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Improving the Health of Children in Uganda: Community and District Empowerment for Scale-up (CODES)



What is the CODES project?

The Community and District Empowerment for Scale-up, or CODES, project is a multi-year initiative designed to eliminate child deaths caused by diarrhoea, pneumonia, and malaria – three of the top killers of children under five in Uganda today. Developed jointly by Uganda's Ministry of Health, UNICEF, and Karolinska Institutet in partnership with Advocates Coalition for Development and Environment (ACODE), ChildFund International, Makerere University School of Public Health and Liverpool School of Tropical Medicine, CODES is designed to help the Government of Uganda boost its own capacity to

implement policies and interventions that lead to a wide array of improvements in health outcomes, especially concerning the control of diarrhoea, pneumonia, and malaria in children under five years.

The project targets 16 districts throughout the country, randomly divided into two groups: an intervention group and a comparison group. (An earlier "proof of concept" phase involved five districts in the central region.) A controlled evaluation will measure changes in child health data over the three-year duration of the intervention (from 2013 to 2016) to gauge the impact of the initiative.

The Three Pillars of CODES

The CODES project is built on three pillars:

1. **Supporting District Health Systems:** CODES helps District Health Teams use local data to prioritise health interventions that target diarrhoea, pneumonia, and malaria, while identifying and assessing supply- and demand-side bottlenecks in the coverage of health interventions.
2. **Quality Improvement:** CODES provides regular forums for cross-district mentoring and peer-to-peer support among district technical leaders through a quality improvement approach that uses innovative management tools and targeted funding to eliminate identified gaps in the coverage of health-based interventions.
3. **Working with Communities to Improve Child Health:** CODES creates opportunities for local communities to engage and assess district health services, while hosting community dialogues that provide parents and caretakers of children under five years with health education to improve child wellbeing.

ACODE's Role

ACODE is tasked with designing and implementing the third pillar of the CODES project: *“working with communities to improve child health.”* Doing this involves the following activities:

1. ACODE produces **Citizen Report Cards** that capture recent project-generated data on a variety of district and sub-county indicators. These include household data on service utilization, and health facility data such as stock-outs of essential drugs and the proportion of health workers within a given district who follow nationally recommended guidelines for treating diarrhoea, pneumonia, and malaria in children under five years.
2. The project hosts **Community Dialogues** that bring together community leaders, Village Health Teams (VHTs), parents and caretakers of children under five years, and health workers from the nearest public health facility to discuss the findings captured in the Citizen Report Cards. Dialogue participants develop parish- and village-level action plans, which consist of those activities that participants commit to, with the goal of improving the various indicators presented in the Citizen Report Cards. ACODE makes a point of

encouraging participants to emphasize those activities that they can undertake with the resources that already exist within the community. Additionally, the project hosts follow-up meetings with dialogue participants approximately six to nine months post-dialogue to gauge the progress that participants have made in implementing the activities outlined within their action plans.

3. Within each district, ACODE is **Strengthening Local Capacity** by partnering with district-based organizations to co-facilitate the community dialogues and engage in post-dialogue monitoring. Recommendations for organizations come from District Health Officers, with the goal of partnering with those organizations that are already engaged in health activities within the district.
4. The project has a **Media Component** that involves both radio and SMS platforms. The radio campaign includes the development and airing of public health spots, while the SMS component involves the promotion of text-messaging platforms like the Ministry of Health's anonymous texting hotline, which helps patients communicate with district leaders on issues concerning health service provision. CODES is also piloting UNICEF's bulk SMS platform, U-Report, as a means of collecting project-level data on how different communities are implementing the action plans developed during the community dialogues.

What does success look like?

The CODES project is first and foremost a research study driven by the need to answer certain questions about the effectiveness of key interventions in improving child health. The model that ACODE is scaling up for CODES is based on recent research on the efficacy of community-based monitoring as a tool to increase the utilization of health services by and for children under five, leading to reductions in under-five mortality rates.¹ The project's success will ultimately be measured by its ability to increase the coverage of protective, preventative, and curative interventions against diarrhoea, pneumonia, and malaria in children under five years.

1 Bjorkman Martina and Jacob Svensson. Power to the people: Evidence from randomised field experiences on community based monitoring in Uganda. *Quarterly Journal of Economics*, 2009, 124 (2): 735-769.

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