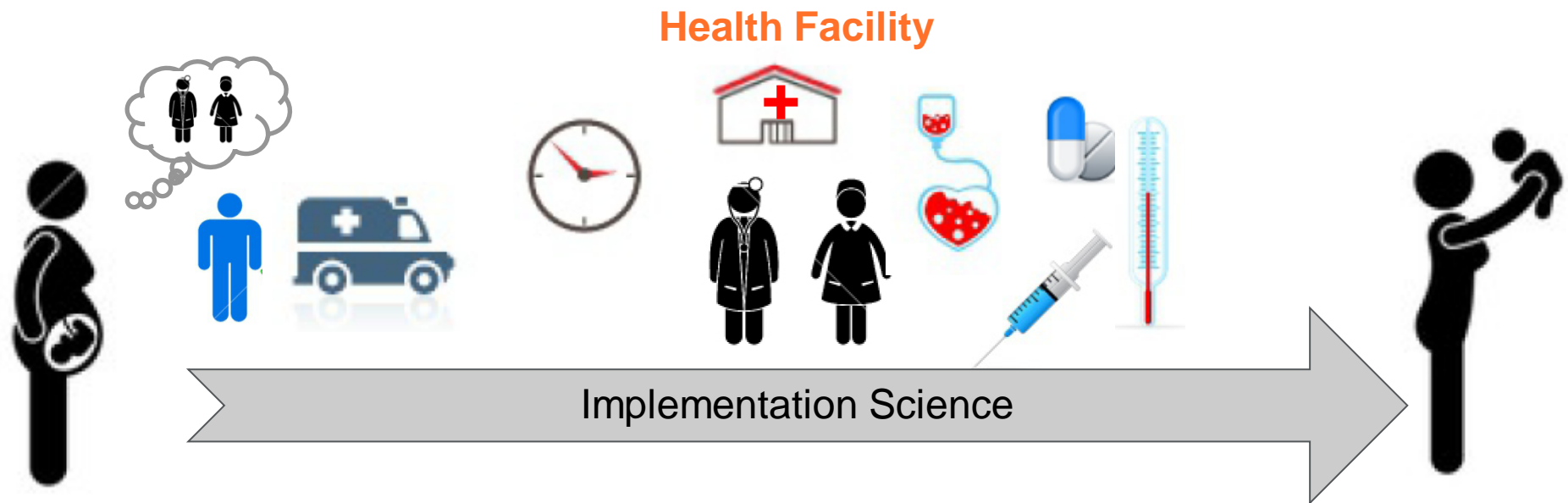
Background & Rationale

We know *what* to deliver in maternal and newborn health. Yet...

- 290,000 women die every day from pregnancy and childbirth,
- 430,000 babies are infected with HIV from mother yearly, and
- 222 million women have an unmet need for contraception.

The problem? We do not know *how* to effectively and efficiently deliver it.

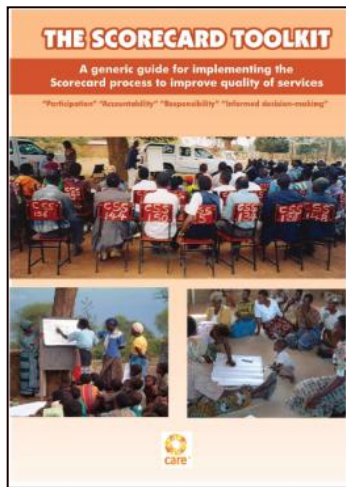
What is needed? Implementation Science - Strategies, approaches and methodologies for improving implementation of evidence-based MNH and PMTCT interventions and share learning for rapid scale up.



