

Private Sector RMNCAH Platform Discussion Highlights

1. Business and finance support for inclusion and sustainability
2. Improving data reporting
3. CHI training for inclusion and access

The platform should be an inclusive (to be defined), transparent and open to all.

Issue		Discussion Point	Proposed solution	2019 Resolution
1.	Data Reporting	40% of Uganda's private facilities report into DHIS2, facilities do not know how to interpret the data.	Explain why report, the benefits of the data and how to interpret it. Need to build awareness on data reporting methods, improvement of accuracy of data Raise awareness of digital reporting as an option.	Increase Private Sector data reporting into the eHMIS Increase dissemination of health information extracted from data reported to the facilities
		Several ICT systems are available in Uganda but few are utilized there is need to embrace these systems to improve data capture and record keeping.	Share information on available systems and how they can benefit private health businesses to address challenges.	Leverage technology adoption in providing health services
2.	Quality Assurance and Improvement	Gaps and inadequacies in quality of care across facilities of all sizes in the country	Innovate on improvement of competence in quality of care Mentorship for meaningful outcomes and support supervision in participatory manner	Improve skills & knowledge of health workers to deliver quality health services
			Take on the Nightingale Challenge to train nurses in leadership in clinical practice	
3.	Adolescents	The dialogue on adolescents is limited to sexual activity which further hampers impact of programs to address indicators that are focused on them	Provide adolescent relevant care Consider adolescent issues beyond sexuality Engage school clinics/ nurses to improve adolescent engagement approaches	Increase community mobilization to achieve indicators.
4.	Pharmaceutical	Drug shops and pharmacies interact with adolescents for morning after pill at times same individual three times a week.	Agree on basic information and issues to be addressed such as abuse of Misoprostol and oxytocin	Disseminate policy for implementers in the private sector assembly.

		<p>How to support RH dissemination through pharmacy and drug shops. Provider induced poverty due to over prescription of drugs. Some OTC drugs are not supposed to be sold OTC Misoprostol and Oxytocin to private facilities Counselling and information dissemination on side effects Explore ART training for private providers not accredited</p>	<p>Education outlets and consumers on the generic vs brand Devise means to advise regulator on ineffective generics</p>	<p>Broaden Public Private Partnerships to improve supply of commodities.</p>
5.	Capacity Building in Service Delivery	<p>Some health workers have spent a long time in practice and now neglect the basics that ensure quality care. Additionally access to tools and resources to provide quality care are not available to private facilities outside of programs, they are not as well supported as public facilities and PNFP.</p>	<p>Provide respectful and quality care Explore how to provide access to Improve referral network Re-train in the basics of nursing such as the use of a partograph and soft skills Explore occupational health and safety to improve health work productivity</p>	Mentorship and support supervision to improve quality of service delivery standards.
		<p>Consumers using Google as a personal doctor</p>	<p>Engage consumers in a language they understand, explore rights based approach</p>	
		<p>Facilities run by medical people with no business and finance training therefore facility sustainability is a challenge</p>	<p>Facility owners need access to basics in business and finance management training to understand how to make their businesses efficient and ensure quality record keeping for sustainability and inclusion in health financing mechanisms</p>	
		<p>Several health training institutions are sending out poor quality health graduates</p>	<p>While the regulator will manage the vetting of schools and graduate, umbrella bodies and associations to explore methods to provide peer to peer support and mentorship</p>	
		<p>A contributing causes of delayed referral</p>	<p>Cases convinced herbs will accurately manage a pregnancy independently</p>	

			TBAs receive complicated pregnancies and delivery cases and refer them late	
			Weak referral systems and relationships. Health facilities need to establish and build trust and referral networks and ensure feedback mechanisms are established for ease of follow up on patients.	
6.	Strengthening PPPHs	Various non health organizations are working on health matters they need to be included in the private sector conversation	Various telecoms are investing in the health space, there is a signed MOU between some and MOH. There is need to bring them into the conversation to align them with the sector priorities and share learnings and experiences.	
7.	Policy Document Dissemination	Private health businesses often do not receive updated policy documents and need to have access and sensitization in order to be compliant.	Sensitize on abortion and government policy Sensitize communities on TBA Sensitize the TBA to refer high risk cases Disseminate the patients charter explain to both the consumer and the provider	Disseminate policy for implementers in the private sector assembly.
8.	Access to Affordable Financing	Health providers both PFP and PNFP do not have access to affordable financing to afford quality interventions and increase scale and scope of services	Follow up and support the introduction of the Medical Credit Scheme.	Prepare and mobilize the private sector for the Medical Credit Scheme
9.	Private Sector RMNCAH Platform (PSRP)	There is need to establish means for private sector to access updated information and have dialogue to share their progress against indicators.	Develop key indicators and a scorecard and meet quarterly to dialