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The Kampala Slum Maternal and Newborn Health Project

With increasing urbanization in Africa concerns are emerging for the health of the urban population as cities sprawl beyond their boundaries, often filled with migrant populations from rural areas. Informal urban settlements are often crowded and do not have infrastructure such as waste disposal, plumbing, sewage roads, and reliable electricity. In addition, these areas lack regulated public or quality private health care, which negatively impact maternal and newborn health (MNH).

The burden of maternal and neonatal mortality is heaviest among the lowest quintile in urban settings, and the health of the urban poor may even be worse than the health conditions in rural areas. Studies done in Kampala slums estimated the stillbirth rate to be 43/1000 live births, which is more than double the rate of 19/1000 estimated in rural Eastern Uganda. While it may be logical to relate the high mortality to poor living conditions, studies from neighbouring countries show that maternal and newborn health service provision in slums is poor despite optimal physical access and a multitude of private providers. The rhetoric of urban bias in development and better access to services in urban areas vis-à-vis rural areas has masked the real picture of the health conditions among the urban poor.

The public health system in Kampala, managed by Kampala City Council Authority (KCCA), is responsible for providing public healthcare services including maternal and newborn health to the 1.8 million residents of Kampala at no cost. Service provision is largely through a fragmented mix of public and private providers, both formal and informal. Given the size of the system and nature of the urban setting, identifying efficient and high quality health services for maternal and newborn care is difficult for users, especially during emergencies.

MaNe Quick Facts

Location: Kampala, Uganda informal settlements

Duration: 2018-2021

Goal: Generate evidence on effective and feasible interventions to improve MNH for the urban poor in Kampala

Objectives:

1. Improve access to quality and affordability of maternal and newborn health (MNH) services to the urban poor
2. Improve care seeking and referral linkages using social behavior change communications
3. Build a referral system for demand generation and linkages between health facilities.

Partners:

- Population Services International
- Kampala City Council Authority

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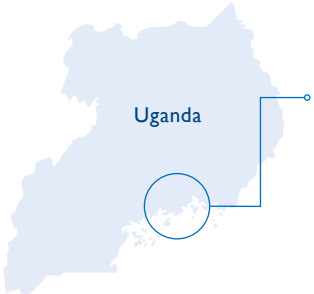

43 per 1000
Kampala slums Stillbirth rate

MORE THAN DOUBLE
the rate in Rural Eastern Uganda of 19/1000

The MaNe project will collect evidence and test innovations to achieve better maternal and newborn outcomes for urban poor populations in Kampala.

The rhetoric of urban bias in development and better access to services in urban areas vis-à-vis rural areas has masked the real picture of the health conditions among the urban poor.

The key assumptions of the project are that: (1) good maternal and newborn outcomes require that conditions are recognized early by women and families; (2) a decision to seek care is appropriately made and timely and (3) that when facilities are reached, quality, respectful care is available and provided.

KEY OBJECTIVES

The project will be implemented in slum communities and informal settlements in the divisions of Lubaga and Makindye in Kampala city - home to 51% of the slum population in the capital. The project will initiate and test innovative interventions/approaches to address demand and supply side barriers affecting illness recognition, care seeking, effective referral and provision of quality care equitably for better maternal, newborn health outcomes in urban slum settings in Kampala city. The interventions to be tested include:

1. **Harnessing a mixed (public and private) health care system to address the needs of the urban poor:** The MaNe project will involve interventions to improve access to quality and affordable MNH services to the urban poor. Quality will be addressed through improving availability of relevant medical supplies and commodities for MNH and continuous provider trainings and mentorships. Affordability of MNH services in private health facilities will be addressed through innovative financing mechanisms to facilitate subsidies on MNH services for the urban poor. Public and private health facilities will be involved in service provision.

2. **Improving illness recognition, care seeking and referral linkages using social networks and social media platforms for the urban poor:** Social behaviour change communications to increase demand for MNH services by the urban poor will be rolled out. The urban poor and their social networks will be targeted using the Urban Village Health Teams to reach women and their social networks both at home and in the workplace.
3. **Building a referral system for demand generation and linkages between health facilities:** An emergency call and dispatch centre will be set up by KCCA as well as an 'Uber-like' ambulance system. Public and private ambulances will be hosted on the 'uber-like' application to facilitate referrals from community to facility and between facilities. This will allow communities and health providers to easily call upon an ambulance using their phones in case of an emergency.

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