

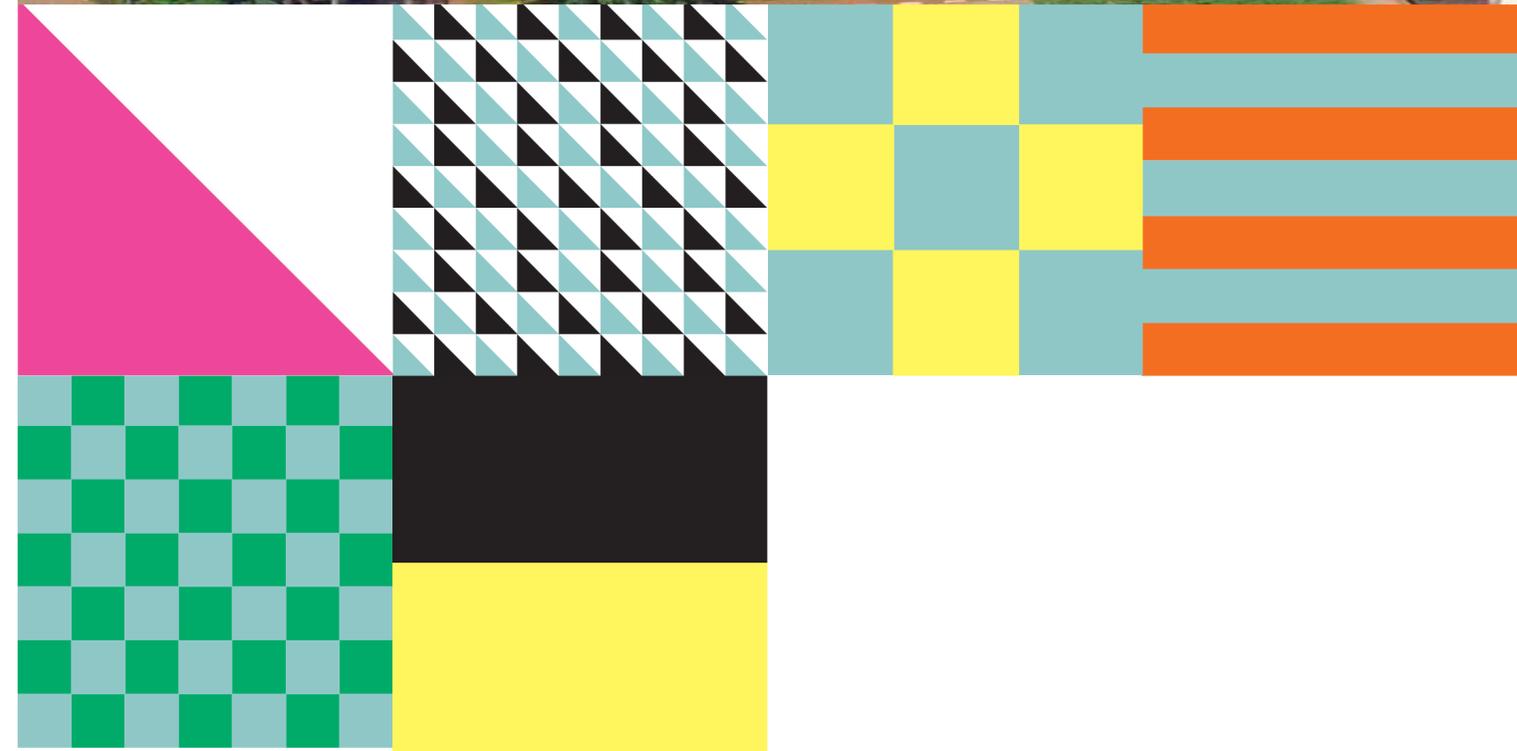


New Frontiers in Urban Health Governance: Perspectives & Interventions from Kampala City

Dr Okello Ayen Daniel-Co-PI MaNe Project & Director Public Health & Environment, Kampala City

