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Johns Hopkins University: Policy Analysis of Community Case Management for Childhood and Newborn Illnesses

An award was made in December 2011 to Johns Hopkins University School of Public Health to examine factors supporting or inhibiting policy reform and program design for integrated community case management (iCCM) programs, and develop a framework that can be applied to countries at various stages of iCCM policy and program development. The purpose of the research is to identify national and global challenges to reforming policies and designing iCCM programs, and inform global strategies for scaling-up iCCM.

Background

Diarrhea, pneumonia, and malaria are the leading causes of child mortality in many countries with high under-five mortality rates. However, many children, especially those in remote areas, do not receive the treatment they need due to a lack of access to facility-based services. To expand access to care, iCCM programs train and support community health workers to identify, treat, and/or refer children with diarrhea, pneumonia, and malaria. These iCCM programs have successfully increased health coverage in many countries, especially in geographically remote villages. However, many low income countries have not implemented or scaled-up iCCM programs, possibly due to a lack of supportive policies or programmatic designs.



Mother with a sick child in Niger. *Photo credit: URC.*

Research Goals

- Identify facilitators and barriers to policy and program change.
- Assess the roles of national and international actors in supporting or resisting policy and program development, and the networks through which they interact.
- Assess the role of evidence in supporting policy and program development.
- Document and analyze the different types of policies that support or inhibit CCM implementation, and determine which policy elements are critical to implementation success.

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Research Approaches

- **Global Level Analysis:** The research team will examine the historical context of CCM by reviewing key documents related to the evolution of community health workers and CCM. Researchers will study the processes through which the policies evolved, reasons for their evolution, and key actors involved in the policy change. Research will be collected through literature reviews to identify key events, discussions, and recommendations related to CCM programs, and through key informant interviews to determine the factors that support policy shifts and the role of scientific evidence in policy changes.
- **Country Case Studies:** Qualitative, retrospective case studies of CCM policies will be carried out in various countries to explore the role that different contexts, content, actors, and processes play in CCM policy development. Case studies will be completed in Burkina Faso, Niger, Kenya, Malawi, Mali, and Mozambique. Findings will be compared across all study countries to identify points of difference and similarity, and determine the influence of global policies on national CCM processes.

Data Collection

Data will be collected through document reviews, scientific literature searches, a standard stakeholder analysis that will identify each stakeholder's level of support for CCM, and in-depth interviews with stakeholders and key informants.

Research Applications

The research results will be used to develop recommendations on methods for supporting CCM policy changes that will facilitate scale-up of iCCM programs.

The Principal Investigator for this research is Sara Bennett, PhD, Associate Professor in the Health Systems Program at Johns Hopkins Bloomberg School of Public Health and Honorary Senior Lecturer at the London School of Hygiene and Tropical Medicine.

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