Bottlenecks to effective delivery of child survival interventions in Uganda: a reference to thirteen Community and District Empowerment for Scale-up project districts

A présentation made to Uganda's first Maternal and Neonatal Heath Conférence: 15th -17th June 2015

Serena Hotel, Kampala

By

Anguyo Robert DDM Onzima (MSc)

Senior Health Systems Mentor (CODES-LSTM)

Presentation outline

- Introduction (Background to the CODES' project and bottleneck analysis)
- Methods
- Results
- Conclusion

Introduction-the CODES project

- Initiated to respond to high child mortality

-A five years project that aims to demonstrate that: strengthening district management capacity and community engagement through the pillars of:

- Improved targeting of interventions/resource allocation
- Evidence-based reviews and improving DHT performance and
- Community oversight for coverage and quality improvement can cause advance in equitable and quality service coverage of key interventions for under-fives (<5s).

Introduction – the CODES

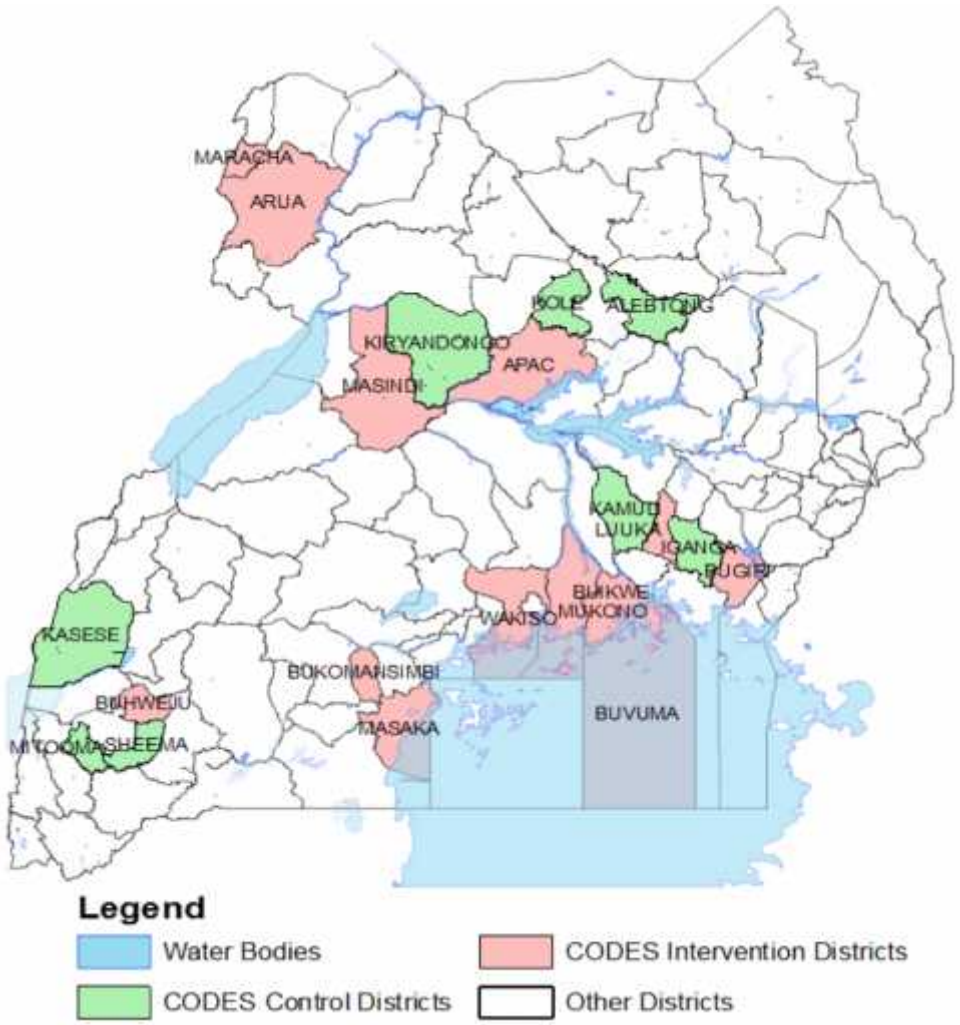
- Interventions target some of the leading causes of <5 morbidity and mortality: malaria, pneumonia, diarrhoea; and immunization in Uganda

- Hypothesized to result into reduced <5 mortality

- A cluster randomized controlled trial (8 intervention and 8 control districts; and 5 wave 0 implementation districts)

