

CITIZEN REPORT CARD


BUKOMANSIMBI DISTRICT

Sub-county: [All the sub-counties within a Supervision Area]





Households with Small Children

| Indicators | Score (out of 100%) | | Remarks |
|------------|------------------------|----------|---------|
| | Sub-County | District | |




COMPLETE CARE: Immunizations

| | | | |
|---|--|-----|---|
| Children 12–23 months fully immunized before their first birthday | | 41% |  |
|---|--|-----|---|

COMPLETE CARE: Pneumonia, diarrhoea, and malaria

| | | | |
|---|--|-----|---|
| Children under age 5 with cough and difficulty breathing who were treated with nationally recommended antibiotics within 24 hours of the child becoming sick | | 65% |  |
| Children under age 5 with diarrhoea who were treated with nationally recommended medicine (ORS and zinc supplements) within 24 hours of the child becoming sick | | 9% |  |
| Children under age 5 with malaria who received the nationally recommended treatment (ACT) from a health facility or VHT within 24 hours of the of the child becoming sick, and who took the full dose for the required period | | 9% |  |
| Mothers of children under age 5 who reported that their children received a malaria test when they had a fever | | 7% |  |





INITIAL USE OF SERVICES: Seeking help for pneumonia, diarrhoea, and malaria

| | | | |
|--|-----------------|-----|---|
| Children under age 5 with cough and difficulty breathing whose mothers sought treatment within 24 hours of the child becoming sick from a: | Health facility | 19% |  |
| | VHT | 16% | |
| Children under age 5 with diarrhoea whose mothers sought treatment within 24 hours of the child becoming sick from a: | Health facility | 20% |  |
| | VHT | 21% | |
| Children under age 5 with a fever whose mothers sought treatment within 24 hours of the child becoming sick from a: | Health facility | 21% |  |
| | VHT | 34% | |









Health Facilities

| Indicators | Score (out of 100%) | | Remarks |
|------------|------------------------|----------|---------|
| | Sub- county | District | |



MEDICINES: Diarrhoea, pneumonia, and malaria

| | | | |
|--|--|-----|---|
| Health facilities that had <u>no</u> stock-outs of ORS for diarrhoea | | 64% |  |
| Health facilities that had <u>no</u> stock-outs of zinc for diarrhoea that lasted more than 1 week | | 29% |  |
| Health facilities that had <u>no</u> stock-outs of amoxicillin for non-severe pneumonia that lasted more than 1 week | | 43% |  |
| Health facilities that had <u>no</u> stock-outs of ACTs for malaria that lasted more than 1 week | | 86% |  |

HUMAN RESOURCES

| | | | |
|---|--|------|---|
| Health facilities that have the nationally recommended number of nurses, clinicians, and doctors attending to children under age 5 | | 7% |  |
| Health facilities whose nurses, midwives, and doctors were paid in the last month | | 100% |  |
| Health facilities in which health workers were trained in the last year to treat malaria, diarrhoea, or pneumonia in children under age 5 (or were trained in Integrated Management for Childhood Illness) in the last year | | 14% |  |
| Mothers of children under age 5 who reported having to pay <u>any money</u> in order to have their children examined at a public health facility for diarrhoea, pneumonia, or malaria | | 36% |  |
| Health facilities that received external supervision to make sure that they are following national guidelines for both pneumonia and diarrhoea treatment for children under age 5 | | 71% |  |
| Health facilities that follow the nationally recommended guidelines for treating malaria | | 64% |  |
| Health facilities that follow the nationally recommended guidelines for treating pneumonia | | 7% |  |
| Health facilities that follow the nationally recommended guidelines for treating diarrhoea with blood | | 0% |  |





INFRASTRUCTURE

| | | | |
|---|--|-----|---|
| Health facilities with emergency transport (such as an ambulance) for the care of children under age 5 on the day of the survey | | 21% |  |
| Health facilities that display child-health user fees where children get treated in the facility | | 14% |  |





Village Health Teams (VHTs)

| Indicators | Score (out of 100%) | | Remarks |
|------------|------------------------|----------|---------|
| | Sub- county | District | |





MEDICINES: Diarrhoea, pneumonia, and malaria

| | | | |
|--|--|-----|---|
| VHTs that had <u>no</u> stock-out of ORS for diarrhoea that lasted more than 1 week | | 95% |  |
| VHTs that had <u>no</u> stock-out of zinc for diarrhoea that lasted more than 1 week | | 88% |  |
| VHTs that had <u>no</u> stock-out of amoxicillin for non-severe pneumonia that lasted more than 1 week | | 18% |  |
| VHTs that had <u>no</u> stock-out of ACTs for malaria that lasted more than 1 week | | 22% |  |

HUMAN RESOURCES: Knowledge and community satisfaction

| | | | |
|--|--|-------|---|
| VHTs who know the recommended treatment for malaria | | 100% |  |
| VHTs who know the recommended treatment for diarrhoea | | 99% |  |
| VHTs who know the recommended treatment for pneumonia | | 100% |  |
| User satisfaction with the VHT services offered (those who are very satisfied or fairly satisfied) | | 84.6% |  |

TRAINING: Refreshers, supervision, and reporting

| | | | |
|---|--|---------|---|
| VHTs who received basic VHT training | | 100% |  |
| VHTs who received a refresher training in community-level case management (ICCM) in the past year | | 34% |  |
| VHTs that were supervised by health facility personnel in the community | | 55% |  |
| VHTs that kept updated records of their work in the community | | 18%/16% |  |

A Note on the Data: All findings represented in this scorecard are the result of a baseline survey for the CODES project that was undertaken in late 2011 and early 2012 by Child Fund International, the Liverpool School of Tropical Medicine, and Advocates Coalition for Development and Environment. All data on diarrhoea, pneumonia, and malaria in children under age 5 reflect the rates of incidence within two weeks prior to data collection. All data on health facility and VHT stock-outs reflect the rates of incidence within three months prior to data collection. 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



Abusive health workers



Mothers not giving full dose to children



No transportation / health facility too far



Health workers requesting illegal fees



No medicines in health facilities



This Citizen Report Card was created by the Advocates Coalition for Development and Environment in Kampala, Uganda, with funding from UNICEF and the Bill and Melinda Gates Foundation, and with technical input from Child Fund International and the Liverpool School of Tropical Medicine.

Community and District Empowerment for Scale-up (CODES) is a five-year project funded by the Bill and Melinda Gates Foundation and United Nations Children's Fund (UNICEF) aimed at ensure that the Government of Uganda attains the capacity—particularly at the district level—to implement public policies and interventions that lead to quantitative and qualitative improvements in health outcomes, especially the control of malaria, pneumonia, diarrhoea in children. The project has two phases, the first of which is two years and involves five districts: Buikwe, Bukomansimbi, Masaka, Mukono, and Wakiso. CODES is spearheaded by the Ministry of Health in partnership with District Local Governments, the Advocates Coalition for Development and Environment (ACODE), and Child Fund International (CFI). Makerere University School of Public Health (MUSPH), the Liverpool School of Tropical Medicine (LSTM), and Karolinska Institutet (KI) provide technical assistance.