DEPARTMENT OF HEALTH RESEARCH BRIEF

Verbal Autopsy with Participatory Action Research (VAPAR)
Expanding the evidence base through partnerships for action on health equity
Series 1, Number 2, January 2018

Acting to reduce under-5 mortality:
knowledge partnerships for coordinated action

Following community research gaining local knowledge on under-5 mortality, we developed a knowledge partnership with Department of Health (DoH) to analyse and interpret the research data and understand potential actions to reduce deaths in children under–5 years. We held 2 workshops in 2016 in collaboration with DoH stakeholders in different levels and sections and developed an approach for collective analysis and interpretation, to co-produce evidence with and for the health system.

Priority areas

- **Quality/organisation of services:** congested clinics, poorly organised ambulance services, non-flexible appointment times, long waiting times and poorly equipped clinics were identified as contributors to reduced quality of care and avoidable mortality.
- **Infrastructure:** e.g. lack of consulting space in facilities contributes to situations whereby providers may inadvertently breach service users' confidentiality was identified. This situation contributes to avoidance of clinics visits and the potential for avoidable morbidity and mortality among under-5s.
- **Human resources:** participants noted the human resources crisis. The shortages result in situations where the available health workforce become overworked and over-burdened by patient load, thus contributing to poor quality of service delivery.
- **Clinical training:** A general reduction in the quality of nursing training was also noted. This was identified as a potential contributory factor to the inability of frontline health workers to appropriately recognise symptoms of illnesses and triage effectively.
- **Policy context:** Participants noted a 'congested' policy, programme and initiatives context that can be difficult to navigate for frontline providers. In a system with overworked health workers and infrastructure constraints, this results in limited performance of new and existing policies and audits.
- **Social influences:** The community research identified the influence of factors such as inadequate housing, unemployment and lack of clean water. It was acknowledged that despite not having direct oversight over these issues, DoH deals with the consequences of these problems.

Action agendas

- **Improve clinic organisation:** participants recommended a focus on patient appointment times, and introduction of flexible appointments times to reduce waiting times and improve overcrowded clinics.
- **Improve organisation of ambulance services:** participants discussed low cost improvements to the emergency medical services (EMS) such as use of tracking devices to know in real time where all ambulances are located, to improve organisation of resources and response times in emergencies.
- **Expand and improve community health education:** participants discussed ways to protect and promote family and community health generally. Platforms such the 'MomConnect' and community outreach teams could be better utilised to disseminate condition specific information targeted at children under-5.
- Develop multi-sectoral collaboration for coordinated action: it was strongly recommended to develop inter-departmental partnerships between DoH and departments such as labour, water and sanitation, and social development to address the impact of social determinants on the health of children under-5.

Visual evidence

Causes of death

- The data presented at the workshop were supplemented with data gained from routine surveillance in MRC/Wits Agincourt HDSS 2012-13
- In these census rounds, 54 under-5 deaths were identified and investigated with family members and final caregivers.
- Three-quarters of all under-5 deaths (marked in red in the pie chart to the right) were due to infectious diseases, with pneumonia, HIV and malaria accounting for many deaths.
- Approx. 10% of deaths were due to non-communicable diseases and 10% were due to injuries.

Circumstances of deaths

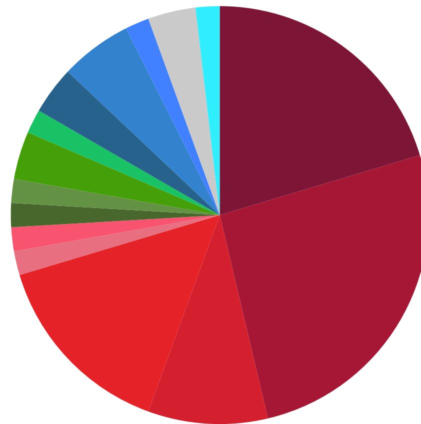
- Agincourt HDSS data on the circumstances of under-5 deaths indicate that large proportions of problems faced by final caregivers in deaths of under-5s relate to:

  a. not calling for help using a cell-phone

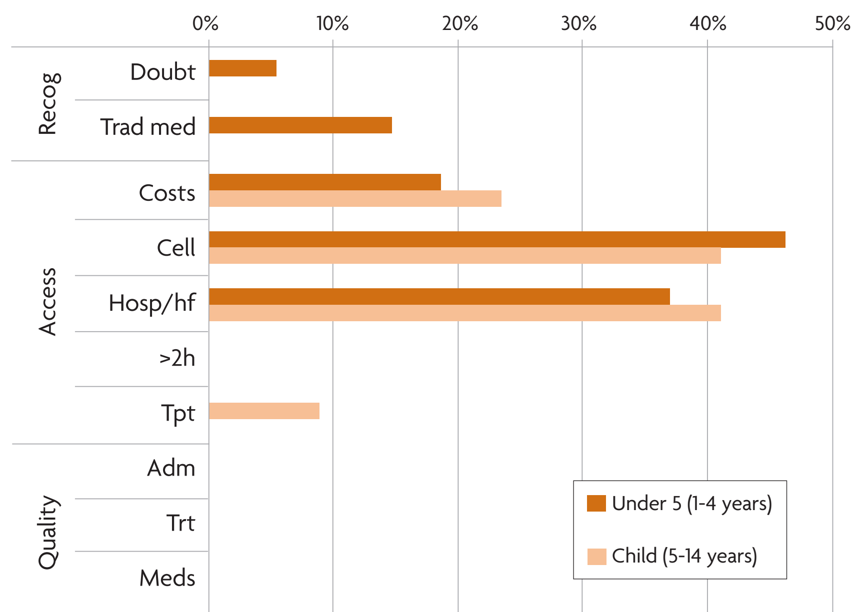
  b. not travelling to a health facility at and around the time of death and

  c. overall costs of care are unaffordable.

Next steps
Next steps This document is a preliminary analysis to develop with DoH colleagues in January 2018.



- 01.02 Acute resp infect incl pneumonia
- 01.03 HIV/AIDS related death
- 01.04 Diarrhoeal diseases
- 01.05 Malaria
- 01.09 Pulmonary tuberculosis
- 01.07 Meningitis and encephalitis
- 03.02 Severe malnutrition
- 03.01 Severe anaemia
- 05.02 Asthma
- 06.01 Acute abdomen
- 12.01 Road traffic accident
- 12.04 Accid drowning and submersion
- 12.09 Assault
- 99 Indeterminate
- 10.06 Congenital malformation



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