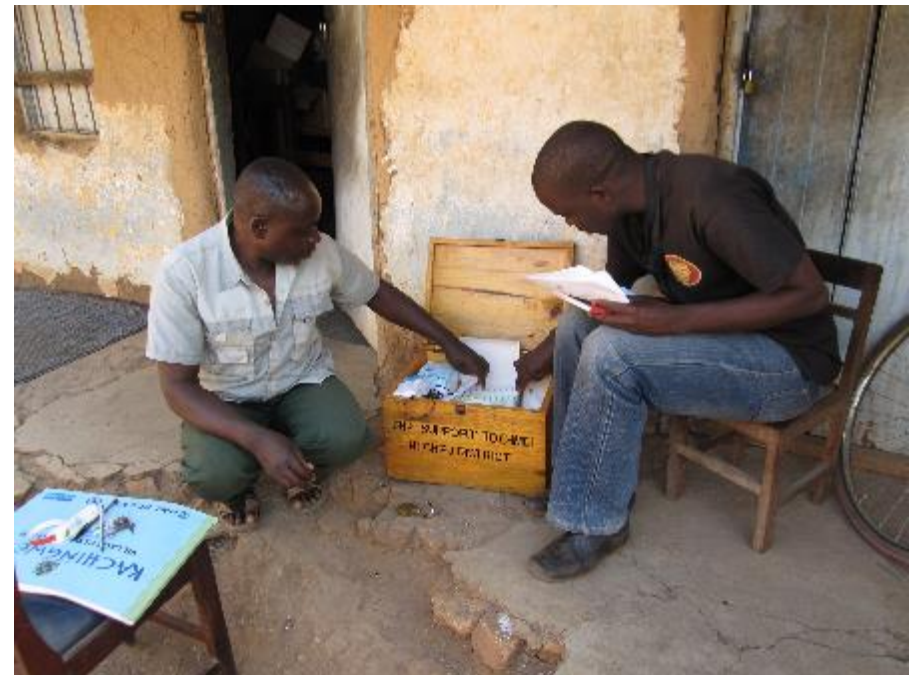


# Measuring Implementation Strength (IS)



# What is “Implementation Strength”?

- *Quantity* of a program implemented in the field
- Reflects the amount of the program that is *delivered*, in contrast to utilization and coverage which focus on the amount *received*
- Some elements also address *quality* of service delivery as well

# Basics about Implementation strength snapshots

## *What are they?*

Rapid protocols (by cell phone where coverage permits) to assess the strength of implementation.

## *How can they help Canada achieve its aims?*

- Can help to explain why a program did or did not have an impact
- Provides “real-time” data to identify and solve problems
- Supplements routine data sources for facility-based services.
- To assess whether there is a dose-response – higher coverage and impact in areas with stronger implementation
- Intended to be quick and focused, and can be done for specific programs or types of service providers

## *How can they strengthen MNCH accountability at country level?*

- Contributes to availability of program-relevant data that can be used to increase effectiveness, through processes listed above.

# IIP-JHU's Pioneering Work on IS for integrated community case management (iCCM)

- Cross-sectional “snapshots” in 3 countries
  - Field survey of sample CHWs & facilities (Ethiopia; Burkina Faso)
  - Mobile phone census of all CHWs trained in iCCM (Malawi)

## Integrated Community Case Management of Childhood Illness in Ethiopia: Implementation Strength and Quality of Care

Nathan P. Miller,\* Agbessi Amouzou, Mengistu Tafesse, Elizabeth Hazel, Hailemariam Legesse, Tedbabe Degefie, Cesar G. Victora, Robert E. Black, and Jennifer Bryce

## Measuring Implementation Strength for Integrated Community Case Management in Malawi: Results from a National Cell Phone Census

Rebecca Heidkamp,\* Elizabeth Hazel, Humphreys Nsona, Tiope Mleme, Andrew Jamali, and Jennifer Bryce

## Real-Time Assessments of the Strength of Program Implementation for Community Case Management of Childhood Illness: Validation of a Mobile Phone-Based Method in Malawi

Elizabeth Hazel,\* Agbessi Amouzou, Lois Park, Benjamin Banda, Tiyese Chimuna, Tanya Guenther, Humphreys Nsona, Cesar G. Victora, and Jennifer Bryce



## Case Study: Measuring strength of Malawi's CCM program implementation

# National Level Implementation Strength Evaluation: Methods



- Validation study in 2 districts confirmed feasibility and validity of mobile method before scale up to national level
- Contacted HSAs by mobile
- Census of all HSAs
  - All but 8 of 3,370 HSAs trained in CCM nationwide could be reached on mobile
- Conducted jointly with MOH
- Data used immediately to address programming gaps
- Completed in <2 months
- Cost < US\$50K.

