



COmmunity and **D**istrict **E**mpowerment for **S**cale up (CODES) project,

**EMPOWERING COMMUNITIES WITH
INFORMATION TO MONITOR HEALTH
SERVICE PROVISION AND DEMAND
FOR QUALITY SERVICES**

Community and District Empowerment for Scale up (CODES) project

- The CODES Project sought to empower communities to monitor health service provision and demand for quality health service. by providing them with information on the performance of the district health system focusing on diarrhea, pneumonia and malaria
- The data was generated through household surveys, health facility assessments and Focus Group Discussions
- Data was summarized on - 4 page documents Citizen Report Card

CITIZEN REPORT CARD

On child health services for diarrhea, pneumonia, and malaria


MASINDI DISTRICT

Sub-County: Sedongye





DIARRHOEA WITH DEHYDRATION UNDER FIVE

Sub-County Findings	Score (scale of 0-50)	Remarks
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COMPLETE VACCINATION

Children 12-23 months fully vaccinated before their first birthday	4/10	
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DETAILED CASE OF CHILDREN: Seeking help for pneumonia, diarrhoea, and malaria

Children under 5 years whose mothers sought treatment within 24 hours of the child becoming sick with (on a scale of 0 to 10)	Health Facility	VHT	
Cough and difficulty breathing	3/10	0/10	
Diarrhoea	3/10	0/10	
Fever	4/10	0/10	
Mothers whose children under 5 were in critical condition and were given poorly treated in-patient at a health facility	6/10		

COMPLETE CASES: Pneumonia, diarrhoea, and malaria

Children under 5 years of age who, within 24 hours of the child becoming sick, were treated with nationally recommended (on a scale of 0 to 10)		
Antibiotics for cough and difficulty breathing	1/10	
ORZs (increased fluids and zinc supplements for diarrhea) at a health facility	7/10	
Covered I-FACT for malaria and took full dose	4/10	
Mothers reporting their children under 5 years of age received a malaria test for a fever	1/10	

 = 0-4 (Bad)

 = 5-7 (Fair)





 = 8-10 (Good)

HEALTH FACILITIES

Sub-County Findings	Score (scale of 0-50)	Remarks
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
DIARRHOEA: Pneumonia, pneumonia, and malaria

Health facilities that had regular stocks of (on a scale of 0 to 10)

CRZ for diarrhea	10/10	
Zinc for diarrhea	3/10	
Amoxicillin for non-severe pneumonia	4/10	
Covered I-FACT for malaria	10/10	

DETAILED CASES

Health facilities that follow the nationally recommended guidelines for treating (on a scale of 0 to 10)

Malaria	6/10	
Pneumonia	3/10	
Diarrhoea	6/10	
Health facilities with nurses, midwives, and doctors paid in the last month	10/10	
Mothers of children under age 5 who reported NOT paying money to have their children examined at a public health facility for diarrhea, pneumonia, or malaria	10/10	
Health facilities that received external supervision on compliance with national guidelines for both pneumonia and diarrhea treatment for children under age 5	7/10	

EMERGENCY SERVICES

Health facilities with emergency transport (such as an ambulance) for the care of children under age 5 on the day of the survey	0/10	
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VILLAGE HEALTH TEAMS (VHTs)

Detailed Findings	Score (a scale of 0-10)		Remarks
	Male	Female	

Access: frequency, proximity, and costs

VHTs that had regular stock of: (on a scale of 0 to 10)

ORS for diarrhea	7/10	7/10	😊
Zinc for diarrhea	3/10	3/10	😞
Amoxicillin for non-severe pneumonia	5/10	5/10	😊
Cloxacillin /ACT for malaria	5/10	5/10	😊

Quality: knowledge and community collaboration

VHTs who follow the recommended treatment for: (on a scale of 0 to 10)

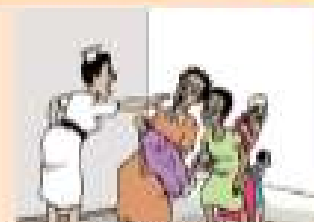
Malaria	10/10	10/10	😊
Diarrhea	10/10	10/10	😊
Pneumonia	10/10	10/10	😊
User satisfaction with the VHT services offered (those who are very satisfied or fairly satisfied)	10/10	9/10	😊

