COmmunity and District Empowerment for Scale up (CODES) project,

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

**MASINDI DISTRICT**

#### Children under 5 years

- **Complete Card Immunization**
  - Children 13-23 months fully vaccinated before their first birthday
  - Score: 4/5

- **Routine Use of Services**
  - Children under 5 years whose mothers sought treatment within 24 hours of the child becoming sick:
    - Health Facility: V4T
    - Cough and difficulty breathing: 4/5
    - Diarrhoea: 4/5
    - Fever: 4/5
    - Mothers whose children under 5 were in need of treatment and were given timely treatment in space at a health facility: 4/5

- **Routine Card**
  - Children under 5 years of age who, within 24 hours of the child becoming sick, were treated with antibiotics recommended (on a scale of 0 to 10)
  - Antibiotics for cough and difficulty breathing: 7/10
  - CRS increased fluids and zinc supplements for diarrhoea (e.g. at a health facility): 7/10
  - Covered ACT for malaria and took full dose: 4/10
  - Mothers reporting their children under 5 years of age received a malaria test for fever: 1/10

#### Health Facilities

<table>
<thead>
<tr>
<th>District Findings</th>
<th>Score (Scale of 0-10)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>MESSAGES: Treatment, prevention, and recall</td>
<td></td>
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<tr>
<td>Health facilities that followed the standard procedure for treating (on a scale of 0 to 10)</td>
<td></td>
<td></td>
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<tr>
<td>CRS for diarrhoea</td>
<td>10/10</td>
<td></td>
</tr>
<tr>
<td>Zinc for diarrhoea</td>
<td>5/10</td>
<td></td>
</tr>
<tr>
<td>Antimalaria for severe malaria</td>
<td>4/10</td>
<td></td>
</tr>
<tr>
<td>Covered ACT for malaria</td>
<td>10/10</td>
<td></td>
</tr>
<tr>
<td>SUPREME QUALITY</td>
<td></td>
<td></td>
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<tr>
<td>Health facilities that received external supervision on compliance with national guidelines for both prevention and treatment for children under 5</td>
<td></td>
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<tr>
<td>Health facilities with emergency transport (such as an ambulance) for the care of children under 5 on the day of the survey</td>
<td>3/10</td>
<td></td>
</tr>
</tbody>
</table>
VILLAGE HEALTH TEAMS (VHTs)

<table>
<thead>
<tr>
<th>District / Findings</th>
<th>Sub-district</th>
<th>Sub-county</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIXED VHTs: Practice, presence, utilization</td>
<td></td>
<td></td>
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<tr>
<td>VHTs that had regular stocks of: (on a scale of 0 to 10)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CDT for diarrhea</td>
<td>5/10</td>
<td>7/10</td>
<td>😊</td>
</tr>
<tr>
<td>Zinc for diarrhea</td>
<td>3/10</td>
<td>5/10</td>
<td>😐</td>
</tr>
<tr>
<td>Anthracol for non-severe pneumonia</td>
<td>5/10</td>
<td>5/10</td>
<td>😊</td>
</tr>
<tr>
<td>Cotrimoxol / ACT for malaria</td>
<td>5/10</td>
<td>8/10</td>
<td>😊</td>
</tr>
</tbody>
</table>

IMMEDIATE CARE: Knowledge and community satisfaction

| VHTs who know the recommended treatment for: (on a scale of 0 to 10) |
|-------------------------|------------------|
| Malaria                 | 10/10            |
| Diarrhea                | 10/10            |
| Pneumonia               | 10/10            |

User satisfaction with the VHT services offered (those who are very satisfied or fairly satisfied)

| User satisfaction | 10/10         | 9/10       |

Service, maintenance, repair and support

<table>
<thead>
<tr>
<th>VHTs who received basic VHT training</th>
</tr>
</thead>
<tbody>
<tr>
<td>VHTs who received refresher training in community-level case management (CCCM) in the past year</td>
</tr>
<tr>
<td>VHTs supervised by health facility personnel in the community</td>
</tr>
<tr>
<td>VHTs with updated records of their work in the community</td>
</tr>
</tbody>
</table>

Why children sometimes fail to get the medical care they need

- Abnormal health workers
- No transportation
- No health facility too far
- Mothers sharing drugs among children, or not giving full dose to children
- Health workers reporting illegal fees
- No medicines in health facilities

This Citizen Report Card was produced by the Advocacy Coalition for Development and Environment in Kampala, Uganda, with technical input from Child Health International and the Liverpool School of Tropical Medicine. The CCDDH project is supported by UNICEF's Open Agreements of the Bill and Melinda Gates Foundation through the United States Fund for UNICEF.
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
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unicef

ACODE

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