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Learning Brief

How to support private health facilities in the slums of Kampala to reduce MNH prices and increase affordability for MNH services for urban poor mothers

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Introduction

In 2018, Population Services International (PSI) and Kampala Capital City Authority (KCCA), received funding from the United States Agency for International Development (USAID), for an implementation research project--the Kampala Slum Maternal and Newborn Health (MaNe) Project. The aim of MaNe was to develop and test innovative interventions to address demand and supply side barriers to quality maternal and newborn health (MNH) care for urban poor women in Kampala, Uganda.

The healthcare sector in Kampala is dominated by private health facilities. However, the majority of MNH care is shouldered by public facilities which are overloaded and congested with clients. Findings from a formative study conducted by the MaNe Project in 2019 revealed that although urban poor women perceived MNH services in the private sector to be of higher quality in terms cleanliness, care, and timeliness, they were concerned by the lack of regulatory control of standards of care and pricing at private facilities. Women also expressed concern about the skill and training of private providers and questioned whether they could handle obstetric complications.

Other findings from the formative research included lack of commitment by private proprietors to invest in MNH; lack of essential MNH infrastructure, supplies, drugs, and commodities in private facilities; and high MNH service costs for the urban poor. Findings also indicated that women were willing to pay a reasonable fee for care in private facilities they could be assured that the services would be high quality.

The innovation

The results from the formative research were used to inform the development of an intervention to provide affordable, acceptable, and high quality MNH services to urban poor women. Through a co-design process with 45 proprietors from 29 private facilities, an intervention to accredit private facilities to improve quality of care was proposed.

This brief shares MaNe's experience and lessons learned working with private facility proprietors to provide affordable and high quality MNH services to the urban poor.

Methods and processes

MaNe held a series of meetings with the KCCA Directorate of Public Health and Environment to discuss the roadmap for streamlining the prices. KCCA/MaNe obtained consent from the facility proprietors to obtain the baseline prices for the MNH health services.

MaNe convened a meeting with KCCA to review and define what an MNH package should include and what would be possible in the facilities. It was hoped that negotiating for services as a package would attract a better price discount from private proprietors than a fee per service offered. The participants in the meeting agreed that the basic MNH package would include antenatal care (ANC) and delivery.

MaNe then held meetings with private health facility proprietors to discuss and agree on package prices that would be affordable to urban poor women. MaNe worked with the private facility proprietors to create price charts for the basic MNH packages. Draft charts were displayed

in the waiting areas to increase visibility to the clients. Clients made comments and adjustments on the price charts before a final version was printed.

Community health workers (CHWs) were engaged as advocates for the initiative and communicated to mothers about the price reductions for MNH services and encouraged women to access care at the accredited private facilities.

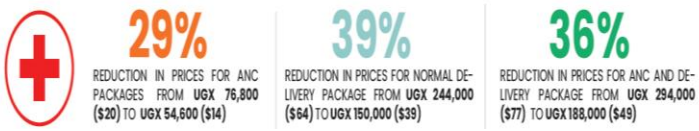
MaNe conducted ongoing monitoring and supervision to review the status and progress of each facility towards achieving the agreed prices and displaying them in places visible to clients.