Dr. Yvonne Mugerwa – MaNe Project Director

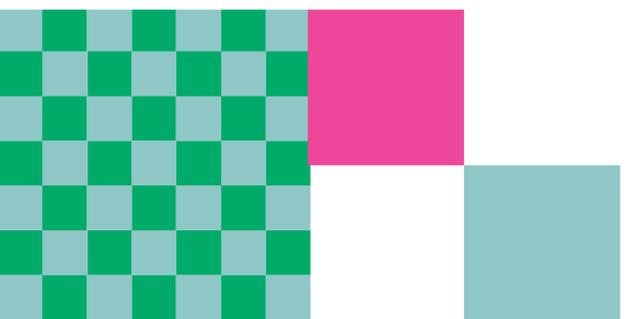
8th April 2021



Unique dynamics of urban centres and related policy implications

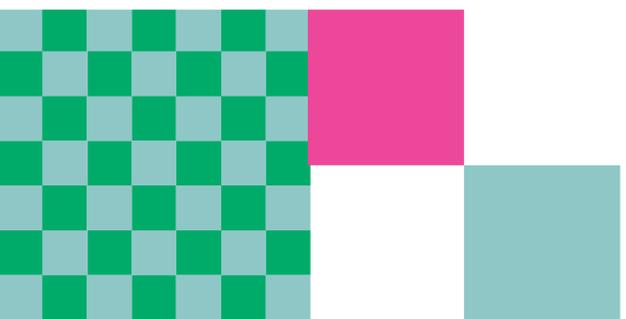
■ *Population-related challenges/uniqueness*

- Large proportion of urban poor
- Living in crowded informal settlements
- Large transient population
- Migration
- Different perspectives of community, spend most time at ‘workplace’
- Poor understanding of the dynamics at play for informal settlement residents/urban poor



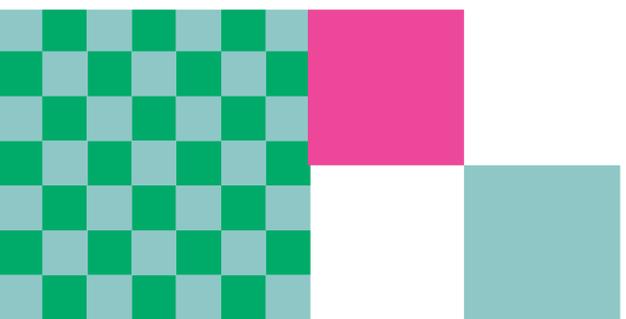
■ ***Uniqueness of health care delivery team***

- Unregulated & dominant private sector (99% of facilities in Kampala)
- Parameters/standards for facility ranking may not apply
- Health care professionals typically work in public and private sector
- Requirement for informal payments is a common challenge
- Poor coordination and regulation of the dominant private ambulance operators



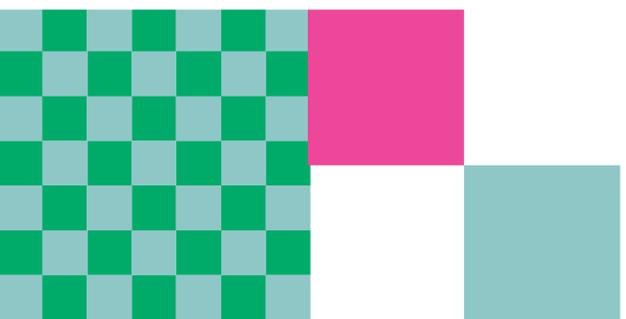
■ ***Uniqueness /challenges in health seeking behaviour***

- Overcrowding of free public health facilities by urban poor
- Unnecessary burdening of public facilities by insured individuals
- Self referral is common - the poor may fail to access quality care because of lack of knowledge of the appropriate care-seeking protocols
- 'Porous' borders in the Kampala metropolitan area/nearby towns which affects planning for referred cases

