

Low health facility preparedness for provision of maternal and newborn care in Kampala Slums, Uganda



Former KCCA Executive Director Mrs Jennifer Musisi (Centre) taken around after commissioning a new maternity wing at Kawaala Health Centre III

Maternal and neonatal morbidity and mortality indicators in Uganda remain higher than desirable and there are missed opportunities to address this issue among vulnerable groups like the urban poor. The urban poor population bears a myriad of complex challenges of vulnerability, including poor social structures and socio-economic inequities that aggravate adverse Maternal and Newborn Health (MNH) outcomes. Urban healthcare is typically unstructured, with scanty public facilities and a plethora of unregulated private providers. This has implications for availability, accessibility and utilization of skilled healthcare. The urban space presents a complexity of health needs and public expectations that require quality health systems to equitably optimize health outcomes and produce greater social value. Poor quality systems are a serious barrier to reducing mortality. The Kampala Slum Maternal Newborn Project: Innovating for Better Systems Outcomes (The Kampala MaNe Project) conducted qualitative formative research to explore the preparedness of healthcare providers to deliver quality MNH care in the urban poor settings of Kampala, in order to inform urban health interventions and policy design.

About the Kampala Slum Maternal Newborn Project: Innovating for Better Systems Outcomes

The Kampala MaNe Project is a 3-year (2019-2021) implementation research project aimed at harnessing the public and private health care systems as well as generating evidence on the most effective and feasible approaches to improving maternal and newborn health for the urban poor in Kampala.

Collaborators

The project is a collaboration of Kampala Capital City Authority, Population Services International Uganda and Makerere University School of Public Health, Centre of Excellence for Maternal Newborn and Child Health. The project is being implemented in the divisions of Rubaga and Makindye in Kampala City, with financial support from the United States Agency for International Development.

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Key findings

- While some providers from the private sector reported having essential medicines and supplies, the service delivery was greatly affected by few and unskilled staff, limited infrastructure, drug stock outs and supplies.
- Physical infrastructure such as spacious labor suites, maternity wards and delivery beds were lacking in both private and public facilities.
- The perceived high cost of services by patients was a common barrier to seeking timely care
- The emergency response system is not fully functional and lacks a monitoring and accountability mechanism.
- The range of maternal and newborn services is limited at various service points due to functional and/or technical capacity gaps. This contributed to delays for mothers seeking urgent care.
- Most providers reported not receiving refresher trainings in MNH. Supportive supervision and clinical mentorship were also uncommon.

Recommendations and Conclusions

- There is a need to redesign MNH service delivery in the urban space to efficiently maximize health outcomes. This may involve identifying and prioritizing the most commonly utilized service points, both in the public and private sectors, to strengthen and promote integration of service delivery.
- The emergency response system in urban poor settings is still poorly developed There is need to establish a structured emergency response system with guidelines and an accountability mechanism.
- Affordability of care is a key barrier for accessibility of basic services in the private sector. There's need for interventions and policies to overcome access barriers imposed by cost of care. This may include subsidization, voucher systems and economic empowerment initiatives among the urban poor.

