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UNIVERSITY
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Johns Hopkins University: Implementation Research Embedded in an Integrated Community Case Management Program

An award was made to Johns Hopkins University (JHU) School of Public Health in April 2011 to examine innovative data collection approaches for monitoring implementation bottlenecks and evaluating progress of existing iCCM programs in Malawi, Mali, Ethiopia, and Mozambique. The research results will help program managers and Ministries of Health identify problems and improve the effectiveness of iCCM programs.

Background

Integrated community case management (iCCM) is a strategy to increase access to treatment for children with diarrhea, pneumonia, and malaria, which are the leading causes of child mortality in most countries with high under-five mortality rates. iCCM, which involves training community health workers to identify, treat, and/or refer children with diarrhea, pneumonia, and malaria, has been successful in many low income countries. However, existing iCCM programs often have inadequate monitoring systems and poor data availability and quality. The USAID-funded Maternal and Child Health Integrated Program (MCHIP) formed an iCCM Task Force to promote and provide resources for improving iCCM programs. To aid program managers in designing, implementing, monitoring, and evaluating iCCM programs, the Task Force developed a series of indicators and benchmarks related to the three



Young child receiving treatment.
Photo credit: Peggy Koniz-Booher, URC.

stages of programming: advocacy and planning, pilot and early implementation, and expansion and scale-up. JHU plans to work with the Ministries of Health to test relevant USAID/MCHIP Benchmark indicators in the unique contexts of the iCCM programs in the four countries of interest.

Country Overviews

JHU will base their research in Malawi, Mali, Ethiopia, and Mozambique – each with iCCM programs at different stages of implementation.

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Translating Research into Action, TRAction, is funded by United States Agency for International Development (USAID) under cooperative agreement number GHS-A-00-09-00015-00. The project team includes prime recipient, University Research Co., LLC (URC), Harvard University School of Public Health (HSPH), and sub-recipient research organizations. The JHU sub-award is funded under Contract No. FY11-G05-6990 beginning April 1, 2011. The USAID contacts for this research are Neal Brandes, MPH, and Esther Lwanga, MPH.

Malawi has a mature, centralized iCCM program that is currently in the expansion/scale-up phase.

Mali's iCCM program has only recently been introduced in select sub-districts, with a national program in the planning and early implementation phase.

Ethiopia's iCCM program was introduced in 2004 and is currently in the expansion/scale-up phase.

Mozambique is currently expanding the iCCM program introduced in 2010, with the program piloted in select districts and an expansion of CHW training services.

Research Design

For this research award, JHU will:

- Assess the availability, completeness, and quality of existing and routine data that address the USAID/MCHIP iCCM Benchmark indicators.
- Identify important gaps in the existing data, and at least two innovative approaches to monitoring and evaluating iCCM programs that address these gaps.
- Test the feasibility, cost, and quality of these innovative approaches to iCCM data collection by integrating them into the existing routine systems.
- Document the extent to which the data is used to make program management decisions and the resulting changes to the iCCM programs.

Evaluation of the iCCM monitoring and evaluation approaches will be conducted by tracking the costs of implementation, examining data for completeness, timeliness, and consistency, and conducting qualitative interviews to identify perceived strengths and challenges of each approach.

Data Collection

Program data will be collected through desk reviews, meetings with relevant parties, data quality audits (including interviews and register reviews),

standard costing procedures, in-depth interviews, and focus groups.

Research Applications

Results will be shared with national and local partners to facilitate the development of iCCM monitoring guidelines and scale-up of iCCM systems in the four countries. The findings, protocols, and methods will be disseminated through the Global CCM Task Force, CCM toolkits, MCHIP child health programs, and the Catalytic Initiative to allow other countries to replicate the results.

The Principal Investigator for this research is Jennifer Bryce, EdD, Senior Scientist at the Institute for International Programs at Johns Hopkins Bloomberg School of Public Health.

TRAction Project Overview

The Translating Research into Action (TRAction) Project, funded by the U.S. Agency for International Development (USAID), funds studies to develop, test, and compare approaches to more effectively deliver health interventions, increase utilization, achieve coverage, and scale-up evidence-based interventions for priority health problems. Through implementation research, the TRAction Project addresses “know-do” gaps, or delays between discovery of effective ways to combat the causes of poor health and the application of these proven interventions on a wide scale. TRAction research aims to close these “know-do” gaps so that each country’s Millennium Development Health Goals can be met in the targeted timeframes. TRAction emphasizes local ownership and partnerships in order to scale up equitable and sustainable efforts to “do what works.”

For more information on the TRAction Project:

301-941-8483 • tracinfo@urc-chs.com • www.tractionproject.org