RAcE Democratic Republic of Congo Final Evaluation Results
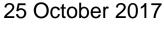
RAcE 2015 Programme

Multi-Country Results Dissemination Meeting

25 October 2017

RAcE Democratic of Congo (DRC) 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 district 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 were aware of and highly valued the services of *Relais Communautaire (*ReCos*)* likely due to community engagement efforts.

- Care-seeking shifted from health centers to ReCos as first source of care (70% at endline).

- The number of cases treated by ReCos increased substantially over the course of the project, nearly doubling for each illness from Year 2 to Year 3.

- The number, network, and density of ReCos trained and supported contributed to increases in care-seeking and coverage.

- ReCos contributed to the improved assessment of and treatment for malaria, pneumonia, and diarrhea. For example, 76% of fever cases received RDT by all providers; 91% of those managed by ReCo.

ICF

Summary of Key Evaluation Findings (2)

- Other projects operating in RAcE Project areas* likely did not have a significant influence on sick child care-seeking and assessment and treatment for diarrhea, malaria, and pneumonia.

- The RAcE project accomplishments are particularly notable in the context of political instability and population displacement, which may have hindered access to facility-based services.

- Communities benefited from iCCM services supported by the RAcE project, but access to health services remains a challenge.

*USAID-funded TRAction and ASSIST projects.

ICF

Estimated Change in Child Mortality in RAcE DRC Project Areas

- The LiST model estimated results based on the total population in RAcE project communities estimated at 1,000,000.

- Estimated change in U5MR in the project area:
  - 18 deaths per 1,000 live births
  - 15 percent decrease in U5MR from 2013 to 2016.

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

RAcE DRC	
Year	Under-five mortality rate (deaths per 1,000 live births)
2013	121.01
2014	114.67
2015	108.23
2016	102.58

ICF

Estimated Lives Saved in RAcE DRC Project Areas

- An estimated total of 1,815 under-five lives saved by pneumonia, diarrhea, and malaria treatment from 2013 to 2016.

- An estimated 1,728 lives were saved due to treatment provided by ReCo.

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

RAcE DRC	2013	2014	2015	2016	Total	Percentage intervention treatment by ReCo	Estimated lives saved by ReCo-provided treatment
Total lives saved among children 1–59 months (all interventions)	0	316	650	963	1,929		
Intervention	Estimated lives saved						
ORS	0	71	143	217	431	90%	388
Zinc for treatment of diarrhea	0	24	49	75	148	95%	141
Oral antibiotics for pneumonia	0	83	163	247	493	97%	478
ACTs for treatment of malaria	0	120	245	378	743	97%	721
Total					1,815	-	1,728

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.

ICF

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.

ICF

Conclusion

The LiST model estimates that from 2013 to 2016:

- 15 percent decrease in child mortality in RAcE communities in Tanganyika.
- Net 1,855 lives were saved among children under five
  - 327 lives lost due to decreases or stagnation in intervention coverage
  - 2,182 lives saved due to increases in intervention coverage
- 1,815 under-five lives (83%) saved by pneumonia, diarrhea, and malaria treatment.

ICF concludes that:

- An estimated 1,728 under-five lives were saved (79%) due to ReCo-provided treatment
- It is highly plausible that the RAcE DRC project contributed substantially to the observed mortality reduction, namely, to nearly 80 percent of the estimated total child lives saved.

Acknowledgements

ICF

Thank You!