

# SP4PHC

## Strategic Purchasing for Primary Health Care

### DOCUMENTATION OF THE KAMPALA CAPITAL CITY AUTHORITY'S EXPERIENCES WITH PRIVATE SECTOR ENGAGEMENT FOR HEALTH SERVICES

THINKWELL

The private sector supplies an important share of health services in Uganda, including for maternal child health (MCH), especially in urban settings such as Kampala. The Kampala Capital City Authority (KCCA) is mandated to manage all health affairs in the city. However, of Kampala's more than 1,500 health facilities, 98% are privately owned, while the KCCA only manages eight (KCCA 2021). Moreover, MCH services in KCCA facilities are heavily congested, undermining service quality and staff morale (Okello et al. 2021).

KCCA has an opportunity to extend service coverage for Kampala's ever-increasing residential and day populations by deepening its engagement with the large and diverse private sector. Doing so requires first taking stock of KCCA's prior and ongoing experiences with private sector engagement (PSE).

**This brief is intended for KCCA, the Ministry of Health (MOH), members of the private sector, development partners, and other stakeholders, including the ThinkWell global team, to understand the current relationships and partnerships KCCA has had with respective private providers.** Public-private engagement, collaborations, and partnerships in the health sector are guided by a Public-Private Partnerships for Health (PPPH) policy, which was introduced to improve the delivery of health services in Uganda (MOH 2005). Understanding these relationships—how they are structured, who decides which private providers to collaborate with, for what services, and using what mechanisms—is key for future proposals on PSE. This perspective will also help KCCA and ThinkWell in the design and implementation of options for a purchasing prototype for MCH services to decongest KCCA's health facilities, improve quality of and access to these services, and contribute to reductions in maternal and child mortality.

#### METHODS

In 2021, ThinkWell conducted a rapid study that included a desk review and key informant interviews with staff at the KCCA Directorate of Public Health and Environment (DPHE) and the Expanded Program on Immunization (EPI) focal persons at KCCA headquarters and in three of Kampala's five divisions (Central, Kawempe, and Rubaga). The desk review focused on information related to existing KCCA partnerships or collaborations with private actors, including previous studies, government policies, and other documents accessed at the KCCA Division Medical Offices and three purposively selected private providers (one per division). Documents and key

informants shed light on existing modalities for KCCA to partner or contract with private actors, including how partners were identified and what partnership instruments were used. Findings were triangulated with those of a recent assessment of private provider readiness to deliver selected MNCH services (Ssemujju et al. 2022).

#### FINDINGS

**The study documented how KCCA over time has initiated, managed, and implemented formal and informal partnerships with private providers.** This section summarizes the key findings.

**KCCA has collaborated directly with the private service providers to provide a wide range of health services.** These include:

- Immunization services for children under 5, including Bacillus Calmette-Guerin (BCG), rotavirus, diphtheria pertussis tetanus-3 (DPT-3), pneumonia, and human papilloma virus (HPV);
- HIV testing services (HTS);
- Tuberculosis (TB) screening services;
- Family planning (FP) outreach services and some contraceptive commodities; and
- COVID-19 testing and immunization services.

Figure 1 displays a sample certificate at a privately owned facility to illustrate the existing collaboration between KCCA and the provider. KCCA also distributes test kits and other supplies to select privately owned laboratories and includes them in its routine quality control and support supervision activities.

*Figure 1. Sample of KCCA agreement certificate*



**KCCA has also engaged indirectly with the private sector through initiatives driven by development partners and other third parties.** Intermediaries between KCCA and private providers have included FHI 360, Jhpiego, the Infectious Diseases Institute, Population Services International (PSI), Reproductive Health Uganda, and Uganda Cares. Table 1 presents a list of recent and ongoing initiatives through which KCCA indirectly collaborates with private actors.

