MOMENTUM

Private Healthcare Delivery

Technical Brief

LEVERAGING THE PRIVATE SECTOR IN URBAN UGANDA: PROMISING PATHWAYS FOR UPTAKE OF POSTPARTUM FAMILY PLANNING

In partnership with the Uganda Private Midwives Association (UPMA), MOMENTUM Private Healthcare Delivery is using a human-centered design (HCD) approach to improve demand for, and uptake of, postpartum family planning (PPFP) services in three urban districts in Kampala, Uganda. This approach is coupled with training private providers affiliated with UPMA in PPFP. This brief describes the intervention, including the HCD design process, the resulting prototypes, and their pilot implementation. The brief is intended for family planning (FP) program implementers seeking experiences of using HCD for PPFP demand creation in the private sector.

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INTRODUCTION

The 2016 Uganda Demographic and Health Survey indicates that Uganda has a maternal mortality rate of approximately 336 deaths per 100,000 live births.[i] As demonstrated through the *High Impact Practice on Immediate Postpartum Family Planning*,[ii] the immediate postpartum period offers a meaningful opportunity to reach women with contraception. PPFP (both immediate and within the first year postpartum) helps prevent unintended and closely spaced pregnancies. Evidence demonstrates[iii] these pregnancies are associated with poor health outcomes for women and children. Offering family planning information and services is critical during the antenatal period, immediately after delivery, and during the first year postpartum.

MOMENTUM Private Healthcare Delivery is part of a suite of awards funded by the U.S. Agency for International Development (USAID) to holistically improve family planning and maternal, newborn, and child health services. In Uganda, MOMENTUM is strengthening the capacity of the Uganda Private Midwives Association (UPMA) to deliver high-quality, person-centered PPFP service provision. The project works with 40 UPMA-managed facilities in three urban districts: Mukono, Kampala, and Wakiso in Central Region.

In Uganda, there are approximately 1.7 million live births annually, with 7% of women who deliver in facilities choosing a modern method of contraception at one month postpartum and 25% of women adopting a PPFP method within six months.[iv] To increase demand for, and access to, high-quality PPFP, MOMENTUM partnered with the Uganda Private Midwives Association (UPMA), a local non-governmental organization that supports over 700 practicing midwives running independent private clinics in Uganda. UPMA is well placed to leverage and strengthen the capacities of private facilities for both maternal health services and FP in Uganda. Strengthening organizations such as UPMA, and strengthening their capacity to provide PPFP, will increase the capacity of the private sector to support Uganda's maternal health and FP goals.

MOMENTUM combined a supply-side intervention—training and support for UPMA providers— with demand-side activities using human-centered design. The activity supported 40 UPMA facilities in three districts and encompassed support for PPFP broadly, with a specific emphasis on immediate PPFP.

MOMENTUM'S APPROACH

Starting in October 2021, MOMENTUM began working with UPMA to strengthen the organization's ability to support affiliated private clinics to deliver high quality FP, particularly PPFP. Pre-training assessments across 40 UPMA supported facilities demonstrated that 63% of providers had never received formal training in PPFP. Through MOMENTUM, six UPMA trainers participated in a training of trainers (TOT) in comprehensive PPFP, which was cascaded to 80 UPMA providers. In addition to the comprehensive PPFP training, UPMA providers received training in Counseling for Choice (C4C), an evidence-based approach to contraceptive counseling aimed at supporting clients to make the best choice of contraceptive method for their individual needs and preferences. While these trainings sought to strengthen provider capacity to deliver PPFP, MOMENTUM also identified opportunities to increase awareness and demand for these services in the facilities and communities where UPMA operates.

HUMAN-CENTERED DESIGN SOLUTIONS FOR PPFP DEMAND

MOMENTUM, in collaboration with UPMA, facilitated an HCD workshop to generate prototypes that would create demand for, and support uptake of, high-quality PPFP in the communities where MOMENTUM-supported UPMA facilities are located. The MOMENTUM approach to HCD built on the experience of the USAID funded 'Kampala Slum Maternal Newborn Health (MaNe)' project that was co-designed with Makere University using an "Empathy, Insights and Prototypes" (EIP) approach[v] to integrating HCD into program design.

The workshop was held over five days with more than thirty participants, including pregnant and breastfeeding women, PPFP users, health providers, male partners, and members of village health teams (VHT). Participants met in small groups to discuss barriers to PPFP services, sharing their own personal or professional experiences. Many participants cited barriers related to lack of engagement with facilities during pregnancy (i.e., low antenatal care attendance due to higher costs at private facilities)[*vi], misconceptions around the postpartum period and FP method use, and fees related to delivery.

Focusing on these challenges identified, participants developed '*how might we'* statements that aimed to generate solutions to address some of the barriers discussed in the workshop. Through the '*how might we'* sessions, proposed solutions —prototypes—were generated that could address the barriers to PPFP uptake. Three prototypes were developed: i) mapping of pregnant and breastfeeding women at the community level to focus on demand generation with new and soon-to-be mothers, ii) a mother's financial saving scheme, which the group named *Ensaawo Ya Maama,* built on a prototype developed under the MaNe project and iii) satisfied user testimonials, primarily aimed at dispelling misconceptions around PPFP, to be used as a complementary approach to the mapping and saving scheme prototypes.

PROTOTYPES

MAPPING OF PREGNANT AND BREASTFEEDING WOMEN IN THE COMMUNITY

At the inception of the activity, immediate PPFP uptake in the three districts was low. According to data from Uganda's national health management information system (HMIS), only 1% of women initiated immediate PPFP in non-MOMENTUM facilities in the three districts that were surveyed at baseline.[†] Meanwhile, in MOMENTUM supported facilities, baseline data collection indicated only 3% of mothers adopted immediate PPFP. These data are notably lower than 7% reported nationally for PPFP adoption (at one month postpartum). To help address this under-utilization in the MOMENTUM-supported facilities, workshop participants developed a prototype to

[*] ANC attendance may be low in private sector facilities as compared to public facilities due to ANC costs at private sector facilities.

[†] National Health Management data from DHIS2 for non-MOMENTUM facilities within the same districts for October 2021 – December 2021

identify and map pregnant women in the community who could benefit from the information and counseling around PPFP.

Following the workshop, UPMA piloted the prototype in 16 of 40 MOMENTUM supported private facilities. The mapping began in March 2022 by working with VHTs, a community-level cadre that is part of the public health system. MOMENTUM trained the VHTs on the snowballing approach, a process by which pregnant or breastfeeding women, identified by VHTs in the community, refer other pregnant women to a VHT. VHTs identified pregnant or breastfeeding women within a catchment area of five kilometers from the UPMA facilities. VHTs then referred these women to antenatal care and other services such as immunization, with many of these women choosing a referral to the UPMA facilities. In addition, VHTs used door-to-door mobilization to reach women who may have been missed through the snowballing approach. VHTs completed a weekly report of women referred, and their contact details – provided with their consent – enabled providers to follow up with the women.

MOTHERS' FINANCIAL SAVING SCHEME *ENSAAWO YA MAAMA*

The HCD workshop also identified cost as a structural barrier to access and utilization of health services in the private sector. Often, women and their partners will forgo immediate PPFP services because of the additional cost at delivery. To facilitate manageable costs for PPFP, a savings scheme prototype was developed and tested. *Ensaawo Ya Maama* is a savings scheme that provides pregnant women and their partners an opportunity to pay for PPFP services as part of overall delivery costs (as a 'bundle') at participating UPMA facilities. This approach includes PPFP in the package of services [‡] supported through saving schemes, building on evidence from other contexts that indicates saving early in pregnancy may improve access to facility delivery services.[vii]

Out of the 40 MOMENTUM-supported facilities, 32 facilities adopted the saving scheme prototype. Put into practice, the manager of the health facility and women and their partners develop a savings scheme plan together, meaning they agree on total costs and installment payment schedules. Bundled costs and manageable installment payments reduce the need for larger one-time costs for the couple, which typically range between UGX 150,000 and 200,000 (USD 40-55). Women deposit the agreed-upon amount in weekly or monthly installments, which are recorded using a standard form used at all facilities.

SATISFIED USER TESTIMONIALS

During the HCD process, women identified the misconceptions about PPFP that act as a barrier to uptake. Misconceptions include PPFP preventing the return of menstrual periods after birth and hindering lactation. Workshop participants prioritized a prototype that used testimonials to share the lived experiences of those who have used PPFP. Testimonials aimed to help potential users hear someone like themselves dispel misconceptions, articulate benefits, and raise awareness of health facilities where PPFP is available. Previous implementation experience from Population Services International (PSI) Uganda (MOMENTUM's lead in Uganda) demonstrated positive results in the use of testimonials to raise awareness of FP. Sharing of experiences

[‡] Note that the package of services would vary by facility, but a typical package of services covered in the saving scheme includes antenatal care, delivery, postnatal care, and PPFP. Note postabortion care is not included in these services.

through community dialogues and other community-level forums to address FP myths and misconceptions has also been determined as a promising high impact practice.[viii] The testimonial prototype implemented by MOMENTUM was intended to draw on evidenced-based practice and complement the mapping of pregnant women and saving scheme prototypes.

To implement the prototype, health providers at 21 of 40 facilities identified satisfied PPFP users who agreed to share their experiences using PPFP. These individuals, or couples, detailed their experiences during the antenatal, delivery, and postnatal periods. Some testimonials, for example, highlighted experiences around PPFP and breastfeeding, aiming to dispel misconceptions. A number of those sharing testimonials agreed to have their testimonials recorded and played for general audiences. VHTs used megaphones to deliver the pre-recorded content within their communities and during special service days, e.g., antenatal care clinics and immunization days at facilities. Testimonials were relatable and compelling to these audiences.

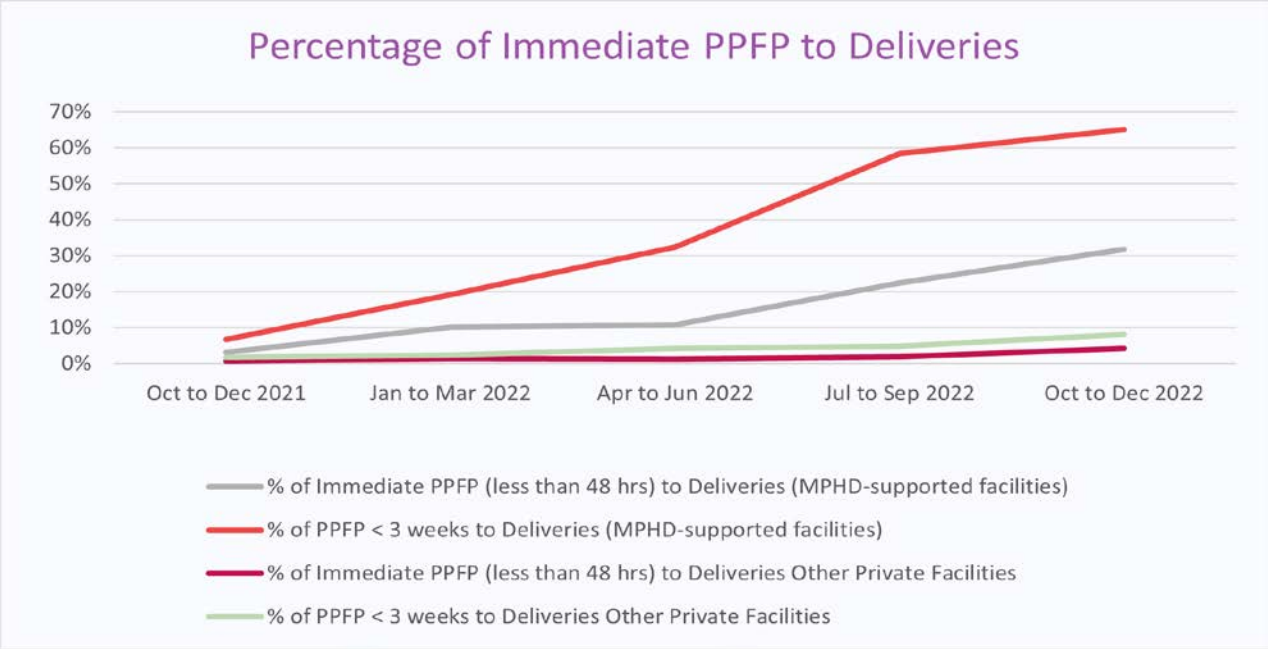
RESULTS

The three prototypes were implemented across UPMA-affiliated private facilities supported by MOMENTUM, in conjunction with the clinical training for providers. Each of the 40 facilities chose which prototype(s) to adopt. Overall results have shown the prototypes to be promising. From April 2022 to December 2022, 587 women took up PPFP supported by prototype interventions.

The mapping of pregnant and breastfeeding women prototype identified 1,927 women—of which 664 were pregnant and 1,263 were breastfeeding. Out of all these women, approximately 28% (544 women) adopted a PPFP method, most within the period up to 48 hours postpartum. This rate of PPFP uptake is a substantial increase against the 3% rate of uptake at MOMENTUM supported facilities captured at baseline. Of the women who took up PPFP (adopting a contraceptive method within the first 12 months postpartum), nearly 50% chose a long-acting reversible contraceptive method, of which most women chose the implant or IUD. Across the 32 facilities implementing the saving scheme, 175 pregnant women enrolled and saved an average of 150,000 – 250,000 UGX (approximately USD 40-65) per pregnancy. Of those who saved funds, 67 delivered at the facility, with 43 women (64%) taking up immediate PPFP (0-48 hours) using funds from their individualized saving plan. The testimonial prototype served to support overarching messaging about PPFP and reinforce the efficacy of the other two prototypes.

Figure 1 shows the proportion of women receiving *immediate* PPFP increased significantly from a baseline of 3% at project inception in MOMENTUM supported facilities to 32% over the course of the project implementation period. For PPFP uptake within three weeks after delivery at supported facilities, there is similar growth from 7% at inception to 65% by December 2022. When prototypes were launched in April 2022, the proportion of clients receiving immediate PPFP doubled (11% to 22%) within three months and increased another 10% in the final quarter.

Figure 1: Percentage of Immediate PPFP to Deliveries (MPHD-supported sites vs. non-MPHD sites)



Source (Figure 1): Uganda national HMIS and MOMENTUM project DHIS2 data

Prototypes also showed positive signs for longer-term sustainability. Health facilities that piloted the mapping prototype noted the overall benefit to their business from engagement with the VHTs, since teams' visits to pregnant and breastfeeding women served to raise awareness about general (as well as postpartum) FP/RH services available at the facilities. During pilot implementation, VHTs received USD 14 stipend per month from MOMENTUM for travel and incidentals related to their contributions to the activity. A number of the private providers (approximately 1/3) stated their intention to continue collaborating with the VHTs (and funding their monthly incidentals costs) due to the success of the pilot. Providers also indicated interest in maintaining the savings scheme prototype. Many now share information about the savings scheme when first meeting with women and couples visiting their facility, including pregnant women attending their first ANC visit. Sharing this information with women and couples early on provides time for the families to plan how they will save for delivery before getting pregnant or for interested pregnant women or couples to start saving at the earliest opportunity.

CONCLUSION

The prototypes are successful in generating demand for PPFP; the saving scheme has helped women and couples plan for their healthcare costs—making PPFP a more deliberate and affordable choice—and the mapping of breastfeeding and pregnant women has strengthened linkages between health facilities and identified women in the communities. However, it is also important to highlight the role of provider training that accompanied the demand-side intervention, which likely increased providers' confidence in offering immediate PPFP. Staff turnover was also a challenge when the activity began, and MOMENTUM recognized that upskilling providers in the private sector can often lead to further attrition as trained providers go on to seek better opportunities elsewhere.[ix] To address these challenges, MOMENTUM

coupled provider trainings with continuous follow-up and onsite mentorship and experienced less attrition. In addition to improved capacity on the supply side, the role of VHTs is also important to note, as their engagement with users supported the successful implementation of the prototypes. This work benefits from, and adds to, the experiences in several other countries from Guinea to India[x] and Nigeria[xi] in efforts to engage community health workers and local health teams in demand generation for PPFP.

The prototypes generated positive results with relatively limited resources and demonstrated their potential as sustainable activities by UPMA-supported facilities to address clients' misconceptions and informational barriers to taking up PPFP. Testimonials also continue to be implemented and providers report they act as a complementary approach to drive demand at the facility level, particularly for walk-in clients.

MOMENTUM's experience reinforces several important takeaway learnings:

> *"I have been a midwife in this community for the last 35 years. The community trusts me and the services we provide, as I was here when some of the clients were being born and assisted their mothers. That is why it is easier for them to take up immediate PPFP after counselling. We begin the process during ANC visits"*
>
> **—UPMA MIDWIFE**

- **Partnering with a local organization like UPMA that has an established structure and network, and is trusted and rooted in the community, created a supportive environment to facilitate service uptake.** Rather than working with a collection of private sector facilities that were not already networked or known to Kampala communities, engaging UPMA in PPFP service delivery meant that potential clients were more receptive to prototypes implemented with these midwives. UPMA's ownership over the PPFP demand generation strategies also enabled rapid implementation and ultimately a more sustainable approach to increasing PPFP service uptake.
- **Implementing HCD interventions with a small number of facilities provides space to iterate and refine approaches.** MOMENTUM engaged directly with 40 UPMA facilities to test and refine approaches. The small pilot allowed for in-depth understanding of the barriers and gaps these facilities experience related to PPFP, and subsequently, to more tailored training and supervision. From there, UPMA used a cascading approach to replicate with other facilities that continues beyond the life of the activity.
- **Partnership between public sector workers, like VHTs, and private providers can be mutually beneficial.** Community health workers, like VHTs, traditionally work exclusively with public sector programs and facilities. However, MOMENTUM's experience shows that collaboration between this cadre and private providers can be impactful and sustainable, as illustrated by private providers being willing, beyond the lifetime of this pilot, to contribute to VHT costs in support of community demand generation for their services. Thus, for a relatively small contribution, private providers can partner with a trained and supervised community health workforce that is not a routine part of their payroll.

While contextual factors may differ beyond MOMENTUM's experiences in Uganda, this brief shares potentially replicable approaches to partnering with the private sector to drive demand for, and uptake of, PPFP that yield results with promising pathways for sustainability.

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Photo caption: UPMA midwife counsels two women about the facility-delivery savings scheme. Photo credit: PSI Uganda.

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