Evaluating iCCM in three different contexts: Ethiopia, Burkina Faso and Malawi

"One size cannot fit all"

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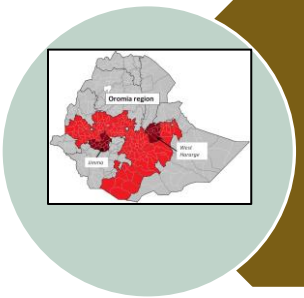
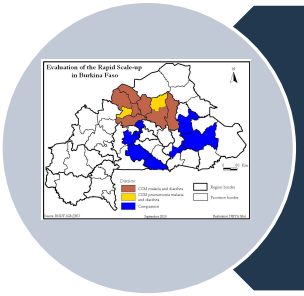
iCCM 2014
Integrated Community Case Management (iCCM): Evidence Review Symposium
3–5 March 2014, Accra, Ghana

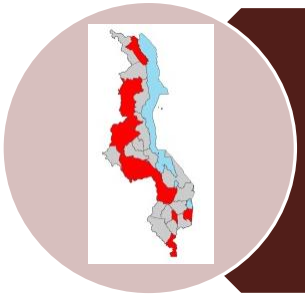
Evaluation of the Catalytic Initiative



ETHIOPIA: Demonstrate that the ICCM scale-up significantly accelerates reductions in under-five mortality compared to the routine HEP approach



BURKINA FASO: Assess the extent to which proven interventions can be scaled up rapidly by the MoH and its partners to reduce under-5 mortality.



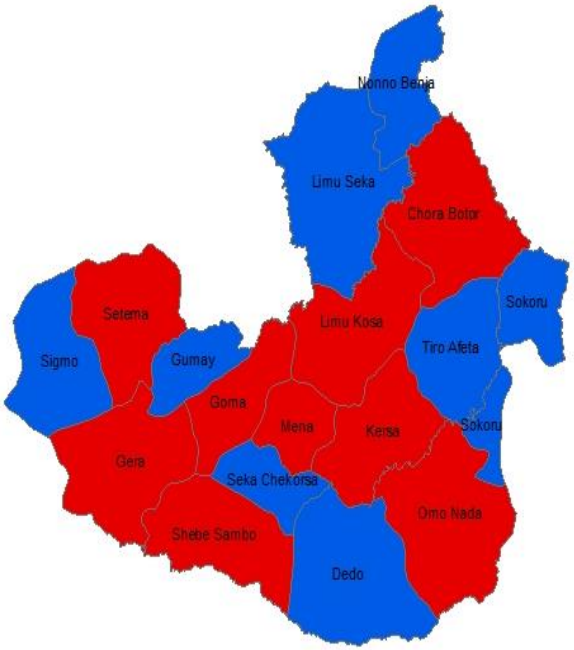
MALAWI: Demonstrate the impact of the MNCH Scale-Up approach relative to the routine approach

Ethiopia: Randomized Cluster Design in two zones

Jimma Zone

Red= phase I (9 Woredas)

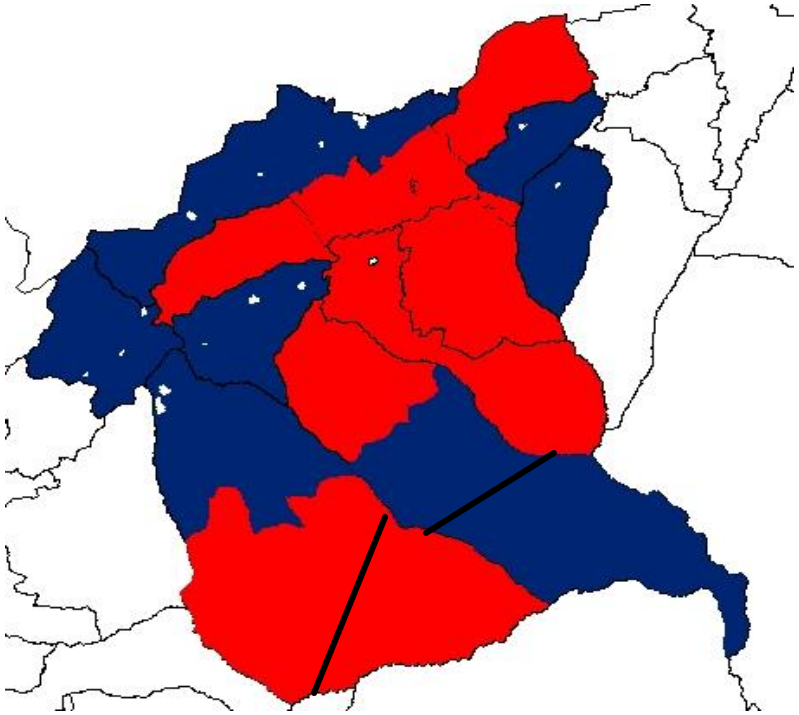
Blue= phase II (8 Woredas)