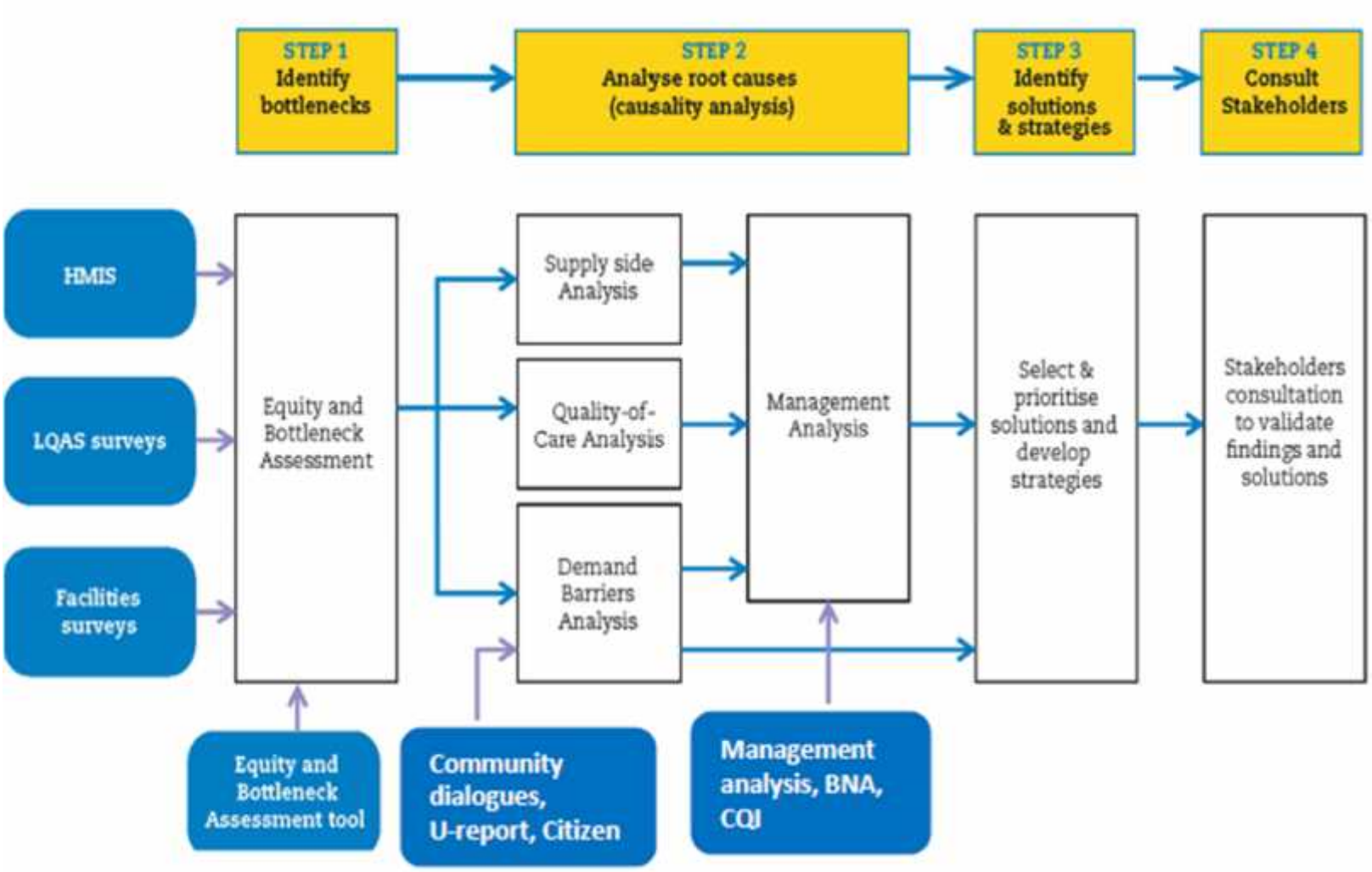
- Addresses supply and demand sides of child-survival service delivery

The CODES project districts



Wave 0: Buikwe, Bukomansimbi, Masaka, Mukono, Wakiso.
Wave 1: Apac, Arua, Bugiri, Buhweju, Buvuma, Luuka, Masindi and Maracha.
Control districts: Alebtong, Kole, Kiryandongo, Kamuli, Iganga, Kasese, Mitoma and Sheema