**Typically, indirect engagements have been initiated by third parties and focused on the provision of commodities and capacity building for private providers.** For example, KCCA has offered in-kind, demand creation, and technical support to private providers delivering antenatal and family planning services (including provision of free condoms), participating in immunization campaigns such as Child Days+, and conducting hepatitis B and cervical cancer screening. Under the EPI Programme, KCCA has also worked with UNICEF to distribute refrigerators and related training to private providers. To ensure and improve service quality, KCCA also offers capacity building and training opportunities to private providers, such as through continuing professional development activities and other health education activities; conducts support supervision, monitoring, and mentorship; and provides guidance and tools for routine reporting through the Health Management Information System (HMIS). This type of support is most readily available to private not-for-profit facilities (PNFPs) in Kampala.

**Most existing relationships between KCCA and private providers have not been formalized with clear terms of engagements and pre-defined outputs.** For a minority, KCCA enters into memorandums of understanding (MOUs) with private partners, such as those supporting immunization and TB screening services. These agreements require involvement from both the technical and legal departments of KCCA. Some MOUs are highly detailed, while others are notably short (see Figure 1 for an example of a short MOU regarding TB services). Many MOUs have lapsed despite ongoing collaboration.

**KCCA reviews some of its informal partnerships with private providers during both support supervision and performance reviews to confirm performance against expected numbers and during quarterly performance meetings at the division level.** Some partnerships have been terminated for non-compliance and performance issues.

**In many of the partnerships, KCCA provides in-kind inputs to private providers, such as vaccines, FP commodities, registers, and reporting tools.** Often, these inputs are financed by development partners and then distributed by KCCA.

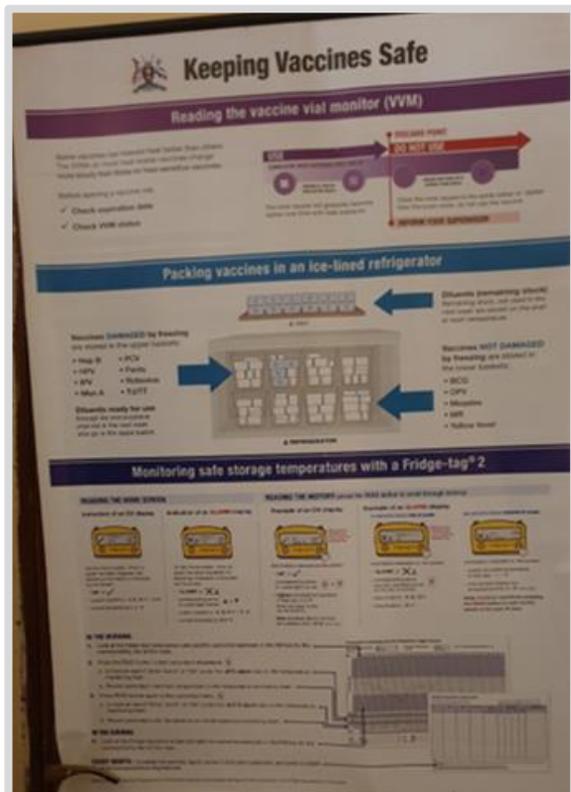
Table 1. Recent and ongoing initiatives through which KCCA collaborates with the private sector

Partner(s)	Activity	Funder(s)	Time period	Nature of partnership	Area(s) of focus
PSI	Kampala Slum Maternal Newborn Project (MaNe)	United States Agency for International Development (USAID)	2018/19 – 2021/22	Implementing partner led	In this project KCCA worked closely with PSI to enhance capacities of selected private providers to improve maternal and newborn health for the urban poor. KCCA formally signed memorandums of understanding with the selected private providers, provided capacity building, and branded the facilities to signal KCCA endorsement and the partnership.
FHI 360	Uganda Maternal and Child Health and Nutrition (MCHN) Activity	USAID	2019/20 – 2024/24	Implementing partner led	The activity supports improved delivery of maternal, newborn, and child health and nutrition services in Kampala by strengthening service delivery systems and focusing on the urban poor accessing services in both the public and private sectors.
Multiple	COVID-19 response	Multiple	2020/21 – 2021/2022	Implementing partner led	The KCCA COVID-19 task force coordinated multi-level partnerships across the community, division, headquarters, and national levels (in liaison with the national COVID-19 task force) to manage numerous interventions. These included organizing the city’s pandemic response into key pillars: coordination and leadership, surveillance, case management, laboratory, risk communication and social mobilization, logistics and strategic information, deployment of human resources, and setting up an emergency operations center (EOC) that was eventually expanded to cover the Greater Kampala Metropolitan Area (GKMA).
United States Centers for Disease Control and Prevention (US CDC)	The KCCA CDC Urban Health Project	US CDC	2021/22 – 2025/26	Government to Government (G2G)	Under this project, KCCA supports private providers through a cluster model arrangement linking them to public health facilities. For instance, under TB, KCCA supplies test kits to support private providers with sample collection and case detection at the community level.

