

Is the ground fertile for public-private collaboration to deliver essential health services in Kampala?

Findings from a rapid assessment of private provider readiness and willingness to partner with the Kampala Capital City Authority (KCCA)

THINK
WELL

UGANDA COUNTRY TEAM
APRIL 2022



SP4PHC
Strategic Purchasing for
Primary Health Care

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ABBREVIATIONS

ANC	Antenatal Care
CME	Continuing Medical Education
DPHE	Directorate of Public Health and Environment
EMM	Emergency Medical Management
FP	Family Planning
KCCA	Kampala Capital City Authority
MNCH	Maternal New-Born and Child Health
MOH	Ministry of Health
PFP	Private For Profit
PHP	Private Health Provider
PNC	Post-Natal Care
PNFP	Private Not For Profit
PSE	Private Sector Engagement
T & C	Terms and Conditions
UHF	Uganda Healthcare Federation
VHTs	Village Health Teams

SECTION 1



Introduction

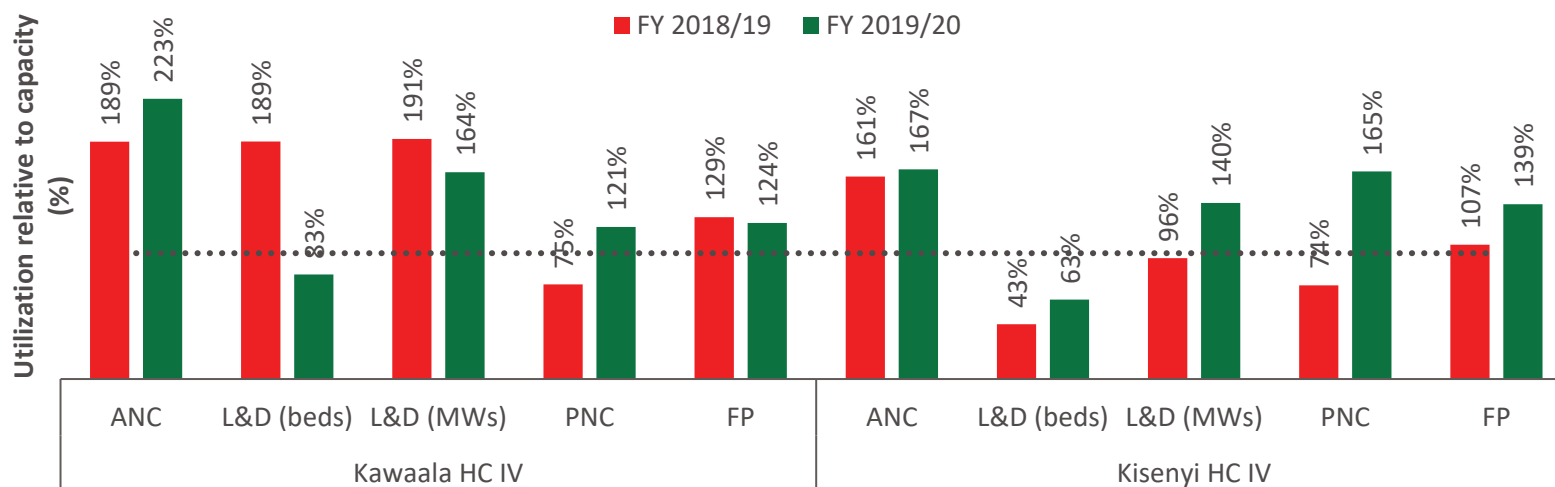


BACKGROUND AND MOTIVATION

- 98% of the over 1,500 facilities in Kampala are privately owned, whereas the Kampala Capital City Authority (KCCA) only manages eight facilities (KCCA 2021).
- MNCH and FP services are congested at the KCCA’s two largest health centers, undermining the quality and staff morale (*see figure below*) (Okello et al. 2022).
- The KCCA Directorate of Public Health and Environment, in partnership with ThinkWell, is exploring ways to purchase essential services from private health providers (PHPs) to help decongest its facilities.
- This study assessed the readiness and willingness of PHPs to collaborate with the KCCA to increase coverage of high-quality services in Kampala, with a focus on maternal, neo-natal, and child health (MNCH) and family planning (FP) services.
- Findings from this study and related efforts¹ will inform the design of a prototype public-private purchasing model for essential health services.

¹ Related studies include an analysis of service congestion in KCCA's largest health centers (Okello et al. 2022) and a profiling of those facilities’ clients (forthcoming).

Utilization relative to capacity at Kawaala and Kisenyi HC IVs, FYs 2018/19 and 2019/20



STUDY PURPOSE AND OBJECTIVES

PURPOSE

To assess PHP readiness and willingness to deliver priority MNCH and FP services through a contractual purchasing arrangement with the KCCA.

OBJECTIVES

- I. Assess PHP capacity to provide high-quality MNCH and FP services.
- II. Identify existing referrals or other relationships between PHPs and the public sector.
- III. Gauge PHP's interest in partnering with the KCCA and document their perspectives on factors that would enable or hinder effective collaboration.

SECTION 2



SP4PHC
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Methods



SUMMARY OF STUDY DESIGN

Design aspect	Description
Sample	15 PHPs purposively selected from within the catchment areas of two KCCA-managed referral facilities: Kawaala HC IV & Kisenyi HC IV
Methodology	<p>A cross-sectional study using mixed-methods. Data collection at each site included:</p> <ul style="list-style-type: none"> — Application of a tailored service readiness assessment tool to measure readiness/capacity. — Document review and semi-structured key informant interviews to identify existing relationships with the public sector, gauge interest in partnering with KCCA, elicit perspectives on enabling factors and recommendations for effective private sector engagement by KCCA <p>Analysis included:</p> <ul style="list-style-type: none"> — Quantitative summaries of readiness indicators and prevalence of various existing relationships, attitudes, and expectations for the partnership. — Thematic analysis to unpack PHP attitudes and expectations.
Services	Antenatal care (ANC), labor and delivery (L&D), post-natal care (PNC), and family planning (FP).
Time Period	Data were collected during July–August 2021 and then cleaned and analyzed during September–November 2021.