Project Overview

Goal: Develop & test broadly applicable approaches to improve MNH implementation and outcomes

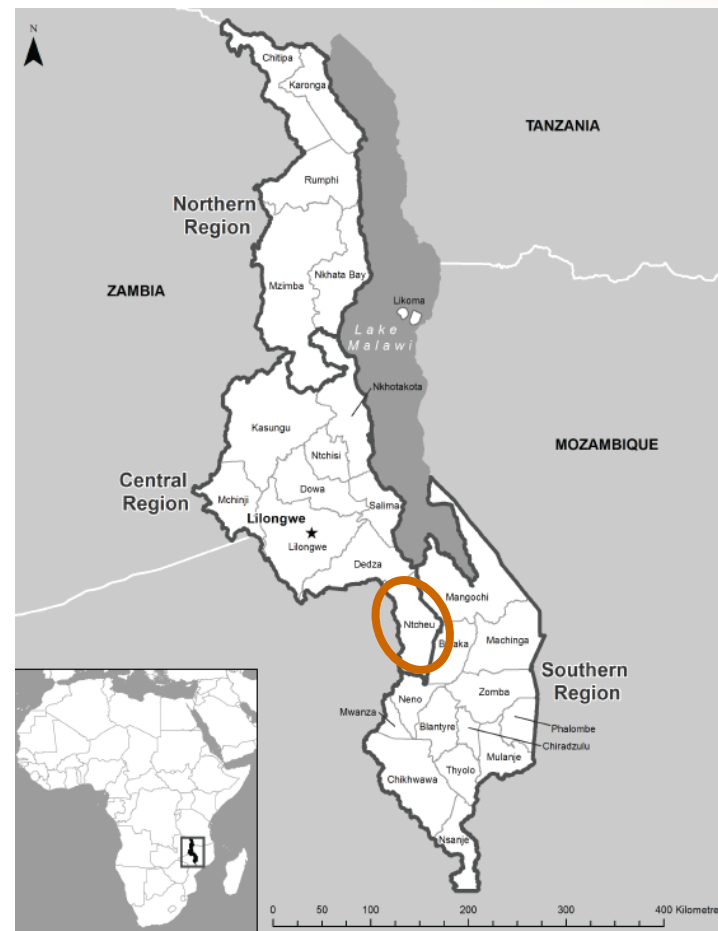
Imp. science approach: Community Score Card—
an approach that involves citizen representatives and health service providers in a mutual process of identifying problems, generating solutions, and working in partnership to improve coverage, quality and equity of services.



