

Panel discussion: Lessons Learned in Evaluation of iCCM

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Background

- Large scale iCCM interventions carried out by PSI in 3 countries (DRC, Malawi, Cameroon), 2.5 M pop/country, CIDA funding (2009-2012)
- WHO/TDR to carry out independent impact evaluation
 - Scientific Oversight Committee set up
 - Recommendations formulated
 - Study to serve as pathfinder for similar programmes (Save the Children, IRC, Malaria Consortium)

Evaluation methods and analysis

- **Method:** Concurrent comparison of mortality rates in health districts implementing vs. not (yet) implementing CCM (phased implementation)
- **Main tool:** large cross-sectional household survey which will collect birth history data and child survival status (~30,000 HH)
 - After a period of implementation with adequate strength (min 18 months) in half of the districts (intervention area), and just prior to implementation in the remaining districts (comparison area)
- The **effect** of the intervention assessed by comparing child mortality rates in the intervention and comparison areas, controlling for baseline mortality rates

Evaluation methods and analysis

<u>Date</u>	<u>Implementation</u>	<u>Evaluation Activities</u>
May 2009	<u>Phase 0: Preparatory Activities</u>	
January 2010	 <u>Phase 1: Implementation of intervention in half of the project districts</u>	<u>Baseline household survey: measurement of child mortality prior to intervention and other key indicators and contextual factors</u> 
April 2010		
September 2011	 <u>Phase 2: Implementation of intervention in remaining half of the project districts</u>	<u>End-line household survey: concurrent measurement of child mortality in intervention and comparison areas and other key indicators and contextual factors.</u> 
December 2011		
April 2012	End of Project	

Supplemental data collection

- Include additional contextual indicators of coverage of interventions that might have major effects on child survival (e.g. ITN use, immunization, Vitamin A, IMCI, etc.)
- Collect detailed information on financial and economic costs and on potential savings to allow cost-effectiveness evaluation.
- Document the effect of different approaches to CHW motivation on outcomes in terms of:
 - quality of services rendered
 - Attrition rate
 - coverage of fever episodes

Way forward and evaluations

- Evaluation not completed
- Major difficulties in keeping the comparison areas "**uncontaminated**"
- Difficulties in achieving and maintaining **adequate** implementation strength in the timeframe
- Request for quick coverage of comparison areas by MoH and populations
- However, phased implementation (stepped wedge) only possibility of controlled design