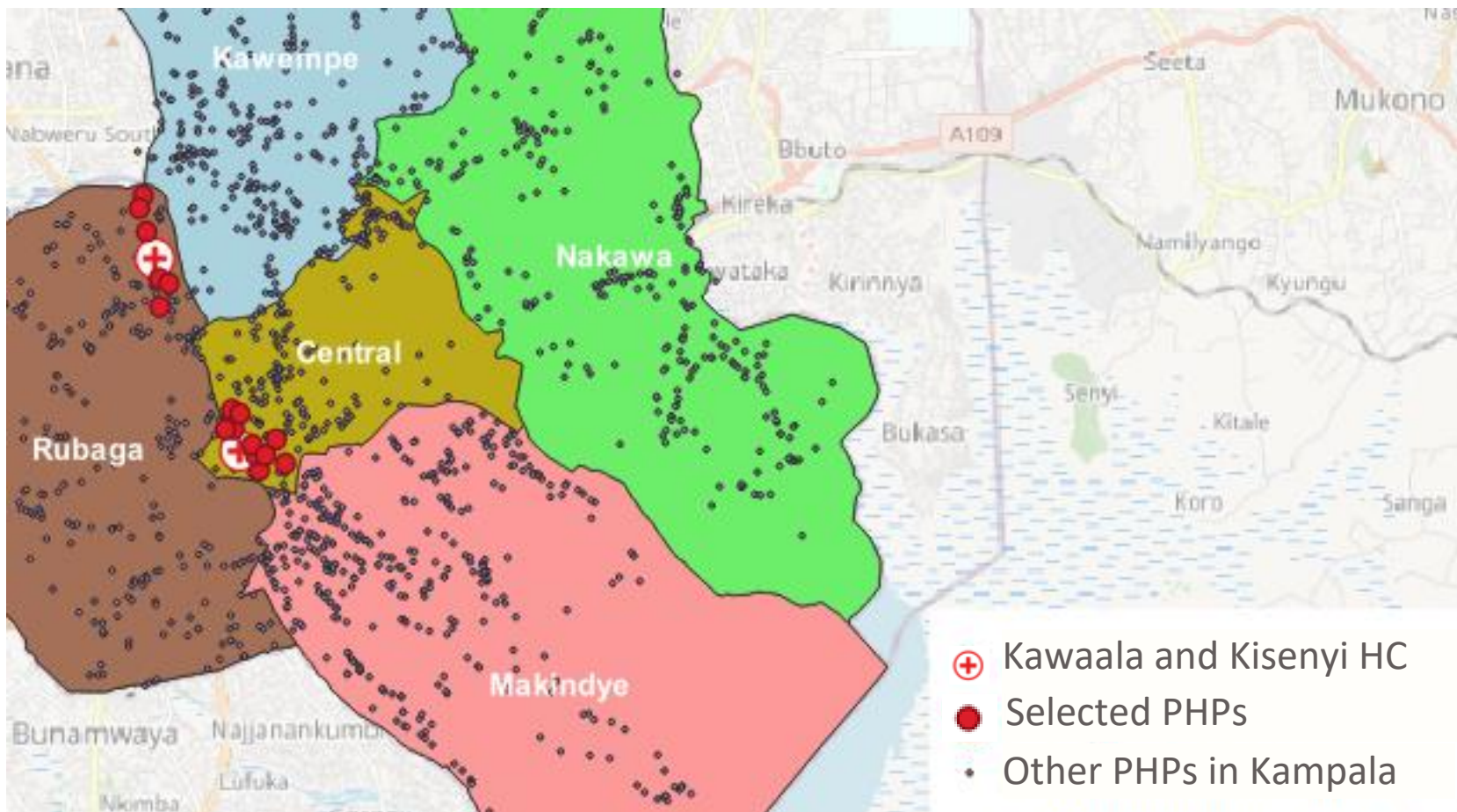
SAMPLING APPROACH

1. Reviewed the KCCA Health Facility Master List of Registered Providers in the catchment areas of Kawaala and Kisenyi HC IVs, which are located within the Rubaga and Central municipal divisions of Kampala, respectively.
2. In consultation with KCCA municipal division officials (supervisors of PHPs and HMIS focal points), and based on available budget and feasibility of data collection during a COVID-19 lockdown, 16 PHPs were selected for the study with the following attributes:
 - Offers MNCH and FP services;
 - Was active at the time of data collection and open during the COVID-19 lockdown;
 - Reports regularly into the Ministry of Health's Health Management Information System;
 - Is located within the catchment area of either Kawaala HC IV or Kisenyi HC IV;
 - Serves poor clients; and
 - Both refers to and receives referrals from KCCA-managed public facilities.
3. During data collection, it became apparent that one selected provider did not provide the services of interest, so it was excluded; therefore, the final sample size was 15 PHPs.

MEASUREMENT APPROACH

Study Objective	Study Areas	Description of information collected
Assess PHP capacity to provide quality services	Provider attributes	Ownership and management, location, days/hours of operation, facility type, registration status, accreditation
	Service availability	MNCH and FP services providers offered, including related lab tests
	Service delivery readiness	Availability of human resources, infrastructure, record-keeping, equipment, drugs, and supplies for selected services
	Community mobilization	Outreach activities, relationships with VHTs/community structures
Identify existing referral networks	Referral mechanisms	Emergency guidelines, referral mechanisms, blood transfusion, ambulance services
Gauge interest and perspectives on partnership with KCCA	Attitudes and practices	Interest and willingness to partner, previous partnership experience with KCCA, expectations for partnerships

MAP OF SELECTED PHPS IN CENTRAL AND RUBAGA DIVISIONS



SECTION 3



Findings



ORGANIZATION OF FINDINGS

In this section, findings are presented in the following sequence:

- a. Snapshot of main findings
- b. Provider attributes
- c. Availability of MNCH and FP services
- d. Readiness to provide MNCH and FP services
- e. Community outreach and mobilization
- f. Referral mechanisms
- g. Practices and attitudes related to partnering with KCCA

SNAPSHOT OF MAIN FINDINGS

Provider	Ownership	Service delivery capacity	Referral mechanism	Willingness and interest	Experience partnering with KCCA
A	PFP	Yellow	Yellow	Green	None
B	PFP	Green	Green	Green	Ongoing
C	PFP	Yellow	Yellow	Green	Previous
D	PFP	Red	Yellow	Green	Previous
E	PFP	Red	Yellow	Yellow	Ongoing
F	PNFP	Green	Green	Green	Ongoing
G	PNFP	Yellow	Red	Yellow	Previous
H	PFP	Green	Green	Green	Ongoing
I	PFP	Green	Green	Green	Ongoing
J	PFP	Yellow	Yellow	Green	None
K	PFP	Yellow	Red	Green	None
L	PFP	Green	Green	Green	Previous
M	PFP	Green	Green	Green	Ongoing
N	PFP	Yellow	Green	Green	Previous
O	PFP	Green	Green	Green	Ongoing

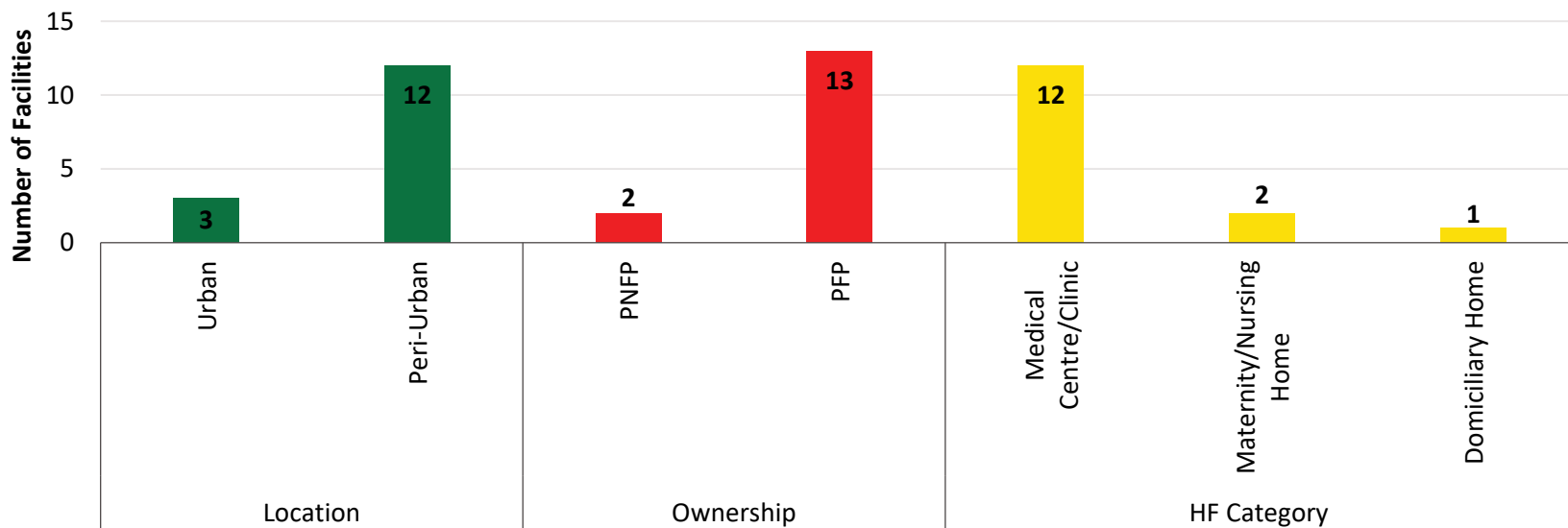
- 7 of the 15 PHPs (47%) were ready to provide quality antenatal, postnatal, and short- and long-term family planning services, including related lab tests.
- Almost all the PHPs refer clients to other providers (public and private); most referrals are ad hoc, often driven by client choice considering cost and location.
- 13 of the 15 PHPs (87%) were interested in partnering with KCCA to increase access to essential services.
- 7 of the 15 PHPs (47%) currently partner with KCCA, and five others have in the past.

Color	Rating	Description
Green	Good	Satisfactory capacity and strong interest to partner
Yellow	Fair	Moderate capacity and interest to partner
Red	Poor	Inadequate capacity or interest to partner

PROVIDER ATTRIBUTES:

LOCATION, OWNERSHIP, AND HEALTH FACILITY CATEGORY

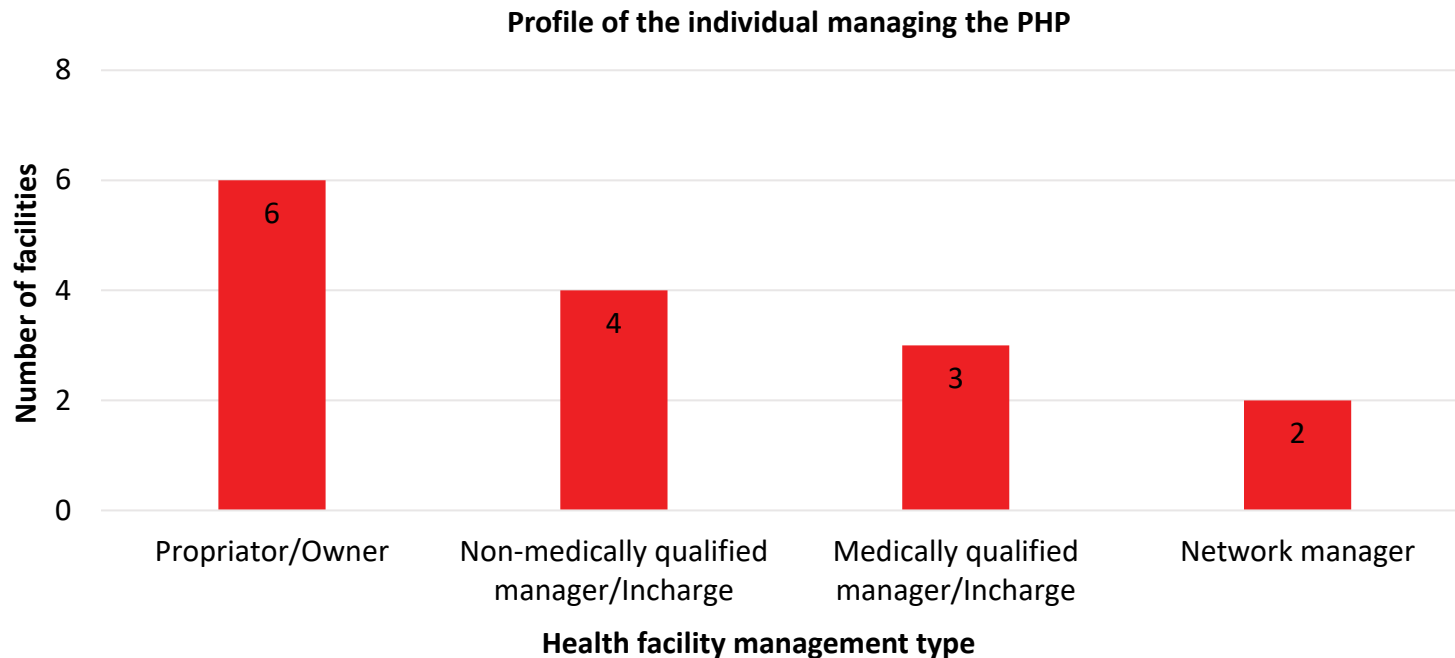
PHP Facilities by Location, Ownership, and Health Facility Category



