

RAcE Niger Final Evaluation Results

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RAcE Niger 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)

- Caregiver's trust in *Relais Communautaire* (Rcom) and belief that RComs provide quality services nearly universal.
- Steady increase in the number of malaria, pneumonia, and diarrhea cases treated, corresponding to increase of active and functional RComs.
- Level of education (writing proficiency) the biggest challenge to identifying, recruiting, and maintaining qualified RComs.



Summary of Key Evaluation Findings (2)

- Regular supervisory visits (at least once every three months) likely contributed to improvement in quality of RComs services and data.
- RAcE project filled the gap of medicine and supplies through iCCM services provided by RComs.
- RComs experienced minimal stockouts throughout project implementation.
- MSP developed a scale-up strategy, with WHO support, to integrate iCCM services for children's diseases in the national health system.



Estimated Change in Child Mortality in RAcE Niger Project Areas

- The LiST model estimated results based on the total population of the four RAcE project districts eligible for iCCM (994,904).
- Estimated change in U5MR in the project area:
 - 17 deaths per 1,000 live births
 - 13 percent decrease in U5MR from 2013 to 2016.

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

| RACE Niger | | | | | |
|------------|--|--|--|--|--|
| Year | Under-five mortality rate (deaths per 1,000 live births) | | | | |
| 2013 | 137 | | | | |
| 2014 | 132.46 | | | | |
| 2015 | 125.87 | | | | |
| 2016 | 119.77 | | | | |



Estimated Lives Saved in RAcE Niger Project Areas

- An estimated total of 1,128 under-five lives saved by pneumonia, diarrhea, and malaria treatment from 2013 to 2016.
- An estimated 965 lives were saved due to treatment provided by RCom.

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

| RAcE Niger | 2013 | 2014 | 2015 | 2016 | Total | Percentage intervention treatment by RComs | Estimated lives saved by RCom- provided |
|--|------|-------|---------------|-------|-----------|---|--|
| Total lives saved among children 1–59 months (all interventions) | 0 | 200 | 475 | 793 | 1,468 | | |
| Intervention | | Estim | nated lives s | | treatment | | |
| ORS | 0 | 92 | 188 | 288 | 568 | 86% | 488 |
| Zinc for treatment of diarrhea | 0 | 29 | 59 | 91 | 179 | 89% | 159 |
| Oral antibiotics for pneumonia | 0 | 9 | 18 | 27 | 54 | 55% | 30 |
| ACTs | 0 | 55 | 109 | 163 | 327 | 88% | 288 |
| | | | | Total | 1,128 | - | 965 |



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 underfive child mortality between 2013 and 2016.



Conclusion

The LiST model estimates that from 2013 to 2016:

- 13 percent decrease in child mortality in 4 RAcE Niger districts
- Net 1,931 lives were saved among children under five
 - 359 lives lost due to decreases or stagnation in intervention coverage
 - 2,290 lives saved due to increases in intervention coverage
- 1,128 under-five lives (49%) saved by pneumonia, diarrhea, and malaria treatment.

ICF concludes that:

- An estimated 965 under-five lives were saved (42%) due to RComprovided treatment
- It is highly plausible that the RAcE Niger project contributed substantially to the observed mortality reduction, namely, to nearly 50 percent of the estimated total child lives saved.



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Thank You!