Capacity: infrastructure, equipment, and reporting

VHTs who received basic VHT training	10/10	9/10	😊
VHTs who received refresher training in community-level case management (CCM) in the past year	9/10	9/10	😊
VHTs supervised by health facility personnel in the community	10/10	9/10	😊
VHTs with updated records of their work in the community	5/10	1/10	😞

All data on the table. All findings represented in this document are the result of a baseline survey for the CODED project that was undertaken in late 2013 and early 2014 by Data Point International, the Liverpool School of Tropical Medicine, and Sustainable Children for Development and Advancement. All data on diarrhea, pneumonia, and malaria in children under age 5 reflect the role of mothers (as study pilot in data collection). All data on health facility and VHT stock data reflect the role of mothers (as study pilot in data collection). The phrase "regular stock" refers to a situation in which a health facility has experienced no stock-outs (at least once) during the year. The term "stock-out" refers to a situation in which no drugs are available for distribution.

Why children sometimes fail to get the medical care they need



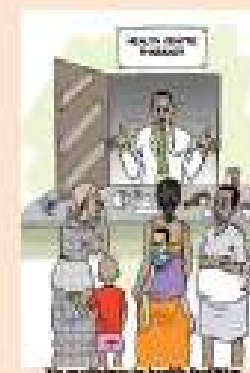
Adequate health workers



No transportation health facility too far



Mothers sharing down among children, or not giving full dose to children



No medicines in health facilities



Health workers requesting illegal fee

Community and District Engagement for Sustainable (CODED) is a five year project aimed at creating links between the Government of Uganda and the private sector, particularly at the district level, to implement public policies and interventions that lead to equitable and sustainable improvements in health outcomes, especially the control of malaria, pneumonia, diarrhea in children. CODED is spearheaded by the Ministry of Health in partnership with District Local Governments, the Advancing Child Care for Development and Advancement (ACCDA), and Child Fund International (CFI). Makerere University School of Public Health (MUSPH), the Liverpool School of Tropical Medicine (LSTM), and Karolinska Institute (KI) provide technical assistance.

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Community Dialogues



Community Dialogues

- The dialogues brought together 70 to 100 participants comprised of community leaders, caregivers of young children, Village Health Teams (VHTs) and health care providers
- Through a facilitated process lasting two days, each of the groups separately discussed and interpreted the data presented on the CRCs



Community Dialogues

- then stood before the collective forum to present their interpretations, challenges as well as their proposed solutions
- The groups then jointly came up with community contracts/action plans to address the issues identified.



U-Report



U-Report

- U-Report, a free SMS social monitoring tool was used to highlight issues affecting children and to stimulate discussions about public service delivery and to hold duty bearers accountable
- U-Report was also used for monitoring post dialogue activities
- U-Report is hosted and managed by UNICEF.

Lessons learnt

- **CRCs** were important for stimulating focused discussions on health service provision and utilization in specific sub counties
- **CDs** provided the neutral spaces- caregivers needed to safely voice their concerns to the health care providers, VHTs and community leaders
- For different stakeholders to engage and create joint action plans to address the identified challenges

Lessons learnt

- Health rights in the Patients Charter were popularized during the dialogues.
- To ensure sustainability district-based CSOs were trained by the IP in facilitating community dialogues and in post-dialogue monitoring.
- CDs based on CRCs promoted participatory planning and enhanced collective action for child health and survival at community level

Lessons Learnt

- Communities initiated actions such as health outposts in response to long distances, provided transport for health workers etc
- Health care providers instituted measures to deal with staff absenteeism and introduced badges for ease of identification
- Community leaders become more vigilant in their oversight role.

Challenges

- CRCs – focused on sub county data but the CDs were not rolled-out district wide due to logistical challenges
- The format of the CRCs could be further simplified for scale up purposes. A scalable CD model is yet to be fully developed
- U-Report received a mixed reception with a low response rate. This needs further exploration, as it may have had to do with the characteristics of the populations engaged

Acknowledgements

- ACODE – Implementing Partner that designed the CRCs, organized and implemented the CDs and trained CSOs in facilitation of CDs and in Post Dialogue monitoring
- CODES was funded by the Bill and Melinda Gates Foundation through UNICEF
- Ministry of Health provided oversight for the implementation of the Project
- Makerere University and KI focused on the learning component

Acknowledgements



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Ministry of Health

