HOW CAN WE IMPROVE HEALTH CARE FOR THE URBAN POOR IN UGANDA?

What more needs to be done to save mothers and their babies? Lessons learned from maternal, newborn, and child health projects in Kampala city

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Organized and hosted by the USAID Maternal Child Health and Nutrition (MCHN) Activity, Makerere University School of Public Health – Centre of Excellence for Maternal Newborn and Child Health, the PSI MaNe Project, and Kampala Capital City Authority.

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The USAID Maternal Child Health and Nutrition (USAID MCHN) Activity

The USAID MCHN Activity is a five-year program (January 2020 to December 2024) funded by USAID/Uganda to improve maternal, newborn, and child health, and nutrition (MCHN) outcomes in Uganda. This is achieved through the provision of targeted technical support at national and subnational levels to (1) develop and roll out MCHN strategies, and high-impact practices and interventions; (2) strengthen coordination and cooperation within and between Government of Uganda (GOU) sectors; and (3) increase the use of data for planning, decision-making, and learning. The Activity also supports improved delivery of MCHN services in Kampala, particularly for the urban poor, through strengthened service delivery systems in the public and private sectors. The MCHN Activity closely collaborates with GOU structures at all levels, private sector entities, other USAID-supported Activities, and development partners to support and leverage their efforts to improve MCHN outcomes in Uganda.

The MCHN Activity is implemented by a consortium led by FHI 360 that includes EnCompass LLC, Makerere University School for Public Health, Save the Children, and the Uganda Healthcare Federation.

Webinar Presenters and Participants

Moderator: Dr. Peter Waiswa (Associate Professor, Makerere University School of Public Health)
Presenters:

+ Dr. Imelda Namagembe - Obs/Gyn at Mulago Hospital and THRiVE-2 Fellow
+ Dr. Sharon Tsui and Dr. Ronald Mutumba – FHI 360 MCHN Activity
+ Dr. Douglas Akii Bua - Population Services International (PSI) MaNe Project

Panelists:

+ Dr. Grace Kiwanuka, Coordinator for the Federation of Private Health Providers in Uganda
+ Dr. Daniel Okello, Kampala Capital City Authority (KCCA) Director for Health
+ Dr. Charles Olaro, Director Clinical Services, Ministry of Health Uganda

Participants:
More than 100 participants representing implementing partners, KCCA, academia, policymakers, and Ministry of Health attended the webinar.

Recommendations

The Ministry of Health (MOH) and KCCA working with public and private health institutions should:

1. Expedite the enactment and implementation of the Urban Health Policy to guide health programming for urban settings.
2. Use a multi-sectoral approach to develop a pro-poor urbanization strategy focused on poverty to improve current slum conditions through provision of basic municipal services such as water, sanitation, waste collection, storm drainage, street lighting, paved sidewalks, and roads for emergency access; and strengthen urban planning with the poor in mind to ultimately reduce the number of informal settlements in the city in the long-term.
3. Promote a more integrated approach in which both private and public health sectors work together to improve health care.
4. Influence the private health sector to deliver a pro-poor innovative package of health services through MOH strategic purchasing.
5. Continue developing and learning from the pilot digitalized ambulance referral system; scale up and create demand for it.

6. Construct and operationalize more public health facilities to cover areas without them (e.g., in Northern Kampala). In case of resource limitations, MOH to consider strategic purchasing of health services from the private sector for such areas.
7. Bring services closer to the community through an outreach-based model for targeted MCHN services such as immunization, antenatal care (ANC), and family planning.
8. Improve quality of care in both private and public health facilities to prevent maternal and neonatal mortality.
9. Harness Senior and Junior Health Officers to work beyond tertiary hospitals to support high-volume comprehensive emergency obstetric and neonatal care (CEmONC) facilities across Kampala, including public and private sector health center (HC) IVs and hospitals.
10. KCCA is setting up a system to accredit private sector facilities to provide a package of health services that mirror those in public facilities. This would potentially build trust in the maternal health services provided by the private sector, attract more people, and ultimately reduce the congestion and pressure on public facilities.