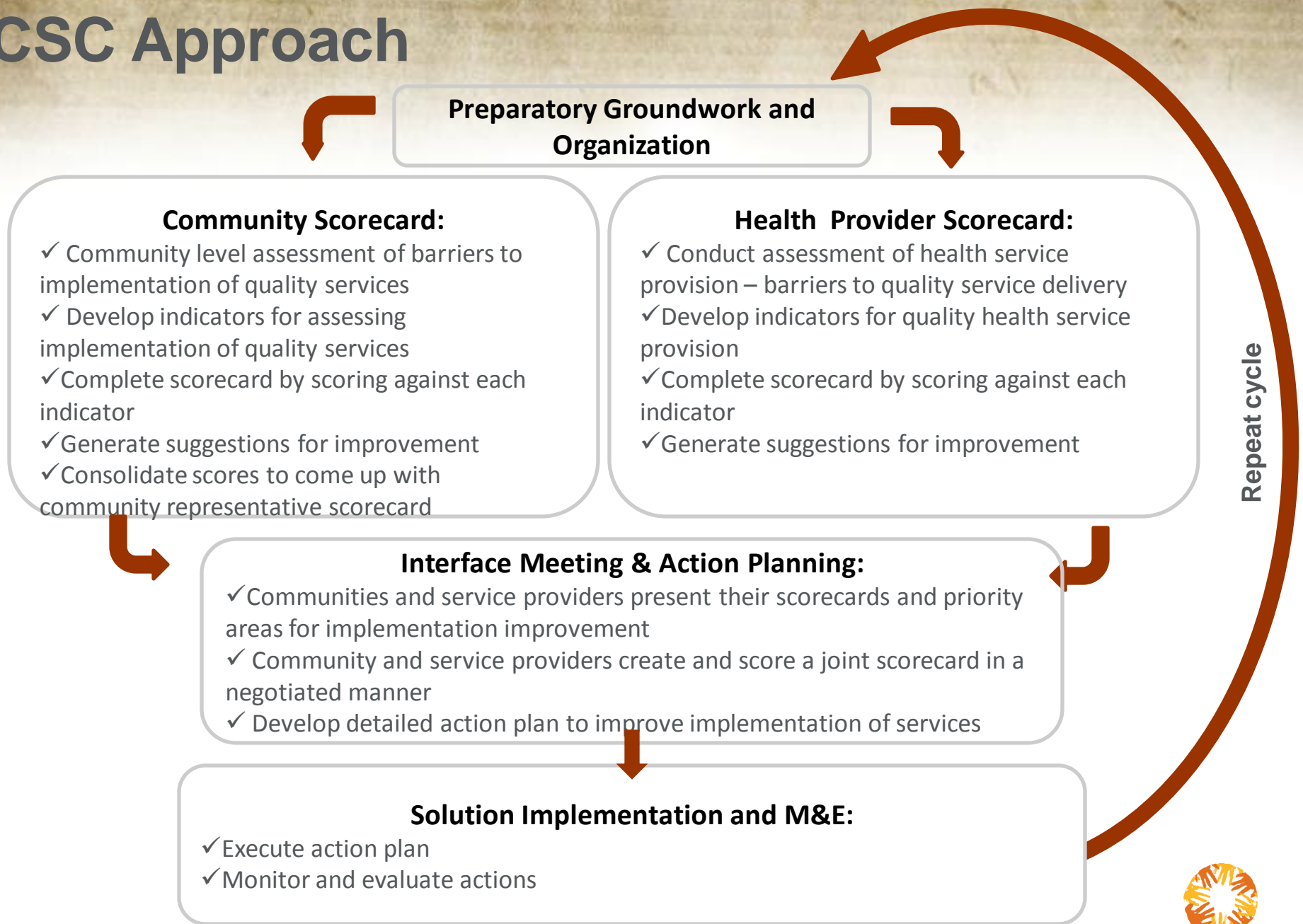
Timeline: 5 years (Jan 2011 – Dec 2015)

Donor Support: Sall Family Foundation

Location: Ntcheu, Malawi



CSC Approach



Example of CSC

Catchment Area
Communities

District Gov't &
Power holders

Health providers

| Indicator | Score | Reason |
|---|-------|---|
| 1. Availability and accessibility to information (MNH, FP, PMTCT) | 50 | -MNH available at health center -No community based MNH -Some FP in community |
| 2. Level of male involvement in MNH, FP, PMTCT | 10 | -Men do not go for HIV testing with wives -Men come to no appointments -Men block family planning use -Men do not support birth planning |
| 3. Level of youth involvement in reproductive health issues | 20 | -Youth not welcome in clinic for FP issues -Youth only engage with health system after they are pregnant |
| 4. Reception of clients at the facility | 25 | -Sometimes clients are turned away -No formal que system -Sometimes only person at clinic is guard |
| 5. Relationship between providers and communities | 20 | -Women do not listen to providers -Women have too many babies and put themselves at risk -Women go to traditional healers |
| 6. Health seeking behavior | 30 | -Women come to ANC late -Women do not follow-up for PMTCT -Women start late for delivery -Women do not come for postpartum care |
| 7. Fertility levels | 20 | -Women start childbearing too early -Women have too many births |
| 8. Commitment of service providers | 35 | -Providers do not come to work on time -Providers don't provide 24/7 care |
| 9. Availability of supervisory support for the health center | 20 | -Supervisors only meet with staff 1-2 times a year -Supervisors are not responsive to health center needs |