# Core components for ISS for integrated community case management

Deployment

Training

Commodities

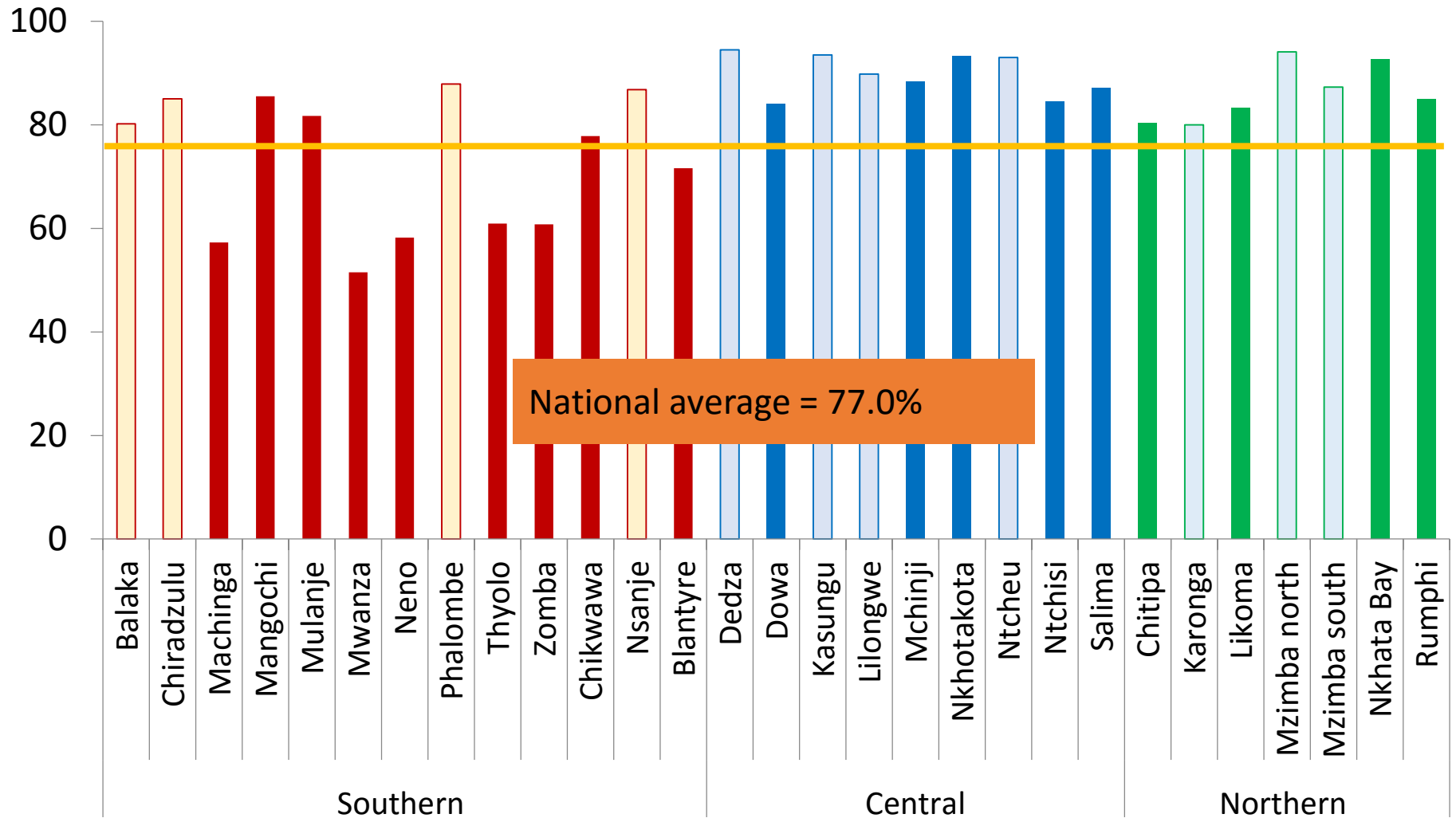
Supervision

# Malawian Implementers Agreed on these Indicators

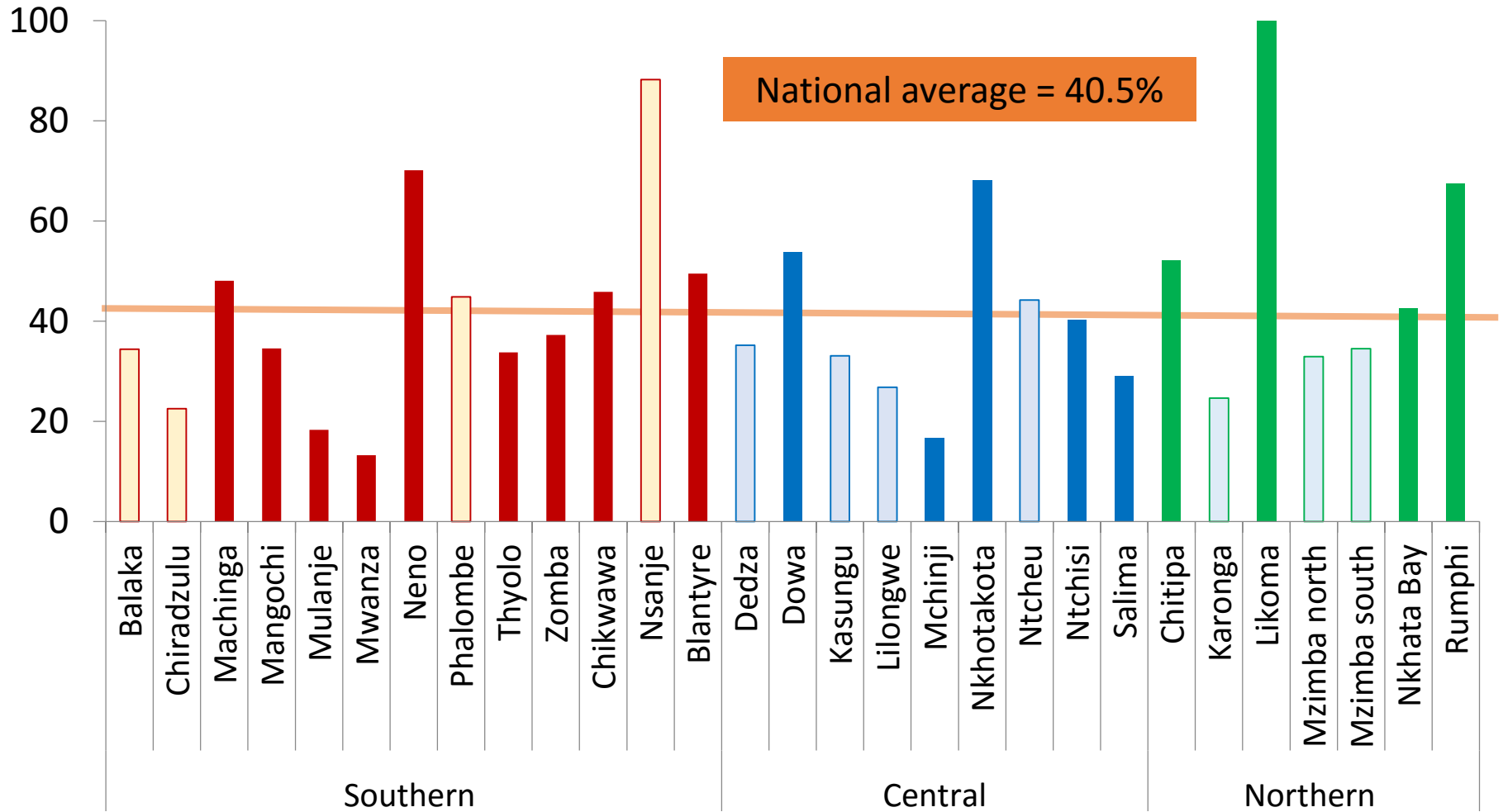
Dimension	iCCM Indicator used in Malawi
Deployment	HSA-to-population ratio
	Proportion of hard to reach areas with iCCM trained HSA
	Proportion of iCCM trained HSAs who have seen a sick child in past 7 days
	Proportion of iCCM HSAs who are living in their catchment area
Training	Proportion of HSAs trained in iCCM
Drug supply & Equipment	Proportion of iCCM HSAs with a supply of key iCCM drugs in last 3 months
	Proportion of iCCM HSAs with a supply of life saving iCCM drugs in last 3 months
Supervision	Proportion of iCCM HSAs supervised at village clinic in last 3 months
	Proportion of iCCM HSAs supervised in last 3 months with reinforcement of clinical practice



