



# **RAcE Mozambique Final Evaluation Results**

**RAcE 2015 Programme**

**Multi-Country Results Dissemination  
Meeting**

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# RAcE Mozambique 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)

- Increases in caregiver knowledge and awareness of *Agentes Polivalentes Elementares* (APE) services likely a result of training and deployment of new APEs and community engagement efforts.
- Overall, care-seeking did not change over the course of the project (~79%).
- The source of care-seeking shifted over the course of the project from public facilities to APEs.
- Cases taken to an APE as a first source of care increased from 23% to 56%.

## Summary of Key Evaluation Findings (2)

- Improvement in malaria assessment by APEs (from 19% to 51%) is likely due to RAcE project's investments in supervision and refresher trainings.
- Increases in numbers of children vaccinated, particularly against pneumococcal (introduced 2013) and rotavirus (introduced 2015) infections, likely contributed to improvements in child health and possible decreases in the pneumonia and diarrhea incidence in the project area.
- Chronic stockouts affected project implementation.
- APE malaria kits containing artemether lumerfantrine and rapid diagnostic tests were particularly vulnerable to stockouts.

# Estimated Change in Child Mortality in RAcE Mozambique Project Areas

- The LiST model estimated results based on the total estimated population in RAcE project communities of 4,196,074.
- Estimated change in U5MR in the project area:
  - 0.2 deaths per 1,000 live births
  - 0.2 percent decrease in U5MR from 2013 to 2016.

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

RAcE Mozambique	
Year	Under-five mortality rate (deaths per 1,000 live births)
2013	94.03
2014	93.89
2015	93.72
2016	93.88

# Estimated Lives Saved in RAcE Mozambique Project Areas

- Due to the decreases in coverage from 2013 to 2016, lives were lost in RAcE Provinces.
- APEs treated over 50 percent of all cases of fever, diarrhea, and pneumonia treated at endline. The proportion of treatments provided by APEs is not accounted for in the model.

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

RAcE Mozambique	2013	2014	2015	2016	Total
Total lives saved among children 1–59 months (all interventions)	0	-59	-129	-235	-423
Treatment intervention	Estimated lives saved				
ORS	0	3	6	8	17
Zinc for treatment of diarrhea	0	43	85	123	251
Oral antibiotics for pneumonia	0	-149	-301	-462	-912
ACTs	0	-273	-554	-848	-1,675
				<b>Total</b>	<b>-2,319</b>



## 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

- RAcE fully or partially contributed to the training and deployment of more than one-third of the new APEs.
- Despite the expanded reach of iCCM services by the RAcE project and other partners, there was a negligible impact on child mortality during the period of project implementation.

# Conclusion

The LiST model estimates that from 2013 to 2016:

- 0.2 percent decrease in child mortality in RAcE Mozambique project areas.
- Net of 95 deaths among children under five in the RAcE Mozambique project areas.
  - 2,906 lives lost due to decreases or stagnation in intervention coverage.
  - 2,811 lives saved due to increases in intervention coverage.

ICF concludes that:

- The irregular supply of medicines was the greatest impediment to improving treatment coverage and quality of care.

# Acknowledgements

- ICF would like to thank Save the Children and the Mozambique MISAU for sharing their data, time, thoughts, and experiences in implementing the RAcE project in Mozambique.
- We would also like to thank the APEs in Mozambique, who work hard to provide services to caregivers and children in communities, and the caregivers who give so much to ensure and improve the health of their children.
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**Thank You!**