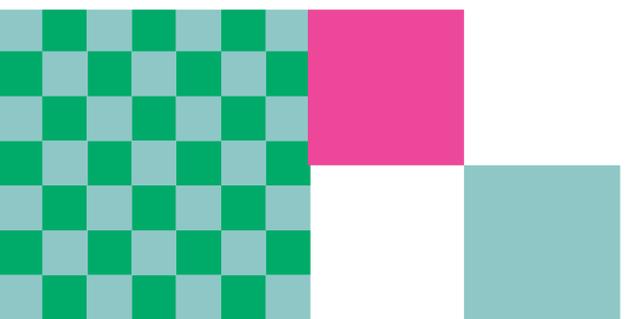


■ ***Uniqueness/challenges in managing health information***

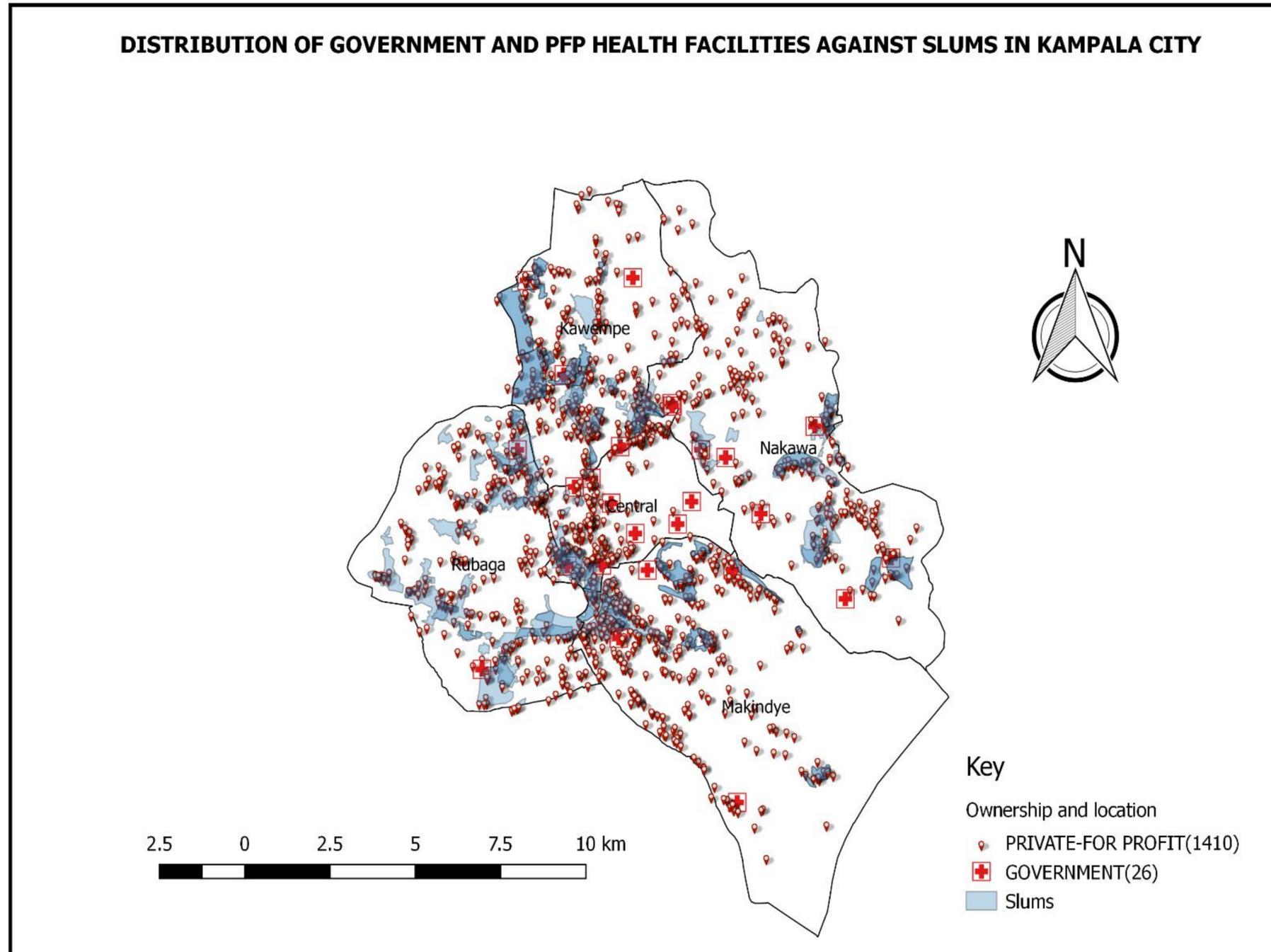
- Dearth of data to help us understand trends among urban poor
- Private sector not obligated to report into HMIS
- Birth and death registration in informal settlements challenging
- Multiple points visited by referred patients and no reliable treatment record/information
- Measurement of achievement of health targets affected by shifting denominator
- Use of concepts like facility catchment is not applicable in the traditional sense