- All sampled PHPs were within 2 to 5 kilometers of either Kawaala or Kisenyi.
- 12 of the 15 PHPs are Medical Centers or Clinics, offering a range of services, including MNCH and FP. The three smaller PHPs focus mainly on MNCH and FP services.
- Three of the PHPs are in “urban” areas, meaning they are located close to Kampala’s Central Business District (CBD); the 12 “peri-urban” PHPs are in suburbs or slums.

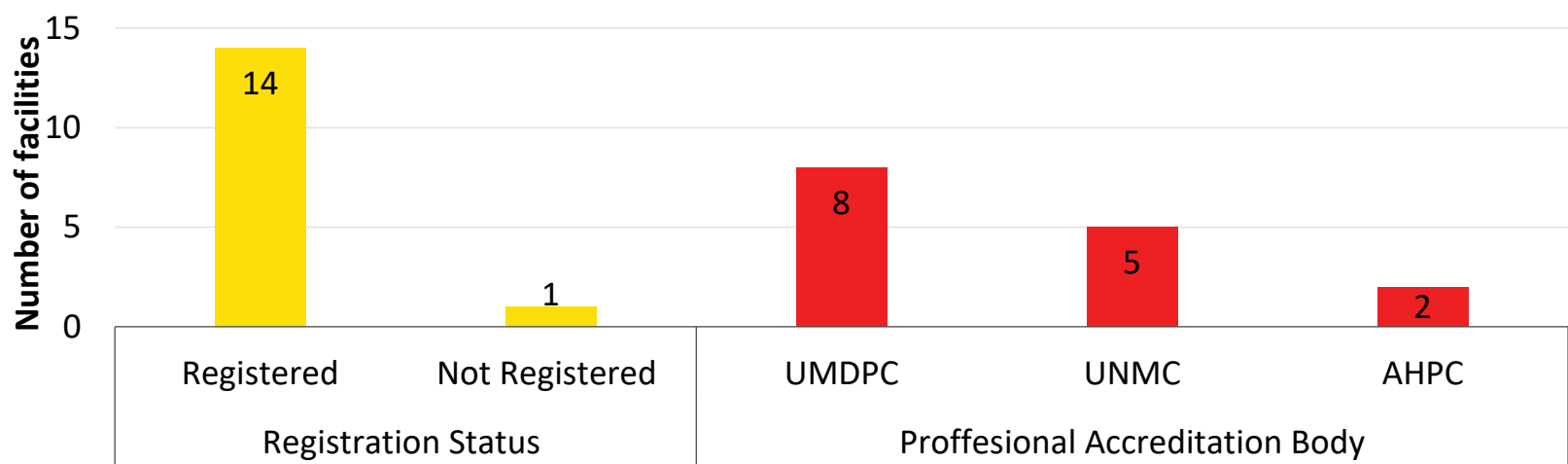
PROVIDER ATTRIBUTES:

MANAGEMENT OF DAY-TO-DAY OPERATIONS



- Among sampled facilities, there is diversity in the type of day-to-day management.
- The plurality (40%) are run day-to-day by proprietors themselves, while the others are managed by an appointed clinician or non-clinician manager or by a network manager.

PROVIDER ATTRIBUTES: REGISTRATION AND ACCREDITATION



- The majority of the PHP were fully registered to operate in Kampala, and their current Facility Registration Certificate was available and displayed at the Reception.
- 8 of the 15 PHPs were registered with Uganda Medical and Dental Practitioners Council (UMDPC) and managed by Medical Officers who can handle higher-level procedures.
- Most others were registered with the Uganda Nurses and Midwives Council (UNMC), and two were registered with the Allied Health Professionals Council (AHPC).

PROVIDER ATTRIBUTES:

SUMMARY POINTS

- A mix of private not-for-profit (PNFP) and private-for-profit (PFP) providers operate near Kawaala and Kisenyi HC IVs, spread across the city center, suburbs, and slums.
- The majority of sampled PHPs is managed day-to-day by someone other than the owner.
- Most of the sampled PHPs were Medical Centers or Clinics offering a range of health services.
- All but one PHP had up-to-date registration to operate in Kampala.
- More than half were registered with the UMDPC, while others were registered with the UNMC and AHPC—KCCA will need to engage broadly with the Councils.

AVAILABILITY OF MNCH AND FP SERVICES:

SUMMARY OF SERVICE OFFERINGS

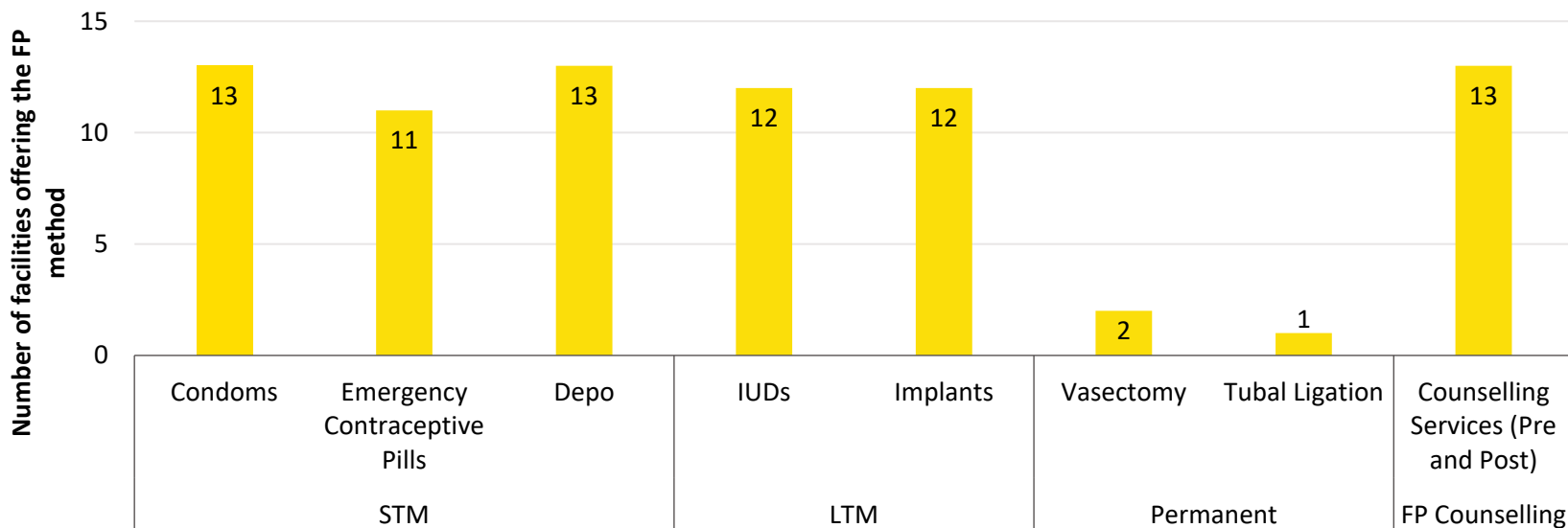
Provider	ANC	PNC	Deliveries (normal)	Deliveries (C-section)	FP			
					Counseling	STM	LTM	Permanent
A	Green	Green	Red	Red	Green	Green	Green	Red
B	Green	Green	Green	Red	Green	Green	Green	Red
C	Green	Green	Green	Red	Green	Green	Green	Red
D	Green	Green	Red	Red	Green	Green	Red	Red
E	Green	Green	Red	Red	Green	Green	Green	Red
F	Green	Green	Green	Red	Green	Green	Green	Red
G	Green	Green	Green	Red	Green	Green	Green	Red
H	Green	Green	Red	Red	Green	Green	Green	Red
I	Green	Green	Green	Red	Green	Green	Green	Green
J	Green	Green	Red	Red	Green	Green	Red	Red
K	Red	Red	Red	Red	Green	Green	Green	Red
L	Green	Green	Green	Red	Green	Green	Green	Green
M	Green	Green	Green	Red	Green	Green	Green	Red
N	Green	Green	Green	Red	Green	Green	Green	Red
O	Green	Green	Green	Red	Green	Green	Green	Green

	Service offered
	Service not offered

- Almost all the PHPs offered ANC and PNC services plus short- and long-term FP methods.
- A slim majority handled normal labor and delivery services, while very few offered services requiring surgical capacity, including C-sections and permanent FP methods.
- Whether or not a PHP offered a service depended on available space, personnel, skills, and capital to procure needed equipment, plus whether they were accredited to provide the service.

AVAILABILITY OF MNCH AND FP SERVICES:

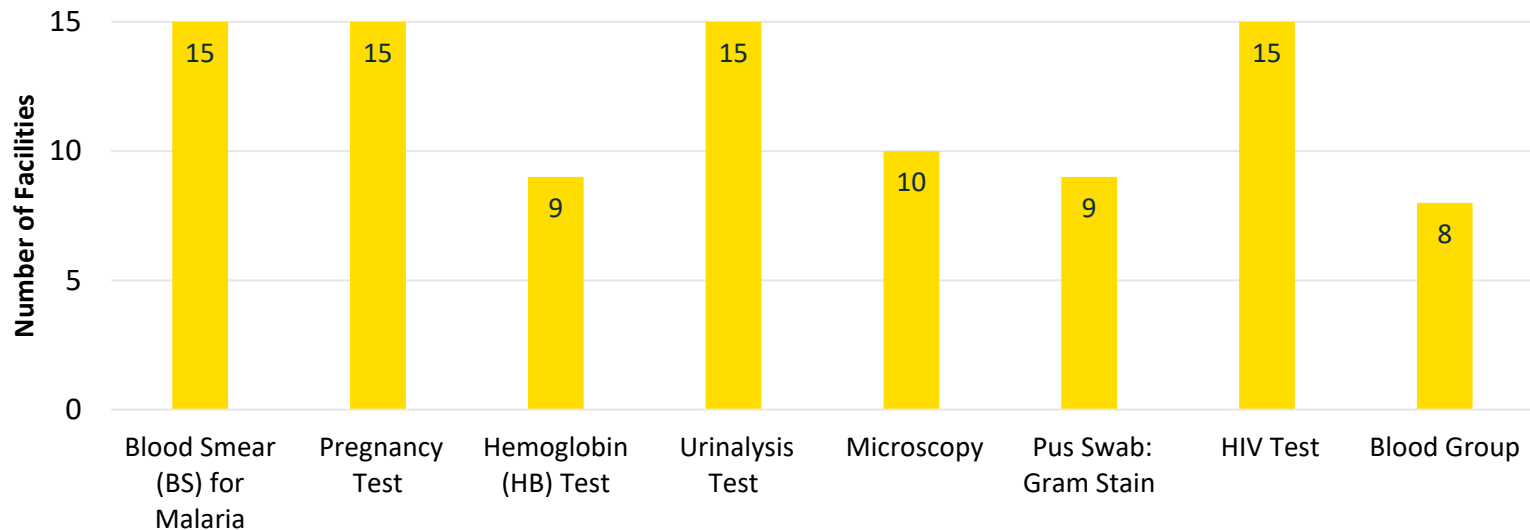
FP METHODS MIX



- Almost all the PHPs offer a range of short- and long-term FP methods.
- Few offer permanent methods due to a lack of suitable staffing and skills.
- PHPs rely on partners such as Jhpiego and PACE for supplies of FP commodities, and KCCA provides them condoms; PHPs that receive free commodities offer subsidized prices to clients for the corresponding FP methods.

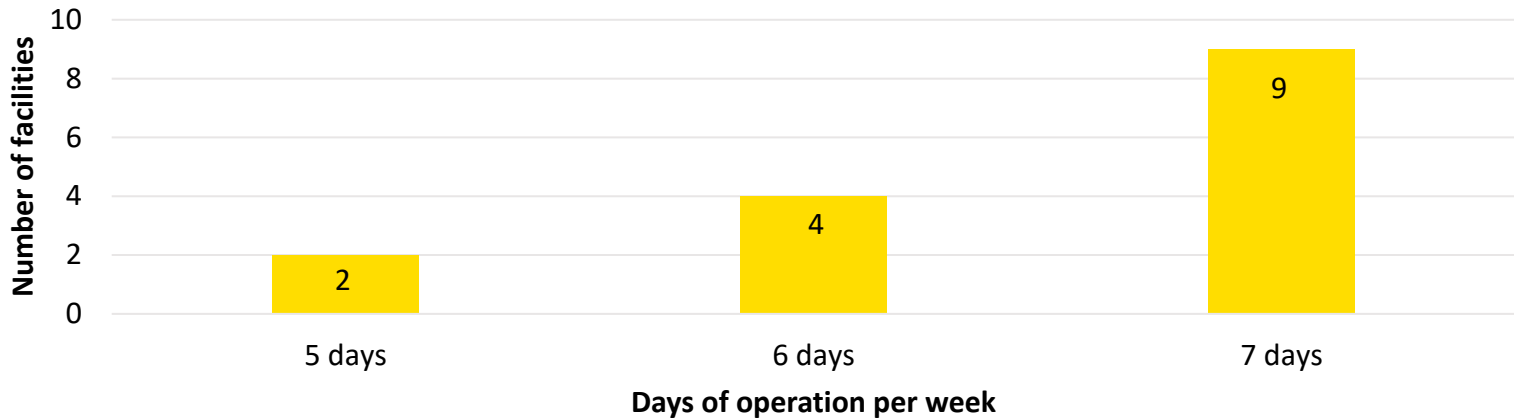
AVAILABILITY OF MNCH AND FP SERVICES:

KEY LABORATORY INVESTIGATIONS FOR MNCH AND FP SERVICES



- 8 of the 15 sampled PHPs offer a relevant range of critical laboratory investigations for MNCH & FP services, including BS Malaria, HB Test, HIV Test, Blood Group, and Urinalysis.
- However, some PHPs lack proper laboratories and rely on test strips or rapid tests for investigations. When their clients need tests such as HB and blood group, they are advised to get them from another provider.

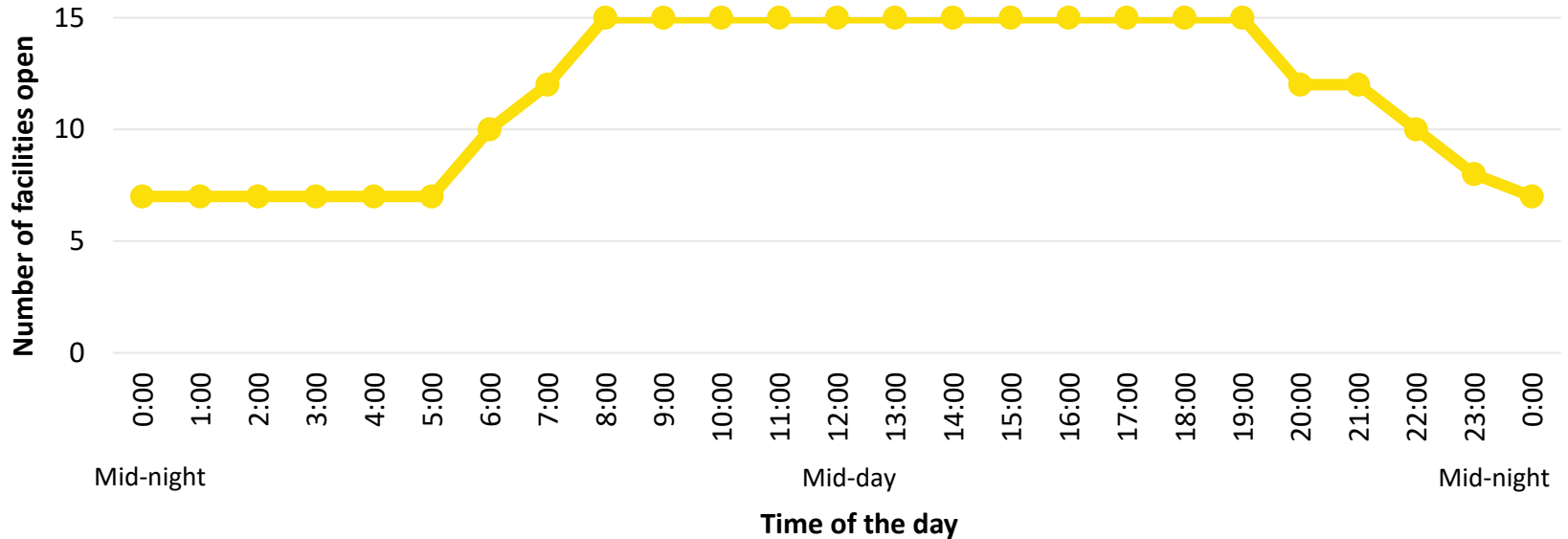
AVAILABILITY OF MNCH AND FP SERVICES: NUMBER OF DAYS PER WEEK THAT PHPS PROVIDE SERVICES



- 9 out of 15 facilities provide MNCH and FP services seven days a week.
- PHPs with weekend hours may be especially attractive partners for KCCA because public facilities do not offer all MNCH services over the weekend, such as PNC and FP services.
- Purchasing services from such private facilities would accommodate clients who are busy in the week but can access services during the weekends.