Figure 1: Example of MNH services price chart for St. Edward Clinic

Findings and Results

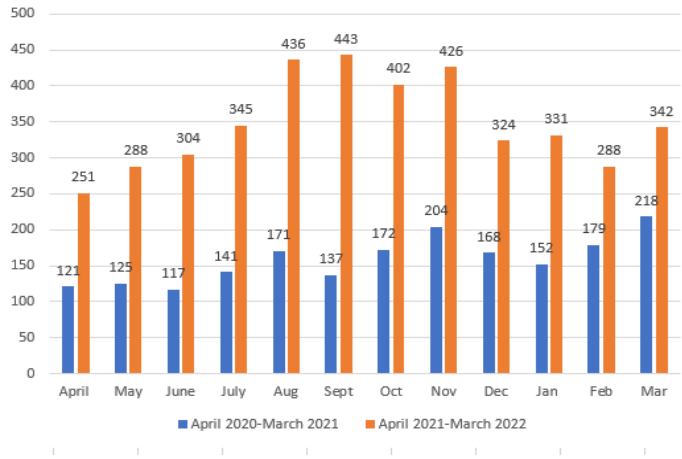
Ten (10) of the twenty (20) project facilities reduced prices for MNH services based on this process. There was a 29% reduction in prices for ANC packages from UGX 76,800 ($20) to UGX 54,600 ($14) on average. There was a 39% reduction in prices for normal delivery packages from UGX 244,000 ($64) to UGX 150,000 ($39). Prices for ANC and delivery packages were reduced by 36%, from UGX 294,000 ($77) to UGX 188,000 ($49). Below is a summary of the price changes.

Figure 2: Price Changes



In one year, ANC attendance at the participating private facilities doubled from 1905 between April 2020 and March 2021 to 4180 from April 2021 to March 2022. Figure 3 below shows the trends in visits pre and post intervention.

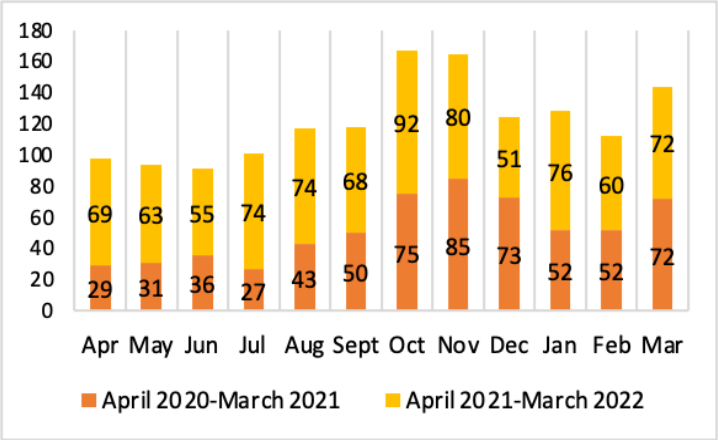
Figure 3: Comparison of ANC attendance pre-post price reduction in the 10 private facilities



KCCA MaNe project data March 2022

Deliveries increased by 32% (from 625 to 834) in the facilities with reduced prices (Figure 4). Due to increased clientele, some proprietors were inspired to make major investments in infrastructure (e.g., reconstructed surgical theatre), equipment (e.g., Ultrasound scan) and recruitment of more human resources, although they were yet to witness returns out of the venture.

Figure 4: Comparison in number of deliveries pre-post price reduction at participating facilities



Learnings

The MaNe Project's implementation of MNH price negotiation between KCCA and proprietors of private facilities suggests that this intervention is feasible and acceptable to proprietors of private facilities and clients. Price reductions improved affordability and access to ANC and delivery services for urban poor women. Following the reduction in prices, private facilities saw an increase in MNH visits. The increased number of clients for services inspired proprietors to investment in infrastructure, equipment, and human resources.

Some private facilities, on the other hand, practice price discrimination and were not comfortable displaying the prices. On occasions they would remove the displayed negotiated prices charts to allow them freedom to charge at their discretion. Unfortunately, MaNe was not successful in stopping this practice at those facilities.

Looking to the future

The Directorate of Public Health and Environment (DPHE) of KCCA is interested in making MNH services affordable to the urban and will continue to support the private health facilities that have been accredited and are offering priced reductions for MNH services. It will also evaluate the sustainability of this initiative, research strategies to further reduce prices, and encourage private health facilities to continue to work with CHWs to inform communities about the availability of more affordable and quality MNH services in participating private facilities. The DPHE plans to stay up-to-date on health market prices and work with proprietors to assess costs and develop strategies to maintain price reductions in MNH services when market fluctuates.

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