# Proportion of working CCM-trained HSAs who reported treating child in previous 7d



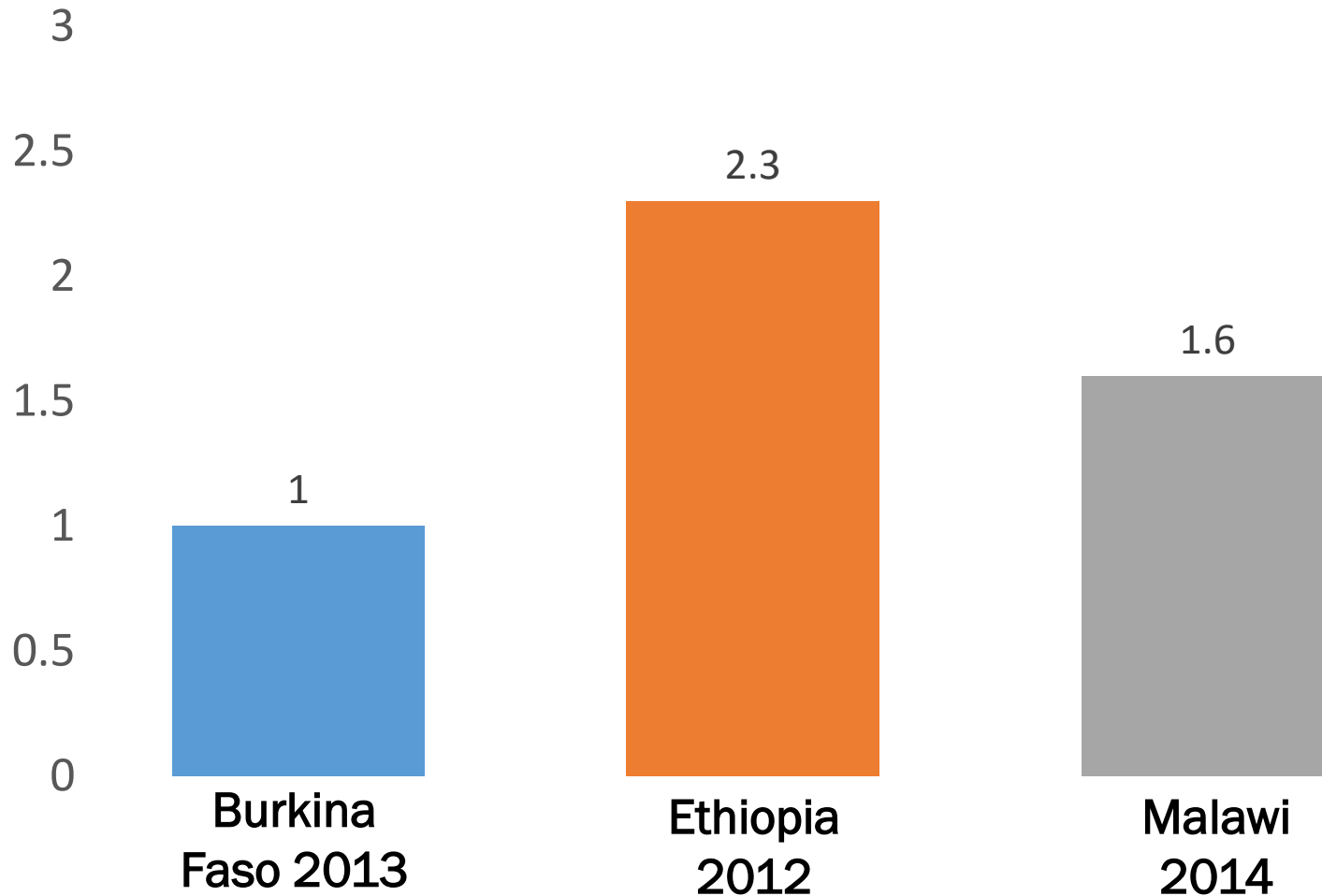
# Proportion of working CCM-trained HSAs who reported no stock outs of any duration of life-saving medicines (Cotrimoxizole, LA, ORS) in previous 3 m