Developing contextually relevant health policies for urban populations: MaNe project interventions



Overview of Kampala City



SOURCE: UBOS STATISTICAL ABSTRACT, 2017

Population dynamics

- Resident population: **1.5 million**
- Live in informal settlements: **1.2 million**
- Transient day population: **2.5 million**

Health facility dynamics

- Private facilities dominant-**99%**
- Only **26** public Health facilities

Burden by facility ownership

- 9 in 10** deliveries in Kampala city in public facilities (*HMIS 2018/ 2019 data*)

Equity

- Congestion in the few public as most urban poor can't access health care from the private which are the majority and closest to them



USAID
FROM THE AMERICAN PEOPLE



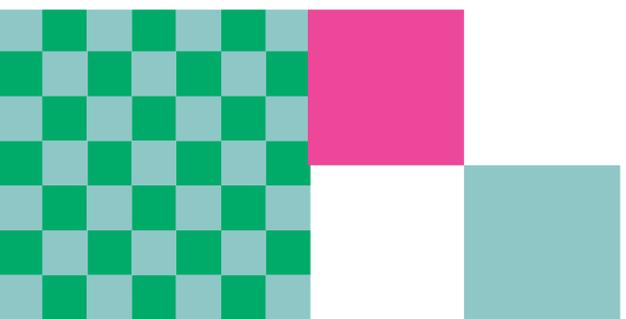
Uganda
Healthy lives.
Measurable results.



KCCA
KAMPALA CAPITAL CITY AUTHORITY
For a better City

Why MaNe?

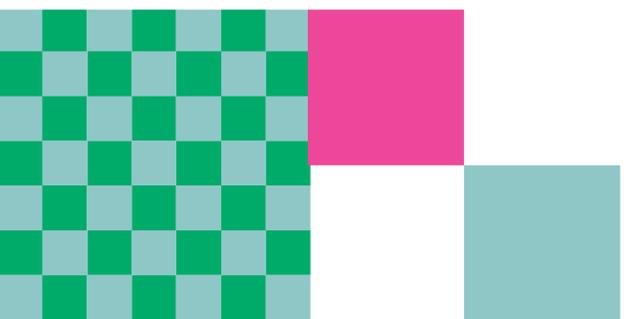
- MaNe is a 3-year USAID funded implementation research effort
- Implemented by PSI in partnership with Kampala Capital City Authority
- Project objectives
 - Harness public/private facility mix to provide quality affordable MNH to the poor
 - Strengthen referral linkages
 - Educate on what services to seek and where
- Evidence from MaNe will support and inform key stakeholders to deliver appropriate and resilient MNH services for the poor



