



PROJECT SUMMARY



Implementation Science Alliance for Maternal Health in Malawi: Overview of CARE's Intervention & Evaluation Plan

The Implementation Science Alliance

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. Implementation science can help inform the development of sound strategies for successful, sustainable and scalable program implementation. CARE is collaborating with others on the development of fast and flexible methods to improve the science of implementation and to share learning for rapid scale up. As part of this collaboration, we hope to demonstrate the value of working together in Malawi on a RMNCH implementation science project. The overall goal of the Implementation Science Alliance in Malawi is to identify broadly applicable *strategies, approaches and methodologies* for systematically improving implementation of evidence-based RMNCH health interventions.

CARE's Role

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 brings together the community and the health care providers, as well as key stakeholders from the local and district authorities, in a mutual process of identifying needs, concerns, and barriers to effective service delivery and healthy outcomes. Working together to identify the problems and develop and implement solutions generates buy-in and motivation, leading to improved implementation and outcomes, as well as accountability and sustainability. To facilitate this process we use a tool called the Community Score Card (CSC), an internationally recognized participatory governance tool developed by CARE Malawi¹.

CARE's Intervention in Malawi

The CSC approach brings together community members, service providers, and local government to identify service utilization and provision challenges, and to mutually generate solutions, and work in partnership to implement and track the effectiveness of those solutions in an ongoing process of quality improvement. The CSC consists of 5 phases: I- Planning and preparation, II- Conducting the Score Card with the community, III- Conducting the Score Card with service providers, IV- Interface meeting and action planning, and V- Action plan implementation and monitoring and evaluation. The CSC is an ongoing approach and is repeated every 6 months.

¹ To obtain a copy of the Community Score Card toolkit please visit: <http://governance.care2share.wikispaces.net/Community+Score+Card+CoP>

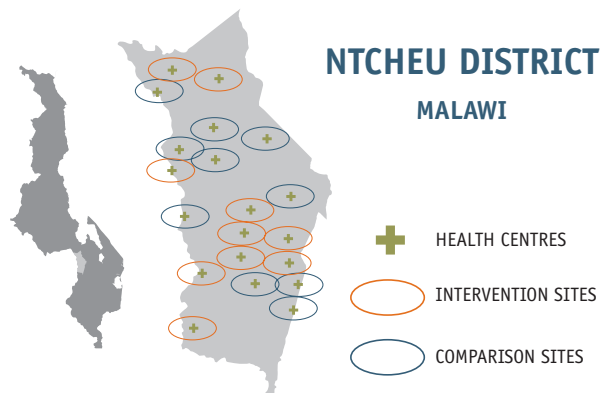
Community Score Card Process Diagram



CARE's Evaluation Plan

CARE is using a cluster-randomized control design to evaluate the effectiveness of the CSC in Malawi. Health centers (and their surrounding catchment areas) are randomly assigned to treatment or comparison conditions. The evaluation includes 10 intervention and 10 comparison clusters. The evaluation consists of a women's survey, a health worker survey and a medical chart review at baseline (2012) and endline (2015). Outcomes of interest include the following:

- Women's and communities' empowerment to participate in quality improvement efforts, as well as, access and utilize RMNCH services
- Health workers' empowerment and their responsiveness, effectiveness, and accountability to communities' needs
- RMNCH coverage, quality and equity



To learn more about the Implementation Science Alliance and CARE's work in Sexual, Reproductive and Maternal Health, please visit:

<http://familyplanning.care2share.wikispaces.net/Maternal+Health+Project>

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