DEPARTMENT OF HEALTH **RESEARCH BRIEF**

Verbal Autopsy with Participatory Action Research (VAPAR)
Expanding the knowledge base through partnerships for action on health equity
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Understanding under-5 mortality:
Local knowledge on fear and avoidance of the health system

Hi tirhe na ti local communities in the MRC/Wits Agincourt Health and Socio–Demographic Surveillance System (HDSS) ku kuma vutivi ma yelana na mafu lawa ya endlekaka eka vana vale hansi ka malembe ya–5 years. The aim was to systematise local voices to inform action through knowledge partnerships. Hi khome mi nhlangano leyi ayi khomiwa hi vhiki eka matiko yaku hambana hambana na mintlawa ya vanhu leyi ayi katsa vangheneleri va xisati ntsena, laha ku nga endliwa vumbhoni byo teka swi faniso ku seketela leswi ku vulavuriwaka hi swona.

Participants identified a range of influences on under-5 mortality. Fundamental root causes related to social contexts and contributory influences related to the health system were identified as follows.

Swi Vangelo Nkulu

- ***Ku pfumala ka dyondzo, ku pfumala ka mintirho na vusweti*:** hi xivangelo xa vusweti lebyi byi va ngiwaka hi ku pfamaleka ka dyondzo na ku pfumaleka ka mintirho, swi lo leswi hi nkwaswo swi endla leswaku vanhu va nga koti ku fikelela swo famba
- ***Ku pfumaleka ka ti yindlu na ku tala ka vanhu:*** ku pfumaleka ka ti yindlu swi ripotiwile hi vangheneleri vo tala tani hi xiphiqo lexi endlaka leswaku vana va khomiwa hi mavabyi la wa ya tshungulekaka.
- ***Ku pfumala ka mati yo basa*:** ku tisiwe ti ripoti to tala leti vulaka leswaku vanhu va tirhisa mati ya le nabyeni na le swihloveni ku n'wa na swona mati lawa ya na swita ndzhaku
- ***Ku pfumaleka ka ndhawu ya vuhlayiseki:*** ku ripotiwe ngopfu hi ku pfumaleka ka ndhawu ya vuhlayiseki laha vana va hungaselaka kona, ku ripotiwile leswaku kuna tinghozi leti endlekaka ta vana lava va n'welaka eka swilo swo chela mati swo fana na minkorotwana, vana lava va hungaselaka ka tindhawu leti ti nga talela hi vunghozi na vana lava va n'waka swilo hi xihoxo va ehleketa leswaku i mati kuve ahi wona.



Figure 1: Unsafe domestic environments

- ***Ku pfumala vunakekeri*:** kuve na mbulavurisano wo tala laha aku vulavuriwe hiku pfumala vunakekeri evu ton'wini bya vana hi vanhu vale ndyangwini, ku pfumala ka vunakekeri swi vangiwa hi vana lava ntsongo lava va nakekelaka vana, hi mutswari loyi anga yexe na kudya mali ya vana ya mudende hi va manana va yi dya hi vunsompfa. Ma vonelo lawa ya vekiwile e handle ka ku kavanyetiwa hi swi phiqo swo fana na ti yindlu, mati, ku pfumaleka ka mintirho, etc.
- ***Mimirhi ya xintu***: ku ripotiwe leswaku vana vo tala va tirhiseriwa mimirhi ya xintu loko swita e ka rihanyu ra vona. Mavabyi yo tala aya voniwa onge ya nga tshunguleka ntsena hi mimirhi ya xintu leswi swi nga endla leswaku vanhu va tsandzeka ku ya lava ku pfuneka eswibedlhele.

Contributory factors

- ***Unreliable emergency transport:*** ku ripotiwe leswaku swo famba swa xihantla swa loko kuri na nkingha swa pfumaleka minkarhi yo tala leswi swi endlaka leswaku xiyimo xa rihanyo xiya xi tika ngopfu kumbe ku endleka rifu hikokwalaho ka xiphiqo lexi.
- ***Delays in facilities:*** ku tala ka vanhu eti tliliniki, ku yima ngopfu emalayinini na ku rindza ngopfu, va tirhi va teka

nkarhi wo tala va ri ku wiseni na swona swi ripotiwile. Vangheneleri va ripote leswaku minkarhi yi n'wana va tshama siku hinkwaro tliliniki va ri karhi va rindza ku nakekeriwa na ku nyikiwa treatment, na swona ku na vana lava va nga lova va ha rindzile ku pfuniwa.