AVAILABILITY OF MNCH AND FP SERVICES:

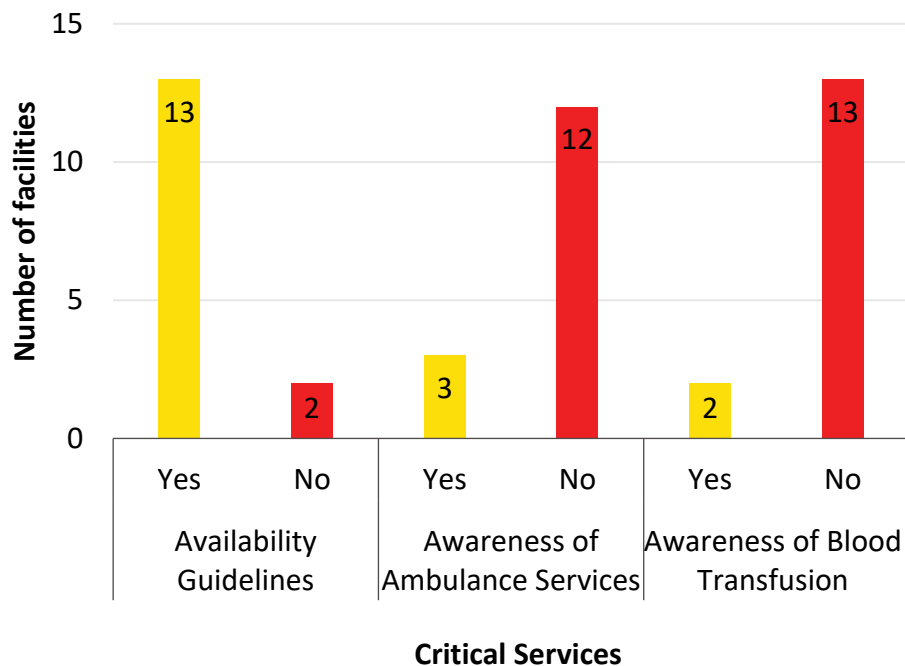
HOURS PER DAY THAT PHPS PROVIDE SERVICES



- 7 of the 15 PHPs reported that their services were available 24 hours per day.
- All 15 operate between 8:00 am and 7:00 pm and a few have extended morning and/or evening hours.

AVAILABILITY OF MNCH AND FP SERVICES:

AWARENESS AND CAPACITY TO PROVIDE EMERGENCY MNCH SERVICES



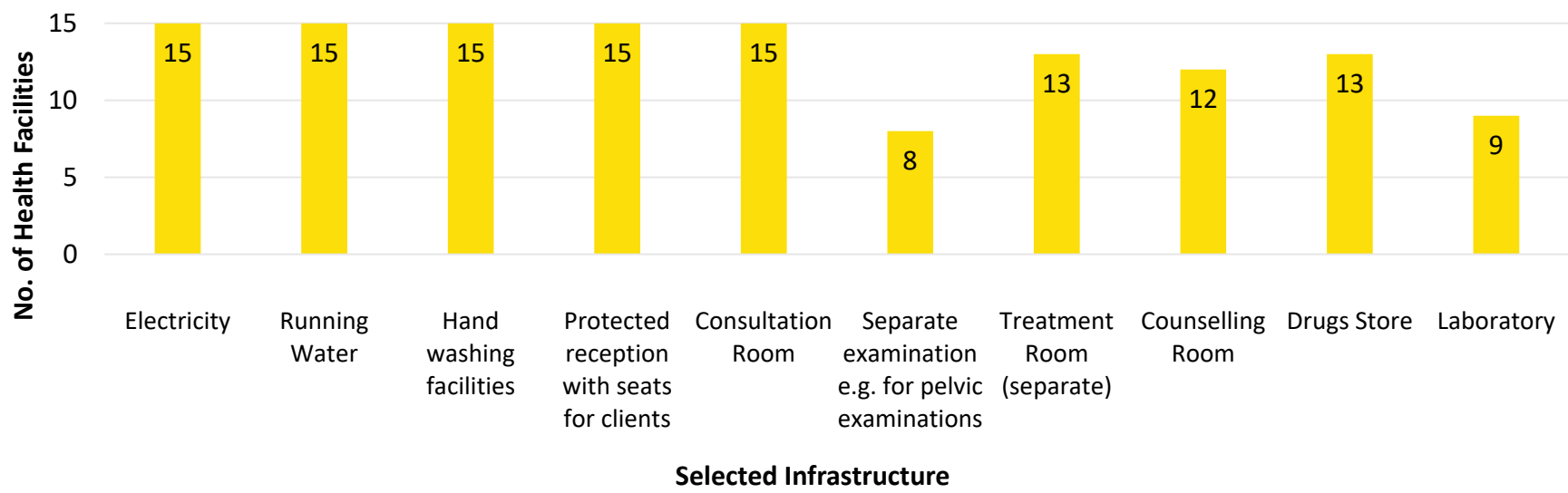
- Although many PHPs had relevant guidelines and protocols for managing MNCH-related emergencies, only senior medical officers and proprietors were aware of the details. The guidelines were not readily available on notice boards.
- The majority of PHP facility staff were not aware of public ambulance services to support their clients during referrals.
- Referral sites names (whether public or private) were not listed for a quick decision regarding the most needed services.
- There is a need to increase awareness among PHP health workers of how to handle medical emergencies and link clients to available services (e.g., ambulance, blood transfusion).

AVAILABILITY OF MNCH AND FP SERVICES:

SUMMARY POINTS

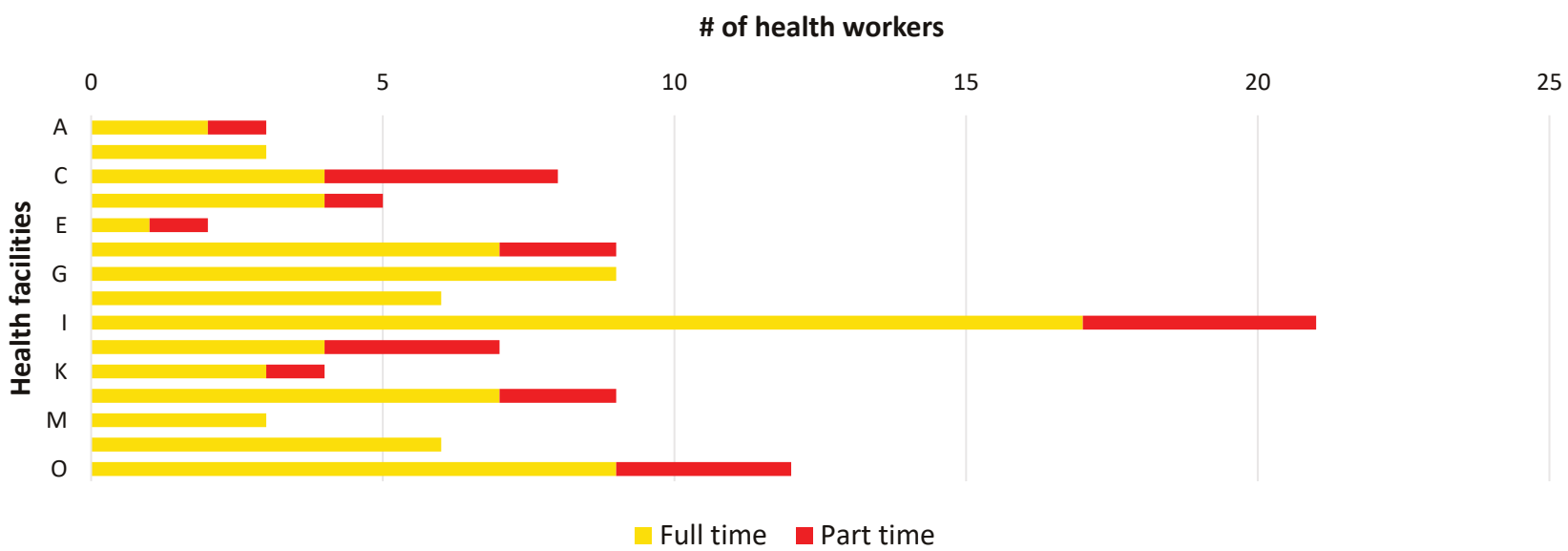
- PHPs advertise a range of MNCH and FP services:
 - All offer FP counseling and short-term methods, and 13 of 15 offer long-term methods; in contrast, only three offer permanent methods
 - 14 of 15 offer ANC and PNC services, and nine offer normal deliveries; only three offer C-sections.
- Most of the sampled PHPs offer a mix of FP methods, including condoms, depo, emergency contraception, IUDs, and implants.
- Most of the sampled PHPs can conduct a range of lab tests needed for MNCH and FP services, though several rely only on test strips and must refer clients out for other investigations.
- All the sampled PHPs are open at least five days per week, and 9 of 15 operate every day.
- 7 of 15 PHPs operate 24 hours per day, and the rest have longer operating hours.
- Few of the sampled PHPs handle emergencies.

