



RAcE Niger State Nigeria Final Evaluation Results

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Meeting**

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RAcE Niger 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 hospitals and health centers to CORPs. Likely due to perceived convenience, accessibility, and affordability of CORPs services.
- The number of children that presented to and were assessed and treated by a trained CORP increased over time, nearly doubling from Year 2 to Year 3.
- Initial dialogue and sensitization meetings with community leaders and other stakeholders likely contributed to an enabling environment that increased demand and awareness of iCCM services among caregivers.

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.
- Minimal issues with stockouts of supplies and commodities.
- RAcE project supported transition from a push system of commodity distribution to a pull strategy resulting in better distribution based on forecasted needs and CORP requests.
- Several other projects operated in Niger State at the same time as the RAcE project, but only the Clinton Health Access Initiative likely contributed to some of the observed increases in access to diarrhea treatment.

Estimated Change in Child Mortality in RAcE Niger State Project Areas

- The LiST model estimated results based on the total targeted population in the 6 RAcE LGAs (814,845).
- Estimated change in U5MR in the project area:
 - 15 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 Niger State Nigeria	
Year	Under-five mortality rate (deaths per 1,000 live births)
2013	100.01
2014	95.05
2015	90.18
2016	85.52

Estimated Lives Saved in RAcE Niger State Project Areas

- An estimated total of 1,274 under-five lives saved by pneumonia, diarrhea, and malaria treatment from 2013 to 2016.
- An estimated 1,062 lives were saved due to treatment provided by CORPs.

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

RAcE Niger State, Nigeria	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	235	474	714	1,423		
Intervention	Estimated lives saved						
ORS for treatment of diarrhea	0	46	91	136	273	85%	232
Zinc for treatment of diarrhea	0	15	29	44	88	89%	78
Oral antibiotics for treatment of pneumonia	0	68	136	203	407	78%	317
ACT for treatment of malaria	0	86	169	251	506	86%	435
				Total	1,274	-	1,062

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:

- 14.5 percent decrease in child mortality in 6 project area LGAs in Niger State
- Net 1,298 lives were saved among children under five
 - 351 lives lost due to decreases or stagnation in intervention coverage
 - 1,649 lives saved due to increases in intervention coverage
- 1,274 under-five lives (77%) saved by pneumonia, diarrhea, and malaria treatment.

ICF concludes that:

- An estimated 1,062 under-five lives were saved (64%) due to CORP-provided treatment
- It is highly plausible that the RAcE Niger State project contributed substantially to the observed mortality reduction, namely, to over 80 percent of the estimated total child lives saved.

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Thank You!

