



Patient Certificate Scheme[®]

The Safe Childbirth Programme

empowers people & patients

Background

This brief document presents a particular programme applying the LearnforLife methodology[®], i.e. Safe Childbirth Programme (SCB)[®]. Preparatory work has been going on over the last year and key building blocks are now in place, meaning the time has arrived for final development work and piloting. The objective is then to carry out full-fledged implementation of the programme in the Wakiso District in Uganda. The model to be developed, tested and implemented will, furthermore, be scalable in important respects. There will be tremendous opportunities to then move on and institute it in other Sub-Saharan countries, as well as in South Asia and other relevant countries faced with similar, currently largely unaddressed, issues.

To shortly reflect the issues at stake, the HIV/AIDS epidemic has not only had a disastrous economic, social, and physical impact on individuals, communities and the economy of Uganda as a whole but also to other poor countries of the world, especially in sub-Saharan Africa where the transmission of HIV from mother to child during pregnancy, birth and during the period of breastfeeding is by far the most common way of HIV infection in children.

It is believed that, in sub-Saharan Africa, each year more than 500'000 women who live with HIV/AIDS become pregnant and give birth. In December 2002, around 3.2 million children were infected with the virus around the world, 90 per cent of them in Africa. Since the survival time, the period from infection to the development of AIDS and consequent death, is much shorter for children than for adults, 20 to 25 per cent of them will die within the first two years of life and 60 to 70 per cent before reaching their fifth birthday.

The prevalence of transmission from mother to child in developing countries is about 30 per cent, the highest risk of infection being at the time of birth. Since in numerous countries of eastern and southern Africa, 20 to 30 per cent of pregnant women are HIV positive, up to 10 per cent of all infants born with HIV or acquire it from breast milk within the first weeks and months of life. This strongly applies to the Wakiso District, whose pregnant women cannot access public care. Many of them, due to lack of awareness and poor conditions, fail to grasp the seriousness of their situation, and – to the last minute – they in effect shy away from accessing the network of private clinics that is available throughout the region. In the end, many of them will eventually give birth at home or in destitute places, in a state of panic. Many will pass HIV and other

diseases to their children and many will die or be badly crippled for the remainder of their life.

Unless there is effective counteraction, their destiny keeps contributing to despair and poverty in the rural regions of much of Africa.

Programme Set-Up

The SCB programme is being prepared in collaboration with local institutions in Uganda. It has been shaped so as to take advantage of a network of approximately 20 private clinics in Wakiso District. It will both draw on the extensive expertise, insight and skills that have accumulated in these clinics and it will serve to empower them in reaching out to their community in a completely new way.

As a key tool, the SCB programme applies mobile telephony for the purpose of reaching out to the individual women, and also to their wider communities. The SCB builds on the LearnforLife methodology, which has been tailored to enacting much needed behavioural change. Drawing on research at Tsukuba University in Japan, Karolinska Institute and Jönköping University in Sweden, and King's College London in the UK, the method departs from past unsuccessful top-down ways and means of attempting to persuade people to change. It builds upon evidence-based research as well as proven knowledge of what actually works when it comes to enabling people to change, and integrates and applies those insights in a targeted and focused manner to address the priority issues.

The SCB programme is set to achieve a significant prevention of disease diffusion from mother to child, and also to bring complementary changes to this vulnerable population, to their offspring, and to their communities. The methodology integrates and combines different strands of research for a comprehensive approach. It will be backed by a well structured research effort engaging some of the world's most high-calibre research institutions in this field. It will bring change to the Wakiso District, and to Uganda, but it will also lay the basis for a next stage expanded implementation of the programme in other parts of Uganda, and elsewhere.

Segmentation, data generation and research results

From the outset, the participating population will be divided into groups that can be characterised by different attributes. This will be important for attaining precision in the communication and for the formulation of effective incentives, as the precise inducements for change will vary between locations, social groups, and also depending on the stage of pregnancy in which an individual woman finds herself.

The availability of feedback and interactions with health expertise in a call centre will also become more effective on this basis. Meanwhile, the implementation process will generate unique and extensive data which can be examined and compared between segments. A comprehensive research and training effort will be implemented in a systematic manner to draw upon the latest in relevant behavioural science, motivational interviewing and the linkages to health and medical aspects.

There will thus both be direct benefits from the scheme, and a learning process as the project will evolve in tandem with a sophisticated research effort spanning technology,

medicine, health and behavioural sciences, and generate unique data and research results.

Local partner organisation

A network of professional private clinics has been established in Uganda. These institutions impress by the hard work they are undertaking to serve the rural people. They have few funds, lack political clout and they also do not benefit from Government-sponsored projects. Patient Certificate Sweden has established fruitful contracts with the local authorities in the country, for the purpose of ensuring focus upon tackling the core needs of people on the ground, which requires working directly with the private clinics to tackle the practical issues in the field

Key components of the initial project

- Complementary research
- Behavioural-change programme adaptation to local user profiles
- Set-up of campaign monitoring operations unit with local partner organisation(s)
- Establishment of agreements with local operators (telecom, reward sponsors)
- Local roundtables and training of key personnel
- Enrolment/registration of pilot participant population
- Finalisation of campaign planning and implementation
- Monitoring and running evaluation
- Close of campaign, follow-up on results
- Preparation full-scale campaign for, tentatively, 75'000 participants

Background: the Wakiso District

Wakiso District lies in the Central Region of Uganda, with the district headquarters approximately 12 miles by road, northwest of the largest and capital city of Uganda - Kampala. Since the merging of the new districts in Uganda, Wakiso's population is currently estimated at approximately 1'310'100 people. The district's sub-parishes' proximity to the capital presents it with a unique set of challenges which are related to its peri-urban nature such as unemployment, poor housing and living conditions, health problems, extreme poverty among rural-urban migrants, poor food security, high crime rate, alcoholism, prostitution, etc. On the other hand, the proximity to Kampala also suggests that the district is perhaps well positioned to take advantage of the large and varied market and income earning opportunities that exist.

One of the sectors of great concern in Wakiso is health, where the people are facing endless problems. Wakiso District has a total of 104 hospitals and health units which are either public or private, on top of an unknown number of registered clinics. Although public hospitals are free of charge, not all the people's health needs are met because of under-capacity and need of special contacts if the treatment is to be accepted. The state of circumstances makes people resort to traditional healing methods that are not only risky, but also would not provide long-term health solutions.

If it can be rapidly implemented, this Safe Childbirth project will aim to address the issues confronting the approximately 75,000 women in Wakiso District who are either currently pregnant, or breast-feeding an infant, to prevent the transmission of HIV and other deadly diseases. These women receive little information regarding health issues, lack awareness of the risks confronting them, and also have a strong tendency to wait until a critical stage before seeking information. Since the private clinics have to generate their own funding, they consequently have to charge a fee for their services which still may not be affordable to the affected women who tend to resort to other means; like giving birth at home.