West Harargie Zone

Red= phase I (7 Woredas)

Blue= phase II (7 Woredas)



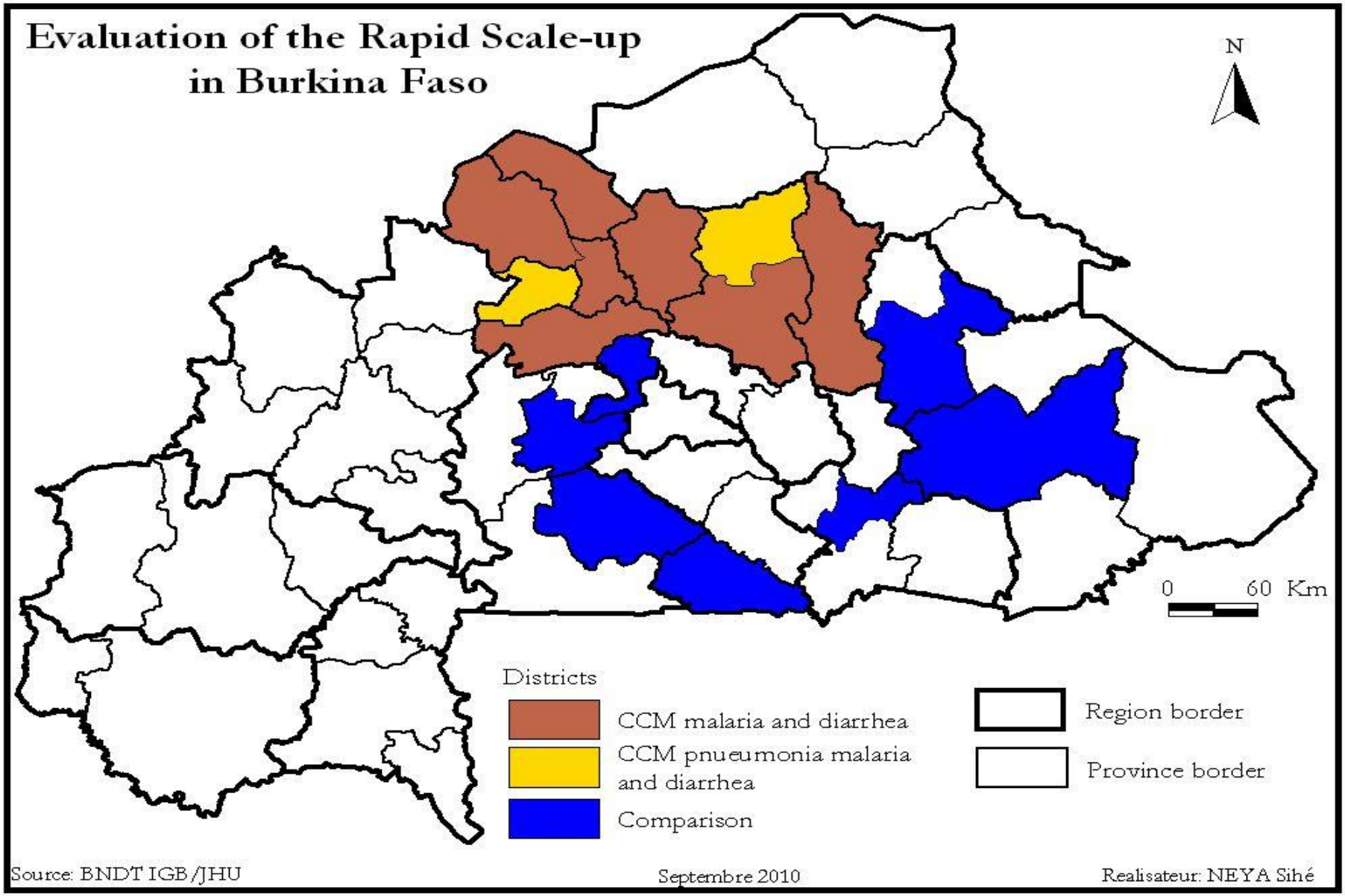
Ethiopia: Intervention versus Comparison

Illness	Intervention (ICCM)	Comparison (routine HEP)
Pneumonia	**Tx with CTX**	**Referral to HC**
Severe pneumonia	**Pre-referral Tx and referral to HC**	**Referral to HC**
Diarrhea	ORS/ORT and Zinc	ORS/ORT
Severe diarrhea	ORS, Vit A & referral to HC	ORS, Vit A & referral to HC
Malaria	Antimalarial	Antimalarial
Severe febrile illness	Pre-referral Tx with CTX and referral to HC	Pre-referral Tx with CTX and referral to HC
Uncomplicated malnutrition	RTUF or supp. feeding pgm	RTUF or supp. feeding pgm
Severe malnutriton	Pre-referral Tx with Amoxiciline and vit A; Referral to HC	Pre-referral Tx with Amoxiciline and vit A; Referral to HC

Ethiopia: Intervention versus Comparison

	Intervention (ICCM)	Comparison (routine HEP)
Pneumonia	**Tx with CTX**	**Referral to HC**
Severe pneumonia	**Pre-referral Tx and referral to HC**	**Referral to HC**
Diarrhea, malaria, malnutrition	Same	Same
Program process	7 days training on iCCM	No additional training
	Enhanced supervision and monitoring, performance reviews, ICCM registers, job aids, Supply of drugs and other commodities by partners	Standard government routine processes, no additional supplies or job aids;