INTRODUCTION

Kampala is Uganda's largest city and the country's financial and economic hub. The city contributes to most of Uganda's gross domestic product, industrial output, and commercial activity. Yet, the city has the country's highest unemployment rate and nearly three-quarters of the population are employed by the informal sector with limited livelihood opportunities (Ernston and Mukwaaya, 2021). Many people who migrate from rural areas to Kampala seek a better life and end up in the city's "slums" or informal settlements. These informal settlements are characterized by squalid living conditions with limited access to clean water, sanitation, clean air, and poor housing quality, which directly contribute to poor health. The urban poor, such as households with lower wealth quintiles, or households living in informal settlements, have poorer maternal, newborn, and child health outcomes (UBOS and ICF, 2018, IDRC 2021, MCHN 2021). Multiple system failures underlie the heighted health risks and vulnerabilities of the urban poor, including the absence of an urban health policy/strategy, a weak referral system, undetermined quality of care with the dominance of unregulated private sector, limited coverage by public health facilities, and overcrowding at existing public health facilities that exacerbates the already deplorable health situation. In response, the government and health partners have conducted research to understand urban health challenges and implemented interventions, especially for the urban poor.

In this webinar, public health experts and advocates shared evidence and learning to inform development of appropriate policies, strategies, and programs to improve health outcomes for the urban poor in Kampala and other cities in the country. Specifically, the webinar sought to achieve the following objectives:

1. To present and discuss the current situation of maternal, newborn, and child health care in Kampala city in Uganda
2. To discuss lessons learned and make recommendations that address gaps in maternal, newborn, and child health care; and policy and programming for urban settings in Uganda.

OPENING REMARKS

Dr. Christine Mugasha, USAID Uganda Program Management Specialist (Maternal and Child Health), USAID Uganda

Dr. Mugasha opened the webinar with words of appreciation to the organizers for providing a platform to discuss urban health issues. She noted the following:

Highlights

- There are immense challenges associated with access to health care for the poor in Kampala. This is aggravated by a disproportionate migration of the youthful population to the city as they look for a better life only to be disappointed and unable to obtain good health services.
- It is imperative that actors work together to identify and address challenges that contribute to poor maternal, newborn, and child health outcomes in the city, which form a third of the national mortality and morbidity reported for this category across the country.
- Improvements in MCHN in Kampala can provide beneficial lessons for shaping national policy, strategies, and programs in other rapidly urbanizing areas in the country.

Presentation 1: What do we learn from available MPDSR data to improve on health care among the poor in urban and peri-urban settings?

Dr. Imelda Namagembe - Obs/Gyn at Mulago Hospital and THRiVE-2 Fellow
Dr. Namagembe presented lessons from her ongoing research (supported by THRiVE-2) on reducing maternal death through maternal death surveillance and response. The retrospective study seeks to provide evidence on the applicability of maternal death surveillance and response to reduce maternal deaths in the Ugandan context. So far, the maternal death surveillance and response policy is implemented countrywide and is reported to help health practitioners appreciate the characteristics of women delivering in facilities; where they come from; distances they cover to reach health facilities; common causes of death; the extent to which the maternal deaths were preventable; lessons; and the necessary corrective actions from these deaths.

MPDSR strategy core guidance

When a maternal/peri-natal death occurs, notify deaths within 24 hours, a team reviews the death within seven days and makes recommendations for action. Thereafter, monitor the response to improve health care and to prevent another woman/baby from dying from similar circumstances in the future.