READINESS TO PROVIDE MNCH AND FP SERVICES: BASIC INFRASTRUCTURE



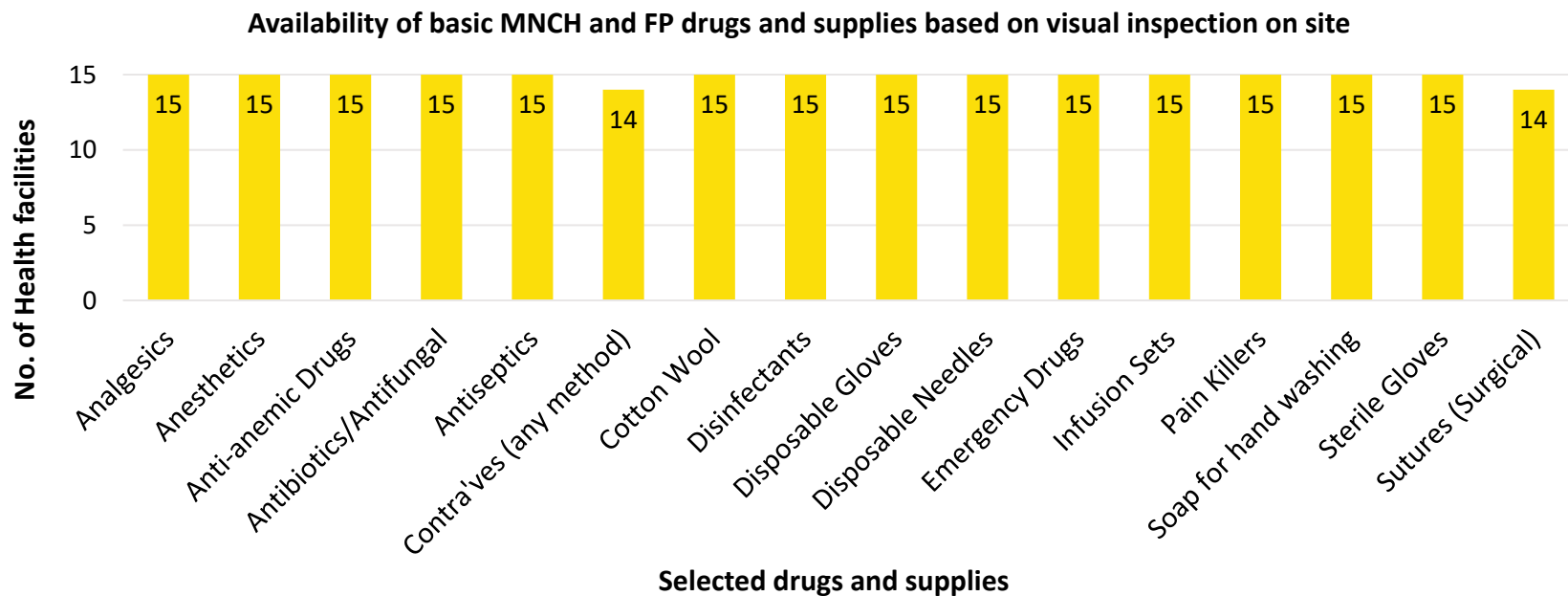
- All the PHPs have the most basic infrastructure required to operate well (utilities, handwashing, decent reception area, and a consultation room).
- Most also have separate rooms for counseling and treatment, but only a slim majority had a separate exam room, which may raise concerns about privacy for more sensitive services (e.g., family planning).

READINESS TO PROVIDE MNCH AND FP SERVICES: AVAILABILITY OF HUMAN RESOURCES FOR HEALTH



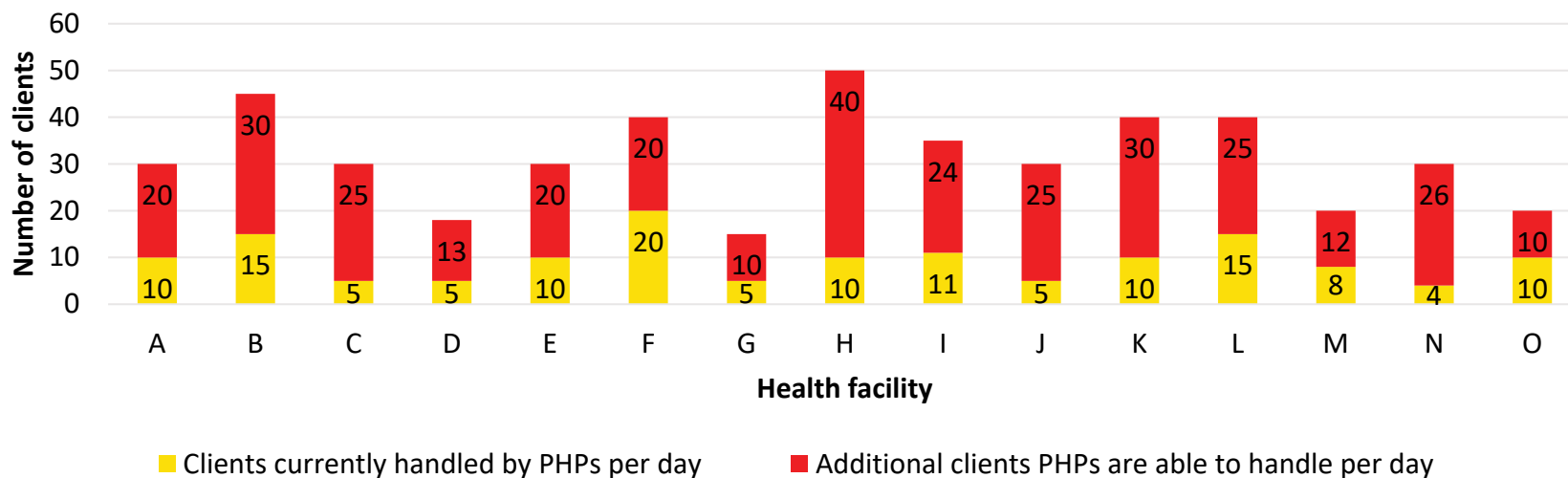
- About 80% of staff working in the 15 PHPs in the relevant cadres for MNCH and FP services are employed on a full-time basis; most medical officers are part-time or on-call.
- All sampled PHPs have sufficient human resources to deliver the services they offer.

READINESS TO PROVIDE MNCH AND FP SERVICES: BASIC DRUGS AND SUPPLIES



- All the sampled PHPs had all basic drugs and supplies in stock other than one lacking sutures.
- One PNFPP does not offer contraceptives; instead, it refers clients elsewhere.
- Few PHPs had stock cards.

READINESS TO PROVIDE MNCH AND FP SERVICES: ESTIMATED UN-TAPPED CAPACITY TO SERVE MNCH AND FP SERVICES



- PHPs were asked to estimate the total number of clients they could serve in a day based on their workforce, infrastructure, and service offerings; these estimates were used to calculate un-tapped capacity based on current numbers of clients.
- According to PHPs, service demand could be increased through referral relationships with public and private facilities, discounted commodities, proactive demand creation, and delivery of timely and quality services.