EGPAF
BLM
FPAM

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Impact Evaluation

Study design : Cluster – randomized control evaluation

Cluster: Health facility and surrounding catchment area

10 Intervention Clusters

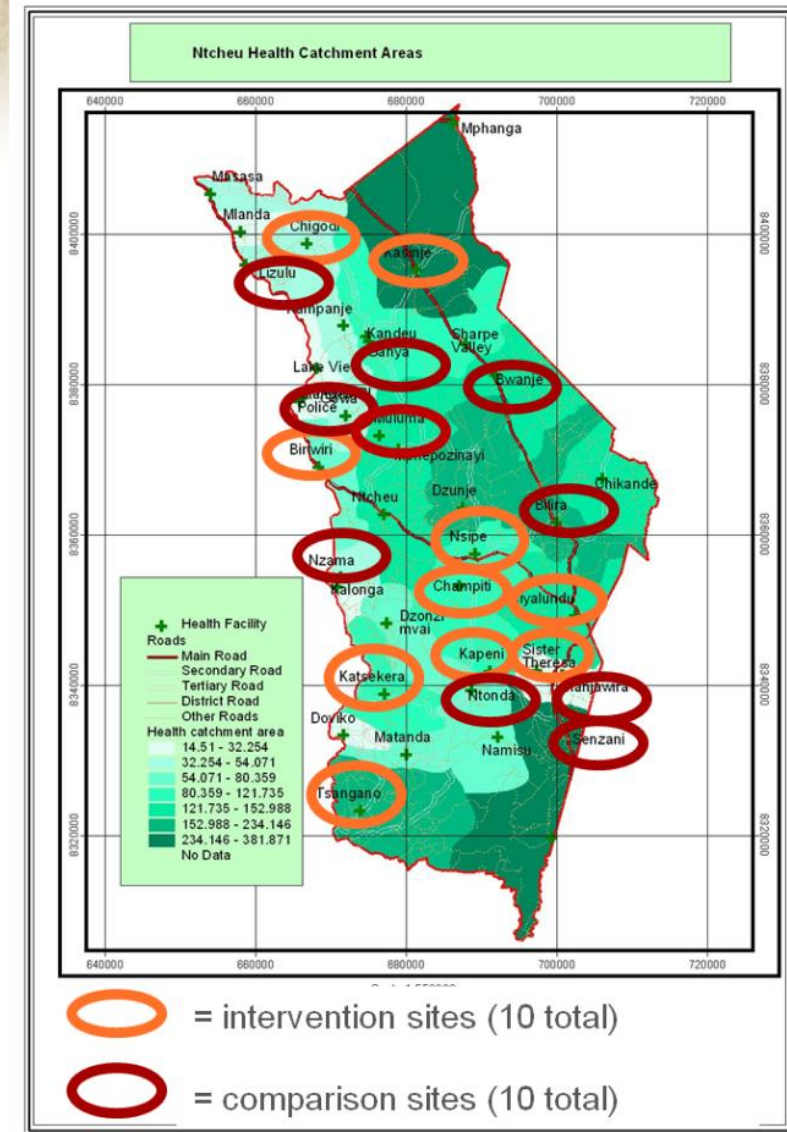
- 10 intervention health facilities – intervention, evaluation
- 20 intervention group villages – intervention, evaluation
- 20 spillover group villages – evaluation only

10 Control Clusters:

- 10 control health facilities – evaluation only
- 20 control group villages – evaluation only

Evaluation components:

- Women's Survey
- Health Worker Survey
- Medical Record Review



Expected Outcomes

- 1. Demonstrate the value of the collaboration to advance implementation science.**
- 2. Demonstrate in a compelling way the impact of the CSC on maternal and newborn health implementation and outcomes.**
- 3. Develop a menu of high impact implementation improvement ideas.**
- 4. Improve maternal and newborn health implementation and outcomes in Malawi.**
- 5. Cement CARE's leadership role in maternal and newborn health, governance, and implementation science.**

Contact person/team members

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