Highlights

Dr. Namagembe highlighted the following issues from a review of 350 women who died at Mulago and Kawempe National Referral Hospitals between January 2016 and December 2018, of which 115 deaths (33%) were audited:

- Most of the women died young (less than age 30) and came from nearby urban and peri-urban areas of Kampala, Wakiso, and Mukono. Some women were referred by regional

referral hospitals. **This indicates the need to strengthen the health system at regional level to prevent referrals that could otherwise be managed at regional-level facilities.**

+ More than 60% of the maternal deaths reviewed were scored preventable. Significant delays were noted at both government and private facilities that served as the first or second points of care before mothers were referred to the national referral hospital. Some women who reached the national referral facilities in stable condition also passed away. **This demonstrates delays at the referring health facility and at the receiving facilities (national referral facilities, partly attributable to congestion as they grapple with the burden of the critically ill referred to them), and their contribution to maternal deaths.**
+ A sizeable proportion of women (80%) died after delivery (particularly the multi-para/ gravida). The leading causes of deaths were haemorrhage (35%), hypertensive disorders (28%), and puerperal sepsis (13%); accounting for 76% of maternal deaths registered. **Strengthening implementation of the MPDSR policy, such as timely notifications and maternal death review, can provide better information for action to reduce maternal deaths.**

Presentation 2: Health system capacity, health coverage, and USAID Maternal, Child Health, and Nutrition (MCHN) Activity's strategies to meet the needs of the urban poor in Kampala City

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Dr. Sharon Tsui and Dr. Ronald Mutumba, FHI 360, USAID MCHN Activity
This presentation highlighted the strategies of USAID MCHN activity to meet the health needs of the urban poor in Kampala City.

Kampala Context

+ Kampala is Uganda's capital city and financial and economic hub, contributing approximately 65% of the country's GDP and 80% of the country's industrial and commercial activity. It is one of Africa's fastest-growing cities with a growth rate of 3.9%.
+ With five divisions, (Central, Kawempe, Rubaga, Makindye, and Nakawa), the city is densely populated with an average 9,047 people per square kilometre; a total day population of 4.5 million, and a resident population of 1.6 million people.
+ Kampala has the highest unemployment rate in the country of 21%, and 71% of the population are engaged in the informal sector (boda boda, hawking, street vending, and public works).
+ About 35% of Kampala residents are considered poor (unable to meet basic needs) by international standards, and 10% are multidimensionally poor and usually resident in female-headed households, with many dependents.
+ About 60% of the total population of Kampala lives in informal settlements (slums), predominantly in Kawempe and Central divisions. This forms the urban poor population.
+ Kampala has a total of 1,497 health facilities: 94% are private for-profit facilities, mostly HC IIs; 4% private not for profit, and 2% government/public facilities.
+ Majority of the urban poor receive child health services from the public sector despite constituting only 2% of Kampala's health facilities.
+ The lowest performance in terms of maternal and child health indicators (including ANC, institutional delivery, complete immunization, and Vitamin A supplementation) are registered in divisions/parishes with a high concentration of informal settlements, i.e., where the urban poor live (2021 Kampala Lot Quality Assurance Sampling Community Based Survey).

FHI 360's strategic approaches to improve MCHN services for the urban poor in Kampala

- Strengthen the clinical capacities of frontline health workers in high-volume facilities to optimize health services for the urban poor
    - The goal is to improve the quality of MNCH services at first points of care to reduce avoidable referrals to highly burdened health facilities.
    - This entails providing direct support to 30 health facilities (13 hospitals, three HC IVs, four HC IIIs, and 10 HC IIs) that contribute to 80% of Kampala's total MCHN service delivery.
    - The direct support includes training 15 mentors on Helping Mothers Survive, Helping Babies Breathe, and Integrated Management of Newborn and Childhood Illnesses, training 53 frontline health workers and providing targeted on-site mentorship to 250 frontline health workers on the three clinical packages.
- Strengthen health system capacities to optimize health services for the urban poor:
    - Improve coordination between referring and receiving (referral) sites in Kampala
    - Support accurate forecasting, quantification, and ordering of RMNCH and nutrition commodities
    - Provide basic MNCH-related supplies and equipment
    - Support KCCA to advocate for human resource revisions suited for the urban context
    - Strengthen routine utilization of data for health service planning and performance
    - Strengthen the leadership skills of MNCH and nutrition service delivery managers in Kampala
- Improve the health-seeking behaviours of the urban poor through targeted social behavioural change communication in collaboration with USAID Social and Behavior Change Activity and KCCA
    - "Keep your family healthy to reduce medical bills" is one of the core health promotion messages identified that appeals to the urban poor's priorities.