Source: Authors.

In many of the partnerships, KCCA provides in-kind vaccines, FP commodities, registers, and reporting tools. Often, these inputs are financed by development partners and then distributed by KCCA.

Figure 2. KCCA standard operating procedures for vaccine safety through fridges distributed to private providers



Private provider collaboration with KCCA is evident, and providers were very interested in or are partnering with KCCA for various reasons. For example, providers seek recognition by KCCA as trusted partners in health, access to subsidized commodities and in-service training opportunities, and positioning future funding through contracting for services or through serving as outreach sites in the community. Identifying as an affiliate to KCCA brands the provider as eligible to benefit from community referrals, and gives access to Information, Education, and Communication (IEC) materials (see Figure 2 for an example), MOH treatment protocols, tools, and standards. Facilities also reported that they are required to renew their operating licenses, which requires a recommendation from KCCA; prior engagements make this process easier. The need to receive

support supervision and mentorship provided by KCCA division medical offices was another factor.

Lastly, KCCA has streamlined and centralized management of PSE through the Coordinator of Private Sector/Partnerships and Governance Relations at KCCA headquarters. Prior to this arrangement, collaborations were initiated at various levels, including by individual divisions, KCCA headquarters, or initiatives spearheaded by the MOH.

## KEY TAKEAWAYS AND RECOMMENDATIONS

**KCCA has extensive experience collaborating directly and indirectly with private providers of health services.** Most engagements were initiated by the private sector or intermediaries, such as development partners or civil society organizations. A key exception was in the late 1990s and early 2000s, when KCCA and the EPI Programme introduced and distributed more than 100 refrigerators to the private sector to expand coverage of immunization services.

**The private sector has been particularly involved in KCCA-stewarded child health services.** Private providers carry out regular immunization services at their sites, participate in mass campaigns like Child Days+, and routinely report through the HMIS.

**The KCCA Division Medical Offices play a leading role in monitoring and support supervision for private providers.** Depending on the nature of the engagement, other actors also participate, including from KCCA headquarters and the EPI Programme.

**There are several challenges facing KCCA's private sector engagement efforts.** These include partnership agreements that are often informal or out-of-date, inconsistencies in the supplies of vaccines and reporting tools, frequent stockouts due to dependence on the MOH and partner funding for commodities (medicines and consumables), and the lack of provision by KCCA for the increased utility bills that providers face when they accept refrigerators for storing vaccine doses.

**Based on the findings of this rapid analysis, there are several options for KCCA to deepen its engagement with the private sector:**

- There is an urgent need to formalize existing engagements, starting with informal partnerships related to immunization services. KCCA should enter MOUs or contracts with its private sector partners, with clear and fair terms of engagement based on honest negotiations and mutual trust. Partnership agreements also need to be reviewed in a timely fashion. KCCA has the necessary engagement mechanisms and partnership instruments, but they need to be put into practice more regularly.
- KCCA should document its private sector engagements more consistently and maintain an up-to-date database of active and former partnerships.
- KCCA needs to develop a more systematic approach for selecting providers to participate in various partnership opportunities, defining partnership terms, and managing performance.
- KCCA, in collaboration with the Uganda Healthcare Federation and development partners, should continue enhancing the capacity of private providers to deliver high-quality services, comply with regulatory standards and reporting requirements, and participate effectively in ongoing and future partnerships with the government.

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For questions, please write to us at [sp4phc@thinkwell.global](mailto:sp4phc@thinkwell.global).

#### **Recommended citation:**

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