Improving child survival through management capacity building for District Health Management Teams and community empowerment in Uganda: *Lessons learnt from the CODES project*

Cutting-edge research: Strengthening quality of care through improving capacity of district managers and community empowerment

Dorcus Kiwanuka Henriksson¹, Anna Katahoire², Eric Ssegujja³, Stefan Swartling Peterson¹, Peter Waiswa³, Danstan Bagenda³

¹Karolinska Institutet, Stockholm, Sweden, ²Child Health and Development Centre, Makerere University, Kampala, Uganda, ³School of Public Health, College of Health Sciences, Makerere University, Kampala, Uganda

Abstract

Background

Previous studies have demonstrated that the failure to successfully scale up child survival interventions include failure to prioritize interventions most likely to prevent deaths and absence of community involvement.

A management and dialogue intervention was designed focusing on management capacity of District Health Management Teams (DHMTs) to identify and prioritize interventions that improve child survival based on district specific data. It included community empowerment through community dialogues based on Citizen Report Cards (CRCs) and U-Report surveys as a means of post-dialogue follow-up.

Methods

Qualitative case study design to explore how the intervention was adopted and implemented in five districts in Uganda and lessons learnt from this process. Districts were purposively chosen from 30 with the highest expected absolute numbers of annual under-five deaths and high poverty score. The unit of analysis was the adoption of the intervention by the District Health Management Teams and its alignment within the Health Management Systems.

Results

More constructive dialogue and better coordination between the service providers and the community is needed. District generated data was generally not used for planning.

Bottleneck, causal and management analyses systematized the prioritization and planning process. Quality improvement should have targets and milestones and embedded in routine district activities.

Peer-to-peer meetings are mechanisms for joint learning and reflection of useful practices.

CRCs from community specific data encourage constructive community dialogue. Dialogues should be aligned to already existing structures. Response rates for U-Report were very low.

Discussion and conclusion

Bringing together service providers and the community to be jointly accountable for service delivery through constructive dialogue and planning is a people centered approach that can improve the quality and access of services for already existing policies and guidelines. The community should be empowered to play a more active role in planning for service delivery.