Key Policy/Governance –related questions that MaNe is answering

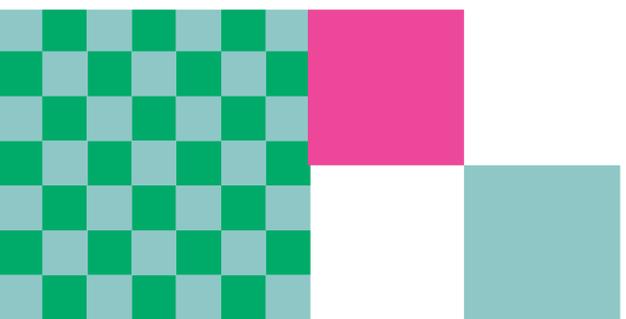
Some of the key questions being answered that will guide policy and strategic direction are:

- Does accreditation affect the acceptability of private facilities to slum dwellers for MNH services?
- How effective is the ambulance application in reducing time it takes a woman to ultimately receive appropriate services?
- Which RMNC interventions are most acceptable to providers & clients and feasible for implementation? Which ones best improve client perception and experience?



Interventions undertaken by MaNe for effective urban health governance

- MaNe is testing interventions/approaches to implementing key practices for ensuring effective governance
- This will inform policy development for (KCCA & Uganda urban health policy)
- Will also provide evidence to guide strategic direction for improving MNH
- Key practices (implemented to varying extents):
 - Cultivating accountability
 - Engaging stakeholders
 - Working towards a shared strategic direction
 - Stewarding of resources

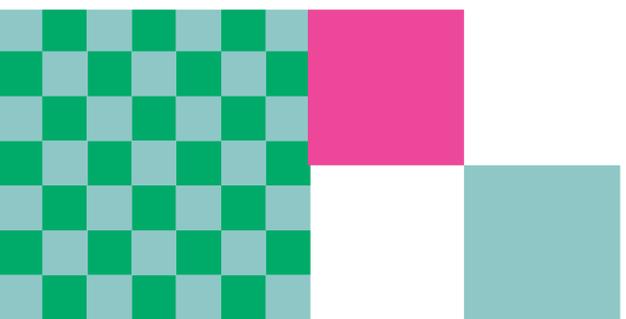


Defining accountability

Accountability means

- Institutions are responsible for meeting the needs of the people whom they were created to serve and protect.
- Ensuring that officials are answerable for their actions and that there is redress when duties and commitments are not met.

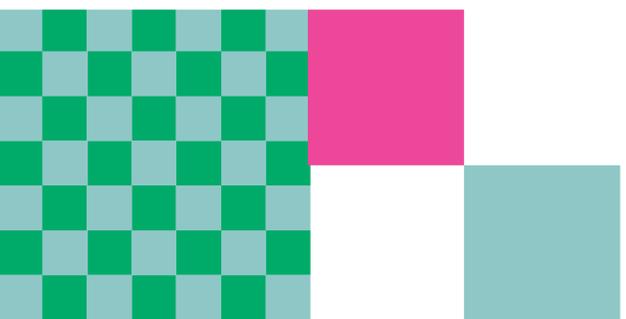
Accountability exists when there is a relationship between two parties, and the performance by one party is subject to the other's oversight, direction, or requests for information



Cultivating accountability- externally

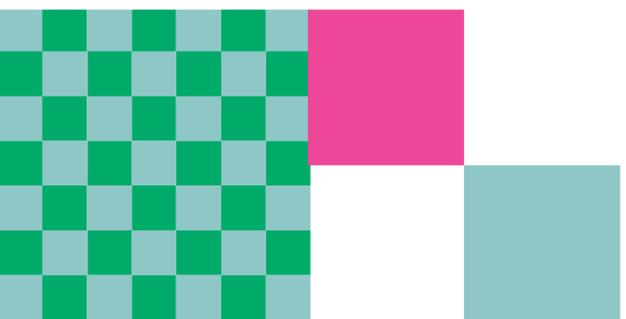
KCCA taking ownership of the situation and responsibility for meeting the needs of the urban poor in Kampala by meeting the 3 project objectives