Recommendations for policy and programs

1. Develop a context specific pro-poor/slum urban primary health care strategy to guide efforts toward meeting health needs of the poor and highly mobile urban populations in an equitable way.
2. Create and implement innovative strategies that enhance the potential of the private sector to work for the poor.
3. Develop special, integrated surveys focusing on the urban poor to provide evidence to inform policy and programmes.

Presentation 3: Improving referral for emergency maternal and newborn care: Lessons learned from piloting the Kampala emergency digital ambulance transport system

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Dr. Douglas Akii Bua - Population Services International (PSI)/USAID MaNe Project

Dr. Akii Bua shared experience from piloting the Kampala Emergency Digital Ambulance Transport System - an innovative component of the implementation research project. The Kampala Slum Maternal, Newborn (MaNe) Project is implemented by Population Services International, together with Kampala City Council Authority and Makerere University School of Public Health. The project is aimed at improving referral linkages to improve MCHN services for the urban poor in informal settlements.

The digital ambulance system: *This is a free to access 24-hour internet-based application/system with two modules: (1) the inter-facility module that enables facilities to communicate with each other, initiate and receive referrals; and (2) the community module, which is an uber-like platform that anyone can download and use to request ambulance services. To operate this system, you need internet connection, a call dispatch system, computers, human resources with proficiency in information technology, tablets for ambulances with internet connectivity, and user manuals. Once initiated, the request goes to the call center, for triaging; the call center then confirms the existence of a service and pre-notifies the receiving facility. The system notifies the intended receiving facilities, and they are able to prepare to receive the patient ahead of time. The ambulance team is then dispatched to transport the patient to the receiving facility. It has a dispatch/call center that coordinates ambulance requests and referrals and tracks the movement of ambulances. It is also linked to the DHIS2 platform (in the backend) and is designed to provide a dashboard for managers to access data to make decisions. Currently, the system is available to public health facilities, private facilities, and ambulance service providers accredited by KCCA. There are efforts to ensure that the system provides automatic feedback on the outcomes of referred patients.*

Since its inception in December 2020, the system has established a call center and enrolled 72 facilities and 25 ambulances (16 public, nine private). More than 4,898 cases have been handled through the system (86% maternal and 14% newborn cases). So far, the system has provided evidence for effective engagement of private institutions to provide emergency medical services during referrals.

Emerging findings: So far, the system has registered high levels of responsiveness and accountability from ambulance teams; improved communication between facilities; eased access to health care through referrals; and attracted more women to deliver their babies at health facilities.

Expected products: The system is expected to produce:

1. **Knowledge products**—A learning brief on how to set up and operationalise ambulance system service; a blog on what has been learned, explaining what influences implementation outcomes; a peer-reviewed manuscript on evaluating implementation, and an app to improve referrals of urban poor and outcomes for mother and baby.
2. **Tools**—Such as standard operating procedures (SOPs), reflection guides, training manuals, and supplementary brief used throughout the process; and an uber-like app for MNCH referrals (open source and adaptable in different countries).