READINESS TO PROVIDE MNCH AND FP SERVICES: AVAILABILITY OF BASIC EQUIPMENT

Provider	Ownership	ANC	Delivery	PNC	FP
A	PFP	Red	Red	Red	Red
B	PFP	Green	Yellow	Yellow	Green
C	PFP	Green	Green	Green	Green
D	PFP	Yellow	Yellow	Red	Yellow
E	PFP	Red	Yellow	Red	Yellow
F	PNFP	Green	Green	Yellow	Yellow
G	PNFP	Green	Yellow	Yellow	Yellow
H	PFP	Yellow	Yellow	Yellow	Yellow
I	PFP	Green	Green	Green	Green
J	PFP	Yellow	Yellow	Red	Yellow
K	PFP	Green	Yellow	Yellow	Yellow
L	PFP	Green	Green	Green	Green
M	PFP	Green	Yellow	Yellow	Yellow
N	PFP	Green	Yellow	Yellow	Yellow
O	PFP	Green	Green	Green	Green

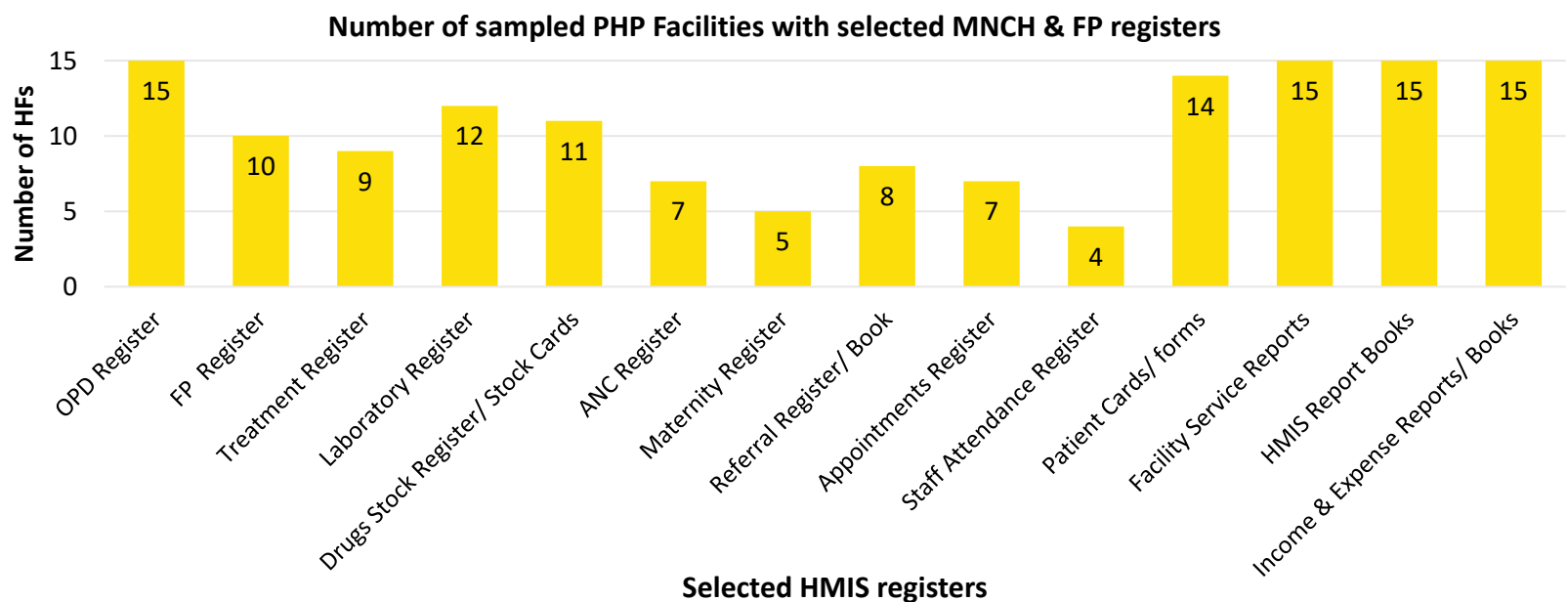
Color	Result
Green	PHP has all basic equipment
Yellow	PHP has most of the basic equipment
Red	Lacks some basic equipment

- There were clear differences in the available equipment, with some facilities using very high-tech equipment while others only have very basic equipment (e.g., manual vs. digital BP machine).
- Generally, providers had essential equipment to provide quality MNCH & FP services, with only a few lacking some equipment because they not necessarily provide specific services.

Note: Basic MNCH & FP related equipment assessed included; Airway Tube/Oral Airway, Ambu Bag, BP Machine, Plastic Decontamination Buckets, Dressing Forceps, Examination Couch, Examination Torch/Light, I-V Stand, Instrument Tray(s), Kidney Dishes, Implant Insertion Set, Implant Removal Set, IUD Insertion Set, IUD Removal Set, Emergency Oxygen Cylinder (with reduction valve and mask), Plastic Sheeting, Sharps Disposal Containers, Sterilizing Equipment, Stethoscope, Suction Machine (manual), Surgical Table, Thermometer, Weighing Scales (Children & Adults), MUAC Tape, Height Tape. Excluded from the list were; BTL and Vasectomy sets.

READINESS TO PROVIDE MNCH AND FP SERVICES:

PRESENCE OF MNCH AND FP SERVICE REGISTERS



- Some PHP facilities lacked the standard registers relevant to general facility operations and MNCH & FP services. While some did have the registers, many were observed not using them.
- Nearly all facilities lacked standardized referral notes or forms for either sending or receiving referrals.

READINESS TO PROVIDE MNCH AND FP SERVICES: SUMMARY POINTS

- Most of the sampled PHPs have the necessary infrastructure, equipment, drugs, and supplies to deliver MNCH and FP services.
 - Many rely on partners for key commodities, especially contraceptives.
 - The most commonly missing equipment were pelvic examination lamp, standard IV stand, removal kit for implants and IUDs, emergency oxygen cylinder (with reduction valve and mask), and manual suction machine.
- PHPs employ a mix of full- and part-time health workers.
- There is considerable un-tapped capacity—on average, the sampled PHPs could handle 3 to 4 times as many clients as they currently serve.
- What registers are used for record-keeping varies; all 15 PHPs had an OPD register, HMIS report book, and accounting records.

COMMUNITY OUTREACH AND MOBILIZATION:

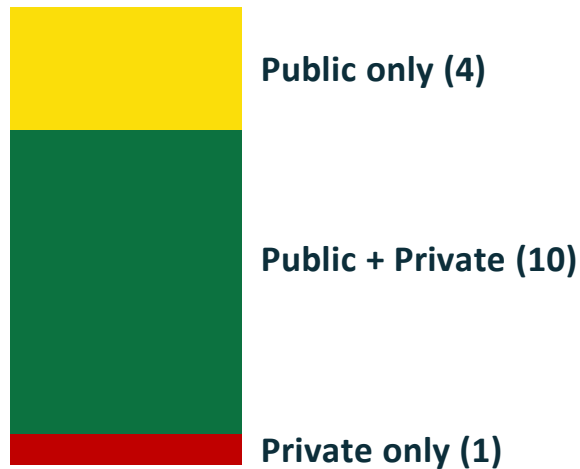
SUMMARY POINTS

- While some PHPs have the capacity to conduct community outreach for their services, there was less interest to work with VHTs to improve on-demand creation and promote “community-to-clinic” referrals.
- 9 of the 15 PHPs have ever conducted outreach, and 6 PHPs utilize VHTs from the community.
- Some outreach efforts depend on collaboration with KCCA public health facilities or partner support (e.g., Jhpiego).
- Some are unsure or unaware that VHTs can work with both public and private providers.
- For the PHPs working with VHTs on community outreach, the latter’s role has mainly been to mobilize clients for ad hoc outreach services and to routinely conduct follow-up and refer clients to the clinics.
- There are opportunities for KCCA to promote greater awareness of how PHPs can benefit from collaborating with VHTs on community outreach and demand generation. (Note: VHT contributions to demand creation have been an important component of the MaNE project)

REFERRAL MECHANISMS:

DESTINATION AND MAIN REASONS FOR REFERRAL

Where PHPs referred clients

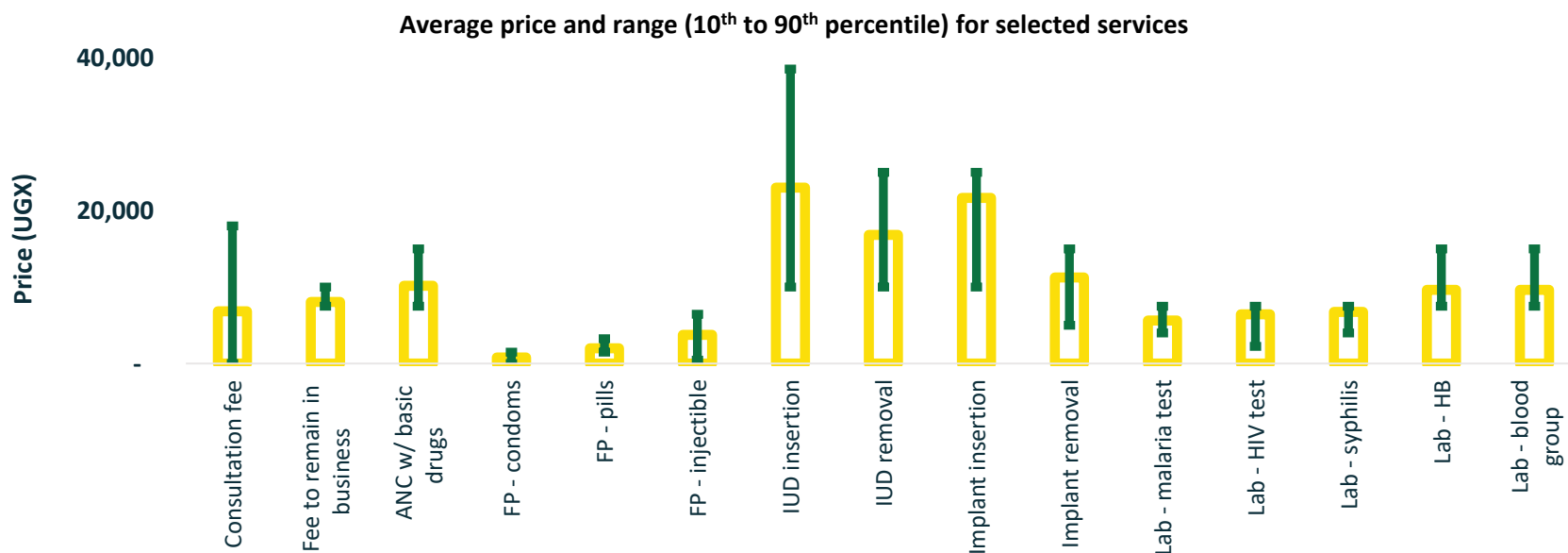


Why PHPs were referring clients outside their facilities

- Blood transfusion
- Surgical procedures e.g., C-sections, FP Permanent, Obstructed labor, incomplete abortions and miscarriage
- Mothers requiring critical care e.g., PPH, Hypertension, Diabetes, eMTCT Services, USS
- TB cases; ART services
- Other medical services; dental among others
- Capacity issues – HRH / Lack of appropriate skills e.g., EMM;
- Some Laboratory tests – group, HB, not readily be done
- Lack of accreditation to carry out some procedures like operation
- Infrastructure – limited space and lack of equipment