- Interventions to enhance accountability externally
 - Accreditation of private facilities & building in-house capacity for sustainability
 - Incentives to improve affordability
 - Support to maintain QOC (supervision, training, HMIS reporting)
 - ANC services hours expanded in public
 - Training, mentorship and monitoring of RMNC given in facilities
 - Reward and recognition of good performers



Cultivating accountability- externally

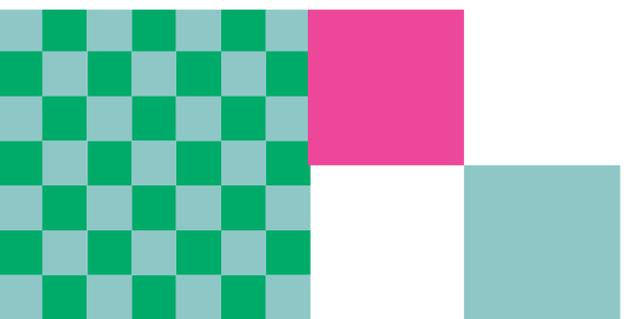
- Establishment of a medical call and dispatch centre (toll free) to coordinate referral
- Development and deployment of a referral
- Provides data for decision makers at all levels
- Interpersonal communication and Information, Education & Communication to public on services available and where to seek them (SMS, through Community Health Workers)
- Wide-sharing of information -KCCA Newsletter



Cultivating accountability- internally

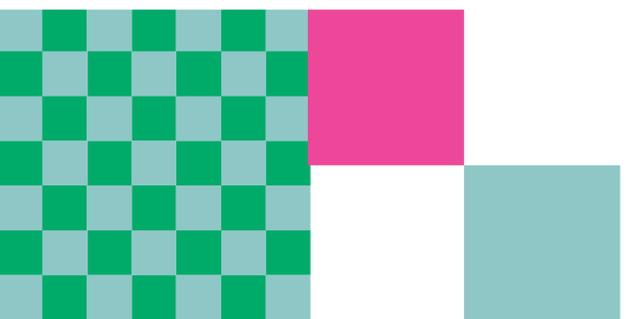
Interventions undertaken to enhance internal accountability so that facilities are answerable for their actions and that there is redress when duties and commitments are not met

- Sharing data on referrals on What's App platform – resulting in increased CEmONC capacity
- Community dialogue sessions - this exposed problems of informal payment and disrespect and abuse
- Availing of a toll-free number for the public to seek redress, gives feedback to leadership
- Intra-facility dialogue sessions to respond to community feedback - interventions made include rotation of staff, training on RMC, information displayed in facilities about free services
- Maternal and perinatal death reviews
- Follow up on improvement plans and re-assessment of accredited facilities



Engaging stakeholders

- At various levels – District, facility level, community and outside district
- Some already mentioned –referral by What’sApp platform & community dialogues
- Enhanced engagement of and dialogue among stakeholders involved in referral – National Referral Hospital with KCCA staff/facilities, ambulance drivers, private ambulance owners
- Creation of referral technical working group including representation from surrounding districts
- Maternity open days
- Engaging and updating relevant departments in MoH–sharing progress & learnings
- Wide stakeholder involvement in co-design process for project interventions (including urban poor)



Stewardship of resources

- KCCA in partnership with PSI mobilized resources for this implementation research through application to USAID Health Research Program
- MaNe's knowledge dissemination has sparked the resources mobilization from other partners to scale up some of the effective interventions (e.g referral app)
- Interventions undertaken to reduce opportunities for corruption (toll free line & whistle blower mechanisms)
- Tracking of provider attendance to reduce absenteeism is also underway
- Measurement of performance especially for EmONC and CEmONC
- RBF mechanism in KCCA owned facilities has also helped reduce wastage of resources + avail funds for pressing inhouse challenges e.g hire of anaesthetists

This study was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of this presentation are the responsibility of Population Services International-Uganda and do not necessarily reflect the views of USAID or the United States Government.