Panel Discussion: Practical solutions on how to improve MNCH in Kampala and other urban settings

Harnessing the private sector to respond to the needs of the urban poor

Dr. Grace Kiwanuka, Coordinator for the Federation of Private Health Providers in Uganda

Dr. Kiwanuka suggested contracting the private sector to deliver a health package for the urban poor. Affordability of privately provided services (which is usually a barrier for the poor to access private services) should be considered alongside the need for the private sector to generate resources to cover operational expenses. Information learned from other programmes, such as the results-based financing model, could be used to inform negotiations with the private sector for a feasible package of health services that can be provided through that sector. She advised that the rapid growth of municipalities and cities in the country should be matched with scale-up of evidenced innovations (e.g., in diagnostic services, training, and referrals) to guarantee delivery of efficient and quality health services.

"We need to challenge the private sector to deliver a comprehensive primary health care package and, in a way, we need to develop a mechanism to do so, because currently the private sector provides more of individualized clinical care. We must reflect on how the private sector can deliver a standardized and accessible primary health care package." --Dr. Peter Waiswa

KCCA's response to the health situation of the urban poor

Dr. Daniel Okello, KCCA Director for Health

Dr. Okello informed the webinar about KCCA's strategies in reaching the urban poor with health services.

- KCCA has drafted the urban health strategy (yet to be validated by stakeholders) to guide interventions aimed at improving health for the urban poor.
- KCCA uses a one-health approach where health facilities (private or public) all contribute to the provision of health services. Private health facilities, which form the bulk of health services in Kampala, are seen as points of access/touch points for public facilities.
- To ensure equity in service provision, KCCA segments populations and invests resources where the greatest need is. In fact, KCCA-run health facilities are placed in or near informal settlements to ensure access for the urban poor.
- Due to the unique scope of services provided in the urban setting, KCCA negotiated with government for a unique human resource structure for lower-level health facilities. For instance, HC IIIs in KCCA facilities are staffed with doctors so that patients can access a wider range of services at the nearest health facility.
- The digital ambulance system piloted through MaNe project is expected to reduce empty referrals as people will know where to access specific services.
- Riding on the trust that mothers have in the public sector, especially for maternal health services, and knowing that the private sector is less likely to invest in maternal health services because of high setup and operational costs, KCCA is setting up a system to accredit private sector facilities to provide a menu of health services that mirror what is provided in public

facilities. As people start to trust that they will get quality maternal health care from private facilities, the congestion and pressure on public facilities is expected to reduce.

- Other strategies that KCCA could consider to increase access to health services for the urban poor include:
    - Provide services (e.g., immunization) through outreach arrangements, in locations closer to the people (e.g., markets, Nigiina groups).
    - Instead of putting up more structures for health facilities that will require recurring operation costs, consider strategic purchase of health services from the already existing private facilities.

CLOSING REMARKS

Dr. Charles Olaro, Director Clinical Services, Ministry of Health Uganda

Dr. Olaro, Director Clinical Services, Uganda Ministry of Health, appreciated the webinar organizers and presenters for inspiring deliberations that he expected would inform initiatives to change the narrative of MCHN health care in urban areas. Dr. Olaro noted that based on the available evidence of the causes for poor MCHN indices in urban areas, there is a need to consider special policies and interventions tailored to the urban context. Dr. Olaro called for:

- Development of a comprehensive Urban Health Policy that speaks to improved infrastructure with the necessary equipment, supplies, and adequate human resources to guarantee access to efficient, affordable, quality, and decent services for the urban poor.
- Enactment and operationalization of the National Health Insurance Bill (the country's first-ever national social health insurance scheme including a preset benefit package for essential health services), which is expected to influence access to affordable health services for the poor.
- Improve physical access to health services for the urban poor by constructing facilities in areas that do not have them; improving the structures and quality of services in existing ones; and strengthening interfacility referrals through scaled-up ambulance systems.
- Improve availability and access to blood and blood products, a key aspect of saving mothers from dying from postpartum hemorrhage.
- Address skills gaps of service providers through mentorships and harnessing obstetric skills of trainees/students-house officers and postgraduates in teaching universities.

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