# Cross-country findings

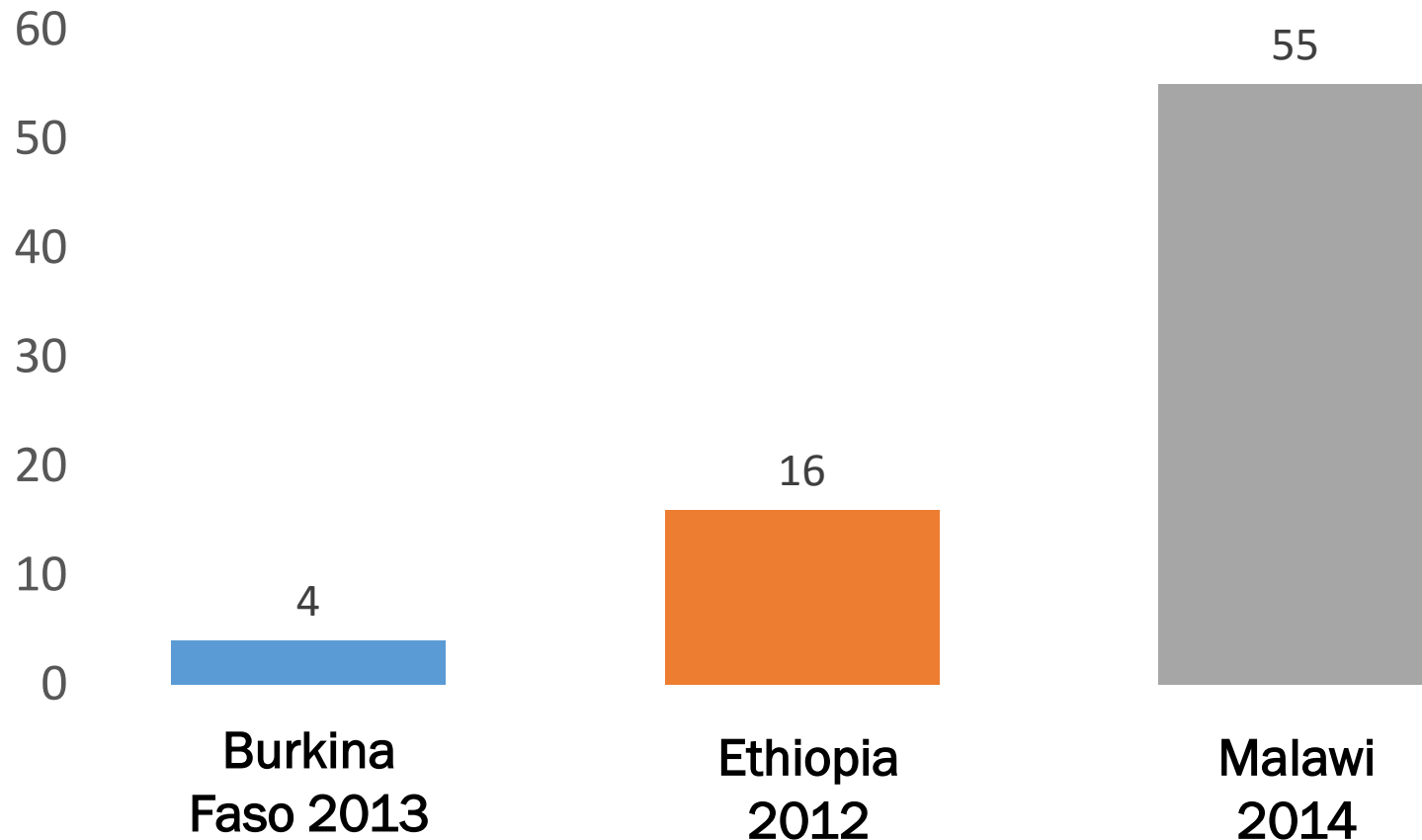
# iCCM readiness score

Score based on supervision and drug stocks (0-3) by CHW



# Utilization of iCCM

Mean number of sick children managed by an iCCM-trained CHW per month



# Next Steps of JHU IIP

- Compile information on which interventions need to be evaluated first
- We will consider these aspects of implementation
  - Which intervention is being carried out
  - What kind of worker is implementing (e.g., CHW, nurse)
  - Settings of intervention (urban, rural, clinic, community)
  - Scale of intervention (national or district level)
  - Country-specific context (e.g., mobile network coverage)
  - Availability of routine and/or other existing data
- Convene expert consultations on Implementation Strength to address considerations above
- Develop tools and accompanying documentation for early implementation and learning in select priority settings