Burkina Faso: Quasi-Experimental Design with Intervention and Comparison Arms

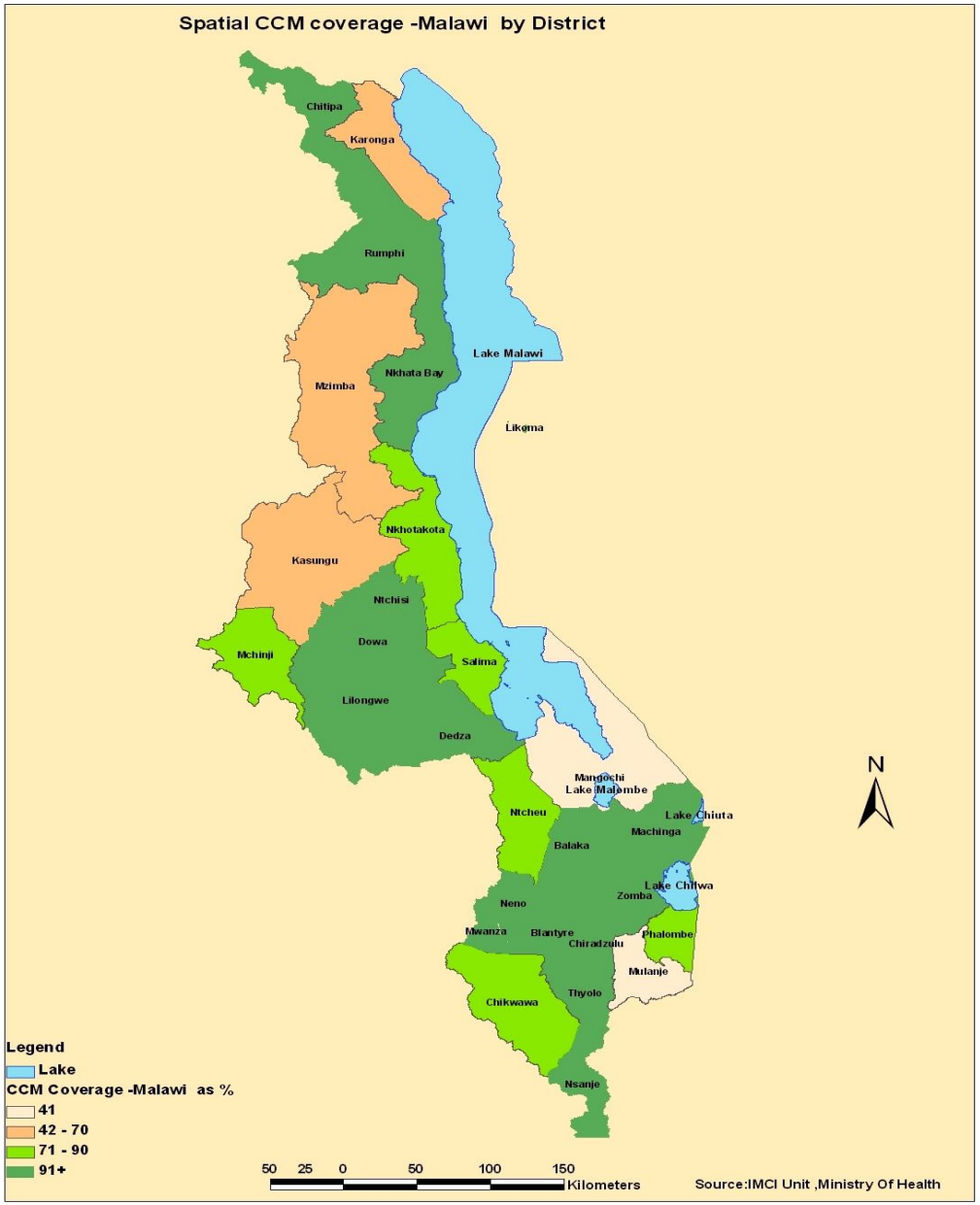


Burkina Faso: Acceleration activities compared to rest of country

	2 districts	7 districts	Rest of country
Pneumonia CCM	X		
Diarrhea CCM	X	X	
Malaria CCM (PMNCH and Global Fund)	X	X	X (GF only)
Support for facility-based programs (IMCI, EmONC,…)	X	X	X

Malawi: National Evaluation Platform design

- ICCM implemented in all districts
- No possibility to define comparison areas



Malawi: Modified Evaluation Question

- National Evaluation Platform design using dose-response analysis, with

  DOSE = PROGRAM IMPLEMENTATION STRENGTH

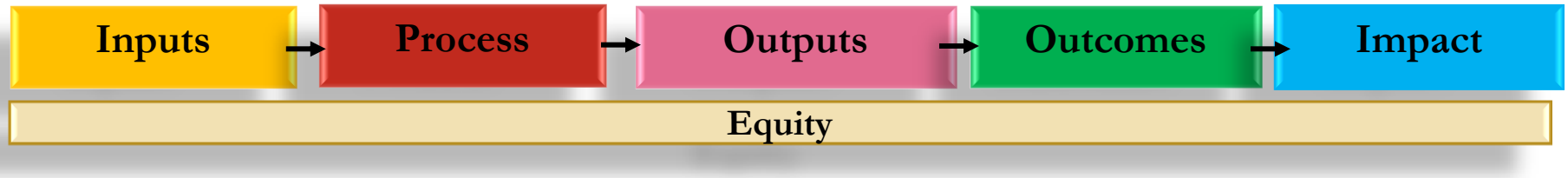
  RESPONSE = INCREASES IN COVERAGE;

  DECREASES IN MORTALITY

- Evaluation Question:

  Are increases in coverage and reductions in mortality greater in districts with stronger MNCH program implementation?

All three countries: Components of Evaluation



- ✓ Documentation of CI implementation
- ✓ ICCM Implementation strength assessment

