RAcE Abia State Nigeria Final Evaluation Results

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RAcE Abia State Final Evaluation Results - Overview

- To demonstrate the plausible contribution of the RAcE project to changes in treatment coverage indicators and estimated mortality change, ICF assessed project and state-level data, estimated the change in child mortality in RAcE project areas using LiST, and documented contextual factors that may have influenced child health in project areas.
- Here we present findings that answer two evaluation questions:
  - Was there a reduction in childhood mortality, and were the lives of children ages 2–59 months saved, in the RAcE project area?
  - What was the RAcE project's contribution to the estimated changes in mortality?

Summary of Key Evaluation Findings (1)

- Caregivers viewed CORPs as trusted health care providers who provided high-quality services.
- Substantial shift in care-seeking from PPMVs and public facilities to CORPs.* Likely due to perceived convenience, accessibility, and affordability of CORPs services.
- Rapid increase in numbers of children accessing care and treatment services from CORPs in Year 2, followed by high sustained coverage.
- High coverage is likely due to the RAcE project's strong community outreach and sensitization efforts, and gaps in health service delivery that were filled by CORPs.

Summary of Key Evaluation Findings (2)

- Cases managed by a CORP had higher rates of appropriate assessment and treatment, when compared to cases managed by any provider.
- Stockouts of supplies and commodities were relatively infrequent.
- Supervision efforts likely contributed to an enabling environment for CORPs.
- Other projects operating in Abia State* likely did not have a significant influence on sick child care-seeking and assessment and treatment for diarrhea, malaria, and pneumonia, given their scope and location outside the RAcE project areas.

*The Clinton Health Access Initiative and USAID-funded SHOPS project.

Estimated Change in Child Mortality in RAcE Abia State Project Areas

- The LiST model estimated results based on the 2015 population in iCCM-trained CORP catchment areas in the 15 project LGAs (1,268,738).
- Estimated change in U5MR in the project area:
  - 16 deaths per 1,000 live births
  - 12 percent decrease in U5MR from 2013 to 2016.

Table 1. Estimated mortality rates modeled in LiST for each project year.

RAcE Abia State, Nigeria	
Year	Under-five mortality rate (deaths per 1,000 live births)
2013	131.01
2014	125.39
2015	120.28
2016	115.11

Estimated Lives Saved in RAcE Abia State Project Areas

- An estimated total of 1,407 under-five lives saved by pneumonia, diarrhea, and malaria treatment from 2013 to 2016.
- An estimated 967 lives were saved due to treatment provided by CORPs.

Table 2. Estimated number of child lives saved per year by treatment interventions in Abia State project areas

RAcE Abia State	2013*	2014	2015	2016	Total	Percentage intervention treatment by CORPs	Estimated lives saved by CORP-provided treatment
Total lives saved among children 1–59 months (all interventions)	0	273	523	777	1,573		
Intervention	Estimated lives saved						
ORS for diarrhea	0	60	119	178	357	59%	211
Zinc for diarrhea	0	16	33	49	98	72%	71
Oral antibiotics for pneumonia	0	81	158	233	472	74%	349
ACT for treatment of malaria	0	77	158	245	480	70%	336
				Total	1,407	-	967

LiST Model Limitations

- The accuracy of the model results is limited by the data input to the model.
- LiST does not account for the mode of delivery or source of care (with the exception of facility birth).
- LiST model does not account for changes in diagnostics, the quality of care, timeliness of pneumonia and diarrhea treatment, nor referrals made or completed.

Plausible Contribution of RAcE

- Observed increases in iCCM-related indicators are most likely due to RAcE project interventions.
- The results from this evaluation suggest that it is likely that the RAcE project contributed substantially to the estimated decrease in under-five child mortality between 2013 and 2016.

Conclusion

The LiST model estimates that from 2013 to 2016:

- 12 percent decrease in child mortality in Abia State
- Net 1,511 lives were saved among children under five
  - 304 lives lost due to decreases or stagnation in intervention coverage
  - 1,815 lives saved due to increases in intervention coverage
- 1,407 under-five lives (78%) saved by pneumonia, diarrhea, and malaria treatment.

ICF concludes that:

- An estimated 967 under-five lives were saved (53%) due to CORP-provided treatment
- It is highly plausible that the RAcE Abia State project contributed substantially to the observed mortality reduction, namely, to over half of the estimated total child lives saved.

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Thank You!