- PHP facilities refer to both public and private service points. However, there are few with arrangements. Most are arranged through person-to-person contacts, including the escorting clients, utilize a variety of referral documentation, and rely on improvised transport means.
- In many cases, clients chose their referral destination, mainly based on their ability to pay and proximity.
- PHPs are open to referring clients to both public and private providers.

PRACTICES RELATED TO PARTNERING WITH KCCA: PRICES CHARGED FOR MNCH & FP SERVICES (INCLUSIVE OF COMMODITIES)



- PHPs need to earn UGX 8,000 to 10,000 per client seen to stay in business.
- Most providers charge a fee for any service they provide, though a few offer services that are free to clients when provided with commodities and supplies (e.g., condoms, oral FP, IUD with insertion or removal, HIV testing).

PRACTICES RELATED TO PARTNERING WITH KCCA:

ADDITIONAL FINDINGS RELATED TO SERVICE PRICES

- The prices charged by PHPs are comparable to the tariffs paid under the Reproductive Health Voucher Scheme implemented by Marie Stopes Uganda (MSU 2019, Jordanwood et al. 2021), which were based on cost analyses and negotiation between the payer and providers.
- On average, roughly UGX 80,000 would pay for a full episode of ANC (four visits).
- Some of the sampled PHPs are willing to offer reduced prices for services for which KCCA or another partner provides critical inputs, such as commodities and consumables.
- According to the PHPs, the main drivers of their costs include (but are not limited to):
 - Drugs and related consumables (cotton, gloves, antiseptics, etc.);
 - Other commodities (e.g., FP methods);
 - Health worker remuneration; and
 - Rent and utilities.
- PHPs that dispense drugs charge a mark-up.

PRACTICES RELATED TO PARTNERING WITH KCCA:

EXISTING KCCA-PHP PURCHASING ARRANGEMENTS

- 7 of the 15 facilities have experience working with KCCA through partnerships to provide free immunization, TB services, or condoms.
- These relationships were formalized through memorandums of understanding (MOUs) (*see example at right*).
- PHPs typically agreed to report data to KCCA and sometimes gained access to support supervision and training opportunities.
- However, many of the agreements have lapsed, with some continuing informally.

Example of an MOU between KCCA and a PHP regarding TB services



Source: Authors

ATTITUDES RELATED TO PARTNERING WITH KCCA: EXPECTATIONS OF A PARTNERSHIP WITH KCCA

- Almost all the sampled PHPs assessed were willing and interested to partner, or partner further, with KCCA.
- Those interested in partnering with KCCA expressed the following reservations, conditions, and desires to enable broader access to essential services:
 1. MOUs or other agreement documents that specify clear terms and conditions
 2. Subsidized or free commodities (e.g., FP commodities) and consumables like sanitizers
 3. Opportunities to enhance PHP capacity for critical services like emergency management, for example, through continuing medical education and cross-learning with public sector counterparts via attachments
 4. Provision of required register books to ensure data capture and reporting
 5. Support supervision and mentorship
 6. Subsidies or cost-sharing for overheads such as electricity (e.g., for fridges storing vaccines)
 7. Publicity and visible affiliation with or endorsement from KCCA to attract more clients

SECTION 4



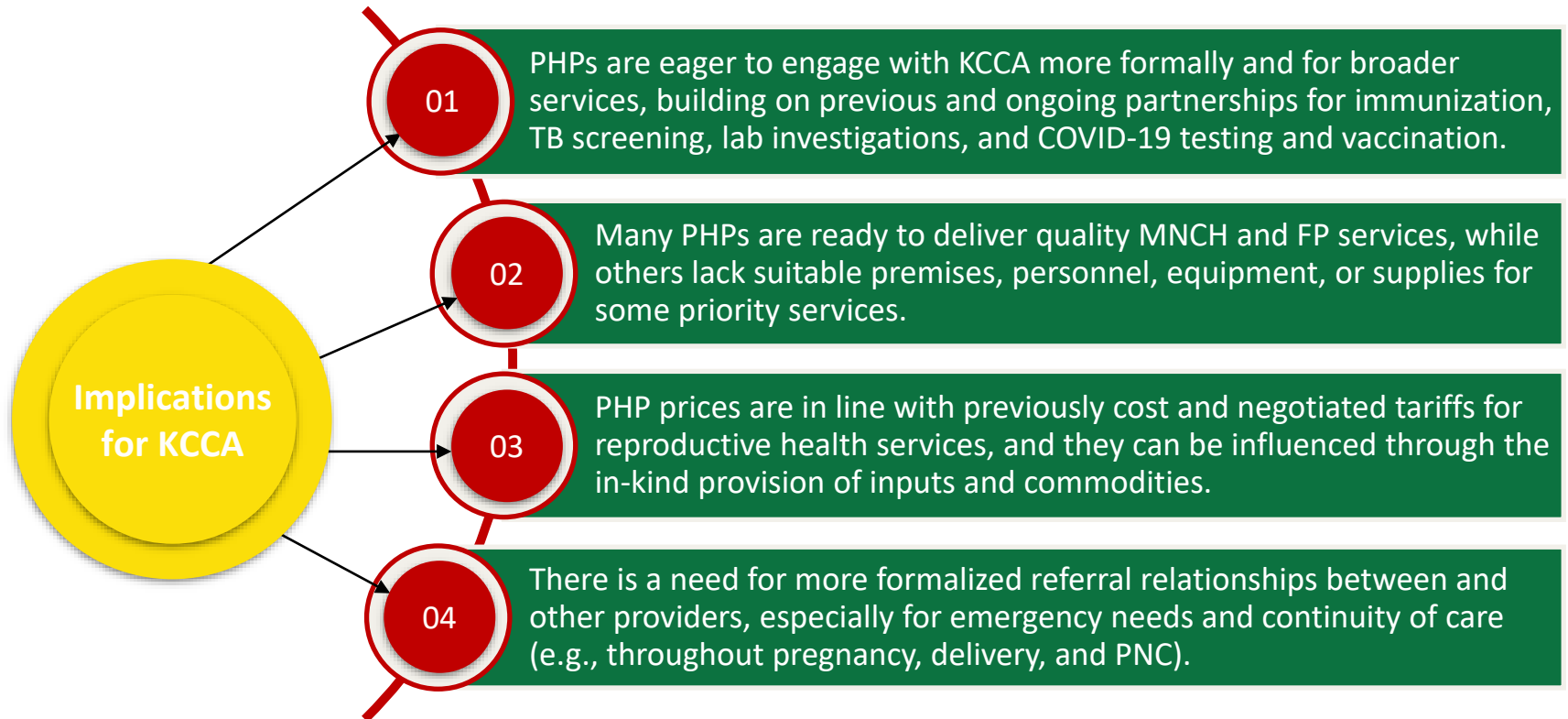
Conclusion



SUMMARY OF KEY FINDINGS

- 13 of 15 sampled PHPs are interested and willing to partner with KCCA to expand access to essential services, provided any partnership has clear terms and conditions, a defined service package, and agreeable payment terms.
- 7 of 15 sampled PHPs have the human resources, infrastructure, equipment, drugs and supplies to deliver ANC, PNC and short- and long-term FP services; of these, 2 are also ready to deliver permanent FP services.
- Delivery services are less commonly available at the sampled PHPs, and only 1 of 15 offers comprehensive emergency obstetric care (CEmONC).
- Only 40% of the sampled facilities were run day-to-day by their owner, whereas the other 60% are managed by someone else.
- Private providers' main cost drivers include commodities and supplies, health worker remuneration, and rent and utilities.
- Some PHPs reach out to the community, including VHTs, while others are less proactive.

IMPLICATIONS FOR PRIVATE SECTOR ENGAGEMENT BY KCCA





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SECTION 6



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Thank you

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