Coverage surveys

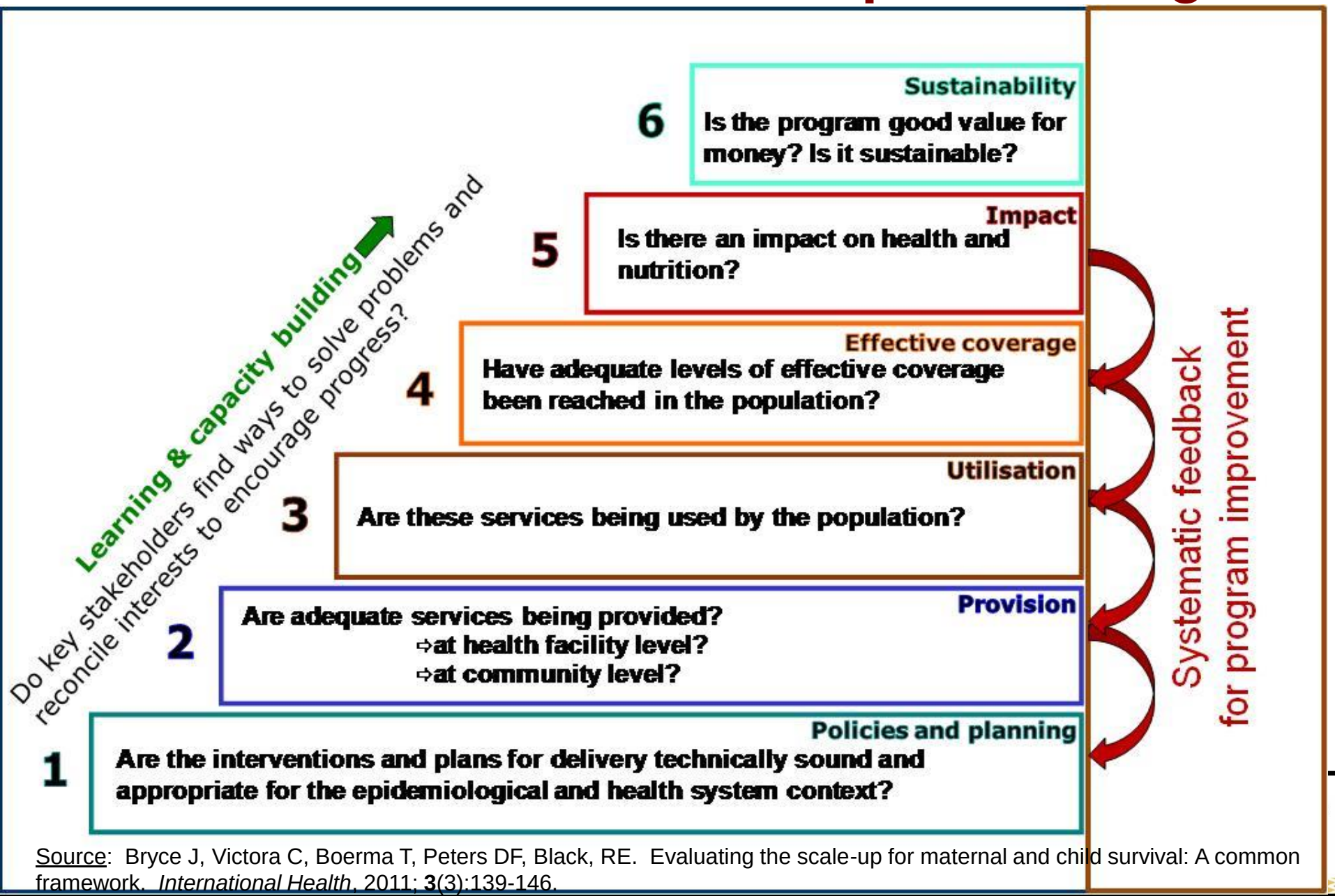
Modeled using *LiST* (BF only)

Mortality survey

Quality of care assessments
- ✓ 1st-level facilities
- ✓ Community health workers

Qualitative study on CCM utilization

All Evaluations Included Stepwise Designs



Source: Bryce J, Victora C, Boerma T, Peters DF, Black, RE. Evaluating the scale-up for maternal and child survival: A common framework. *International Health*. 2011; **3**(3):139-146.

Design Lessons learned

- Designing evaluations of large-scale government programs is not straightforward
  - The design must take into account the implementation context
- Virgin comparison areas rarely available; increasingly difficult to a identify good counterfactual
- Design must include key components such as
  - Program documentation
  - Assessment of implementation strength
  - Assessment of program utilization and quality of care
- Evaluators must strive to find the most rigorous, appropriate design that answers the evaluation question and allows generalizability

Support for the independent evaluations of the Catalytic Initiative is provided by:

The Bill & Melinda Gates Foundation (Burkina Faso and Malawi)

UNICEF – Ethiopia (Ethiopia)

For more information on the ICCM evaluation designs and results, please visit:

http://www.jhsph.edu/departments/international-health/centers-and-institutes/institute-for-international-programs/projects/mnch-rapid-scale-up.html

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