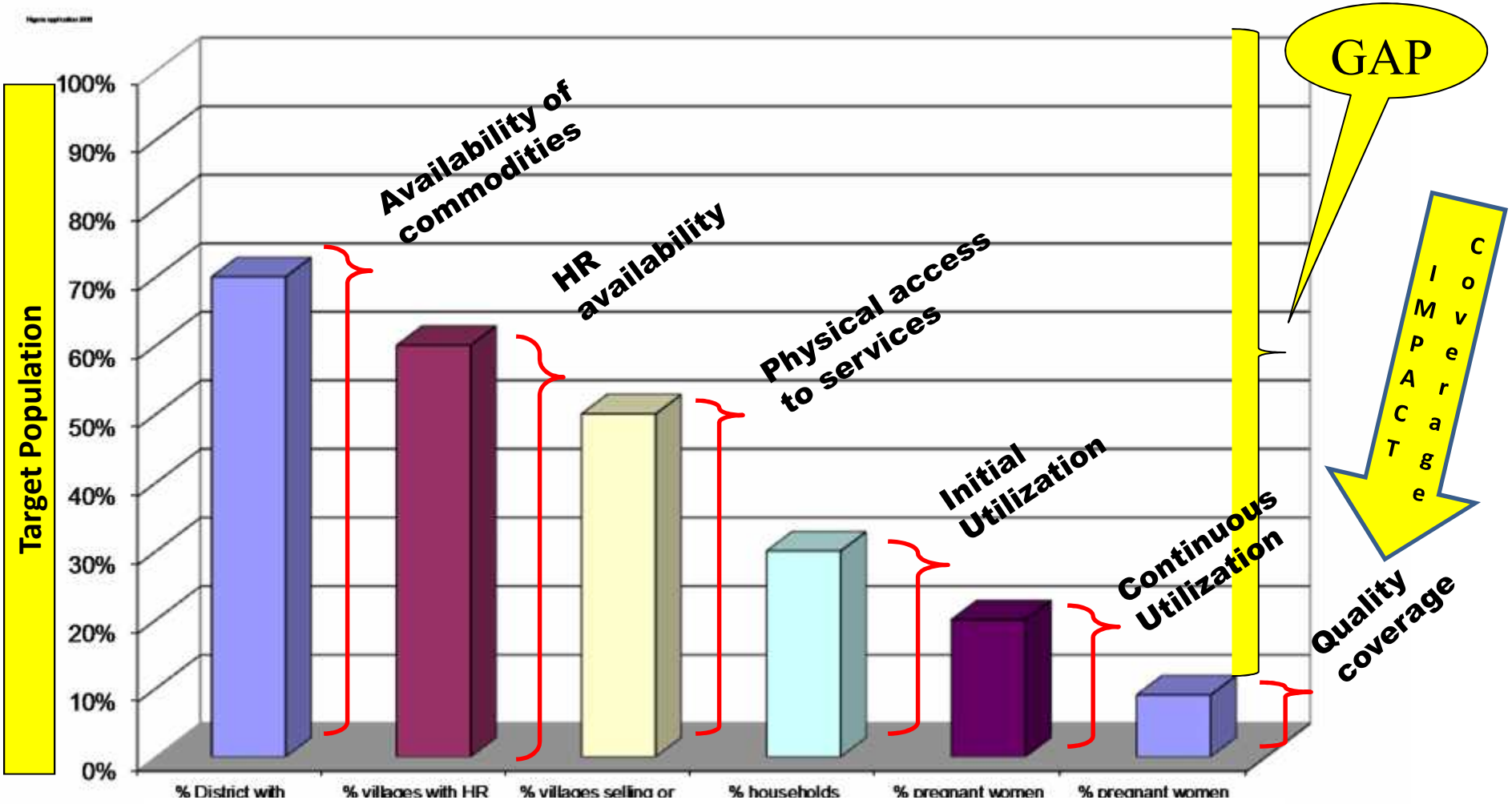
Schematic representation of CODES intervention components



Introduction- Bottleneck analysis (BNA)

- Part of the processes involved in empowering the DHT to improve targeting of interventions
- Guided by data generated through community and health facility-based LQAS surveys
- Districts are guided to identify their bottlenecks using the Tanahashi model

The Tanahashi Model to assess system bottlenecks



Adapted by T. O'Connell from *Tanahashi T. Bulletin of the World Health Organization, 1978, 56 (2)*
http://whqlibdoc.who.int/bulletin/1978/Vol56-No2/bulletin_1978_56(2)_295-303.pdf

Introduction – BNA cont..

- BNA is followed by causal analysis, management analysis (using management checklist); identification and prioritization of solutions; and work planning

- The whole process is embedded within the annual planning period and processes

Objectives of this paper

- To document the commonest bottlenecks to child survival interventions
- To document the thematic areas with commonest bottlenecks
- To determine the determinants within the Tanahashi model that present with commonest bottlenecks

Methods

- We conducted a Mid Term Check (MTC) using facility-based LQAS (HMIS-based)
- We organized BNA workshop for districts
- DHMT members were guided to identify bottlenecks using the data from MTC guided by Tanahashi model
- We re-analyzed the bottlenecks generated by DHMTs and ranked the bottlenecks from commonest to least common

Results

- Poor prescription for children with pneumonia, frequent stock out of antibiotics for management of pneumonia, low coverage with full vaccination, frequent stock out of vaccines and injection materials and low dispensing of prescribed ORS and Zinc were the top five bottlenecks
- Management of pneumonia and diarrhoea had most bottlenecks.
- Poor quality coverage, commodity stock out and inadequately skilled human resources topped in bottlenecks in the hierarchy of determinants on the Tanahashi model

Detailed results

- Bottlenecks2.xls
- Bottlenecks_Ranks.xls

Conclusion

Stakeholders are now aware of the common bottlenecks to child survival in high-child-mortality districts of Uganda. Critical analysis of the root causes of the bottlenecks; identication and prioritization of solutions are key to eliminating these bottlenecks and improving child survival.

Conclusion

- This paper has demonstrated the CODES approach efforts to identify bottlenecks in child health care delivery and has proved beneficial at the level of processes and outputs. Partners working in contexts of limited resources can adopt this approach in order to prioritize interventions: including in the fields of MNH

Lessons

- Use of HMIS limits generation of critical demand-side elements of data hence the Tanahashi model bases on proxy indicators on demand-side.
- The quality of HMIS; and the outline of the registers in the current form limit data collection in formats commensurate with CODES indicators