- ***Poor quality care:*** ku ripotiwe leswaku vunakekeri bya le ti tliliniki/swibedlhele byile hansi ngopfu. Ngopfu, ngopfu ku pfumaleka ka xihundla, ku deleliwa na ku ka la munhu anga khomiwi kahle hi va tirhi va swa rihanyo. Ku ka va nga tirhisi kahle mimirhi na swona swi ripotiwile. Va ngheneleri va tlhele va hlamusela leswaku kuna ku pfumala vutivi na ntokoto eka vatirhi va swa rihanyo, ku yima/ku rindza ngopfu na ku tala ka vanhu e tliliniki/xibedlhele. Ku tlhela ku ripotiwa leswaku va tirhi va swa rihanyo va hetelela vava na ntirho lowu nyingi ngopfu
- ***Lack of medicines:*** kuve na mi mbulavurisano hikokwalaho ka ku pfumala ka mimirhi. Va ngheneleri va ripote leswaku hi vutivi na ntokoto wa vona ma nurse ma teka mimirhi va yi tirhisela swilo swa vona vinyi, leswi swi endla leswaku yi tshama yi ngari kona, ku ripotiwe leswaku lexi hi xona xivangelo lexi endlaka leswaku vatswari va nga yisi vana etitliliniki loko va vabya
- ***Fear and avoidance of the health system***: ku hlangana ka swilo leswi swi nga vuriwa i.e. vusweti, ku pfumaleka ka ku fikelela vunakekeri, ku pfumaleka ka ndhawu yo hungasela ka yona ya vana, ku pfumaleka ka tiyindlu, ku tirhisiwa ka mimirhi ya xintu, ku pfumaleka ka vunakekeri bya le henhla, ku chava kuka u nga xiximiwi na ku xanisiwa swi hlanganile hi nkwaswo swi voniwe tani hi xiphiqo lexi nga kona ka health system.

Recommendations

Kwalomu ka 75% ya vana va le hansi ka malembe 5 lava va nga lova, lava va nga kumiwa eka ndzavisiso lowu endliwaka hi MRC/WITS Agincourt ku kumeke leswaku swi vangiwa hi mavabyi lawa ma tlulelaka. Leswi hinkwaswo swi vangiwa hi swivangelo nkulu leswi vuriweke. Va aaka tiko vate na tindlela taku lulamisa xiphiqo lexi.

- *ku endla leswaku titliliniki ti tshama ti tirha hi minkarhi hi nkwayo.*
- *ku xixima xihundla eti tliliniki.*
- *ku tatisa ti mobile clinic/ kumbe ku aka ti tliliniki*
- *ku tirhisana exikarhi ka vatshunguri va xintu na vaxilungu*
- *ku kurisa nhlohlotelo wa swrihanyo na dyondzo ku endla mintirho tani hi swilo leswi faneleke ku endliwa*
- *ku tisa mati yo basa tani hi swilo swo sungula leswi faneleke ku endliwa*
- *ku hluvukisa ti yindlu ta mfumo swi voniwa tani hi swilo leswi nga le henhla ka matimba ya ndzawulo ya swarihanyo*.

PHC Re–engineering iya nkoka ku endla vuxaka exi karhi ka va rhangeri valeka ndzawulo ya swa rihanyo na va rhangeri vale tikweni.

Next steps

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



Figure 2: Lack of clean drinking water



Figure 3: Overcrowding and poor housing

This piece has been developed from: Wahn, G., D'Ambrosio, L., Twine, R., Ngobeni, S., Van Der Merwe, M., Spies, B., Kahn, K., Tollman, S., Wagner, RG. & Byass, P. (2017). 'Initiating a participatory action research process in the Agincourt health and socio–demographic surveillance site'. Journal of Global Health, vol 7, no. 1, 010413. 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.