

# 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

Hi ku endla ndzavisiso etikweni wa mafu lawa ya endlekaka eka vana va le hansi ka malembe ya 5, hi tirhisane/ku hlanganyela na Department of Health (DoH) to ku twisisa na ku hlamusela vuxokoxoko naku lava ku twisisa swilo leswi swi nga endliwaka ku yehlisa nhlayo ya mafu lawa ya vana va le hansi ka malembe yale hansi ka 5. Hi khome ti workshops ti mbirhi hi 2016 laha ahi hlanganyela na vanhu vaku hambana hambana va leka DoH, 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:** Ku hlangana-hlangana ka titlilini, ku
- pfumala ka ti ambulance, karhi waku hlangana lowu ku pfumelelaneke ha wona awu tshami wuri ntiyiso, ku rindza ngopfu, na ku pfumala ka switirhisiwa swi voniwile tani hi swilo leswi endlaka vunakekeri bya rihanyo byiva le hansi naku endla leswaku ku sivela ka ku lova ka vana la va ntsongo swi nga endleki.
- **Infrastructure:** g. ku pfumala la ndhawu yo vanhu va nghena ka yona ku ya burisana na va tshunguri swi endla leswaku xihundla xi ngavi kona. Leswi swi endlaka leswaku vanhu va nga lavi kuya titlilini, leswi swi endlaka leswaku vanhu va hetelela va xanisiwa hi mavabyi na ku lova ka vana lava va ngale hansi ka malembe ya 5.
- **Human resources:** Va ngeneleri va kombe xiphiso lexi xi nga kona loko swita eka ku pfumala ka va tirhi. Ku pfumala ka

- vatrhi swi endla leswaku va tshunguri lava va nga kona va talerwa hi ntirho va tlhela va tikeriwa hikwalaho ka ku tala ka vavabyi. Swi lo leswi hinkwaswo swi endla leswaku vunakekeri bya rihanyo byiva lehansi.
- **Clinical training:** ku yehla eka madyondzisele ya leswi vatshunguri/ ti nurse ti faneleke ku tirhisaka xi swona. Leswi swi endla leswaku va tshunguri va nga koti ku vona swi kombiso swa mavabyi na ku vona leswaku hi vahi vavabyi lava va faneleke ku hantliseriwa ku sungula na swona hi vahi lava va ngatata endzhaku.
- **Policy context:** Va ngeneleri va vulavule hi ku hlangana-hlangana ka policy. Ku na matirhelo lava va tirhi va tsandzekaka ku wa landzelela hi voxo. Eka system leyi ngana vatshunguri lava va tirhisiwaka ngopfu na switirhisiwa leswi nga tirheki kahle, leswi swi endla leswaku matirhelo ya vatshunguri yava le hansi.
- **Social influences:** mulavisi wale tikweni u komba matimba ya swilo swo fana na ku pfumala ka tiyindlu, ku pfumala ka mintirho, ku pfumala ka mati yo basa. Swi voniwile leswaku hambi leswi DoH a yina matimba eka swilo leswi mara swita ndzhaku swa swilo leswi swi voniwa hi yona DoH.

### Action agendas

- **Improve clinic organisation:** va rhangheneleri va kombela leswaku ku rhangwiwa hi vavabyi lava vanga nyikiwa nkarhi wota e tlilini ku sungula, vanhu va fanele ku nyikiwa nkarhi wota hi wona tlilini leswaku kuta hunguteka malayeni, leswi swita tlhela swi hunguta ku tala ka vanhu etlilini.

- **Improve organisation of ambulance services:** vangheneleri va vulavule hiku hlulukisa koka ku nga durhi eka emergency medical services (EMS) ku tirhisa ti tracking devices leswaku vata tiva leswaku ti ambulance ti kwihimbi nkarhi yo tala, ku hlulukisa swi tirhisiwa leswaku ku tshama kuri na vanhu lava va tirhaka hi nkarhi wa emergency [xihantla].
- **Expand and improve community health education:** vangheneleri va vulavule hi tindlela to tlakusa rihanyo ra mindyangu na ra tiko hiku angarhela. ti Platforms to fana na ta 'MomConnect' and community outreach teams swi nga tirhisiwa ku fambisa/ ku tisa vutivi bya swi yimo leswi fambelanaka na vana lava va ngale hansi ka malembe ya 5.



Visual evidence

- Develop multi-sectoral collaboration for coordinated action: ku komberiwile leswaku ku fanele ku endliwa vuxaka exikarhi ka DoH, labour, water and sanitation na social development ku lulamisa swita ndzhaku swa swi yimo leswi vanhu va tshamaka ka swona, va tirhaka kona kumbe ku tlanga kona leswi endlaka leswaku xiyomo ra rihanyo xiva le hansi ngopfu, ngopfu ka vana lava ntsongo.

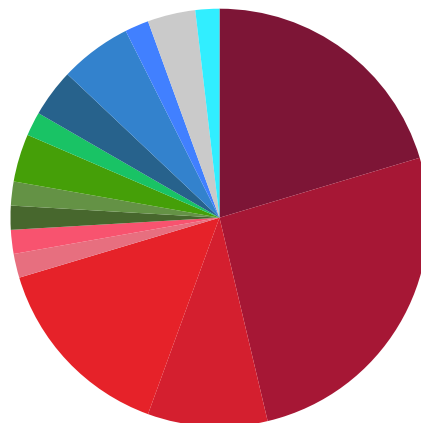
### Causes of death

- 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:

- not calling for help using a cell phone
- not travelling to a health facility at and around the time of death and
- overall costs of care are unaffordable.



- 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

© 2019 The Author(s). This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

[www.vapar.org](http://www.vapar.org)



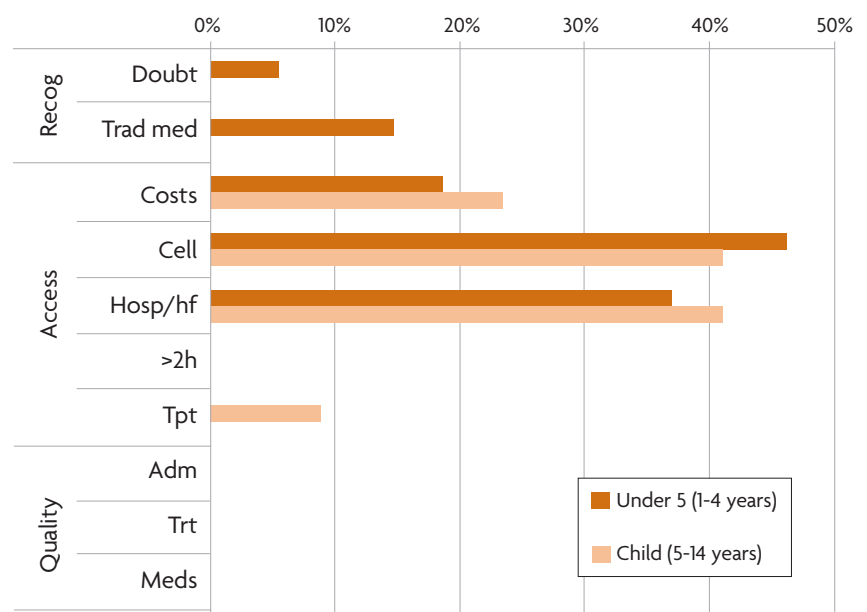
Queen Margaret University  
EDINBURGH



UNIVERSITY OF ABERDEEN



Acknowledgements: This piece has been developed from: Wariri, O., D'Ambruoso, L., Van Der Merwe, M., Spies, B., Mtwunga, I., Masinga, S., Mdluli, D., Gosen, G., Moccoem, V., Khosa, S., Kahn, K., Byass, P., & Twine, R. (2017). 'Bridging the gap: connecting communities and health authorities with knowledge partnerships in Mpumalanga province, South Africa. Unpublished manuscript. Permissions were secured from participants for the reproduction of images. The content has been adapted and shared under the Creative Commons Attribution 4.0 International Licence <https://creativecommons.org/licenses/by/4.0/> Verbal Autopsy with Participatory Action Research (VAPAR) is a programme of partnerships research funded the Health Systems Research Initiative from Department for International Development (DFID)/Medical Research Council (MRC)/Wellcome Trust/Economic and Social Research Council (ESRC) (MR/N005597/1) and MR/P014844/1). Image credits: © VAPAR 2017 Permissions have been secured for the reproduction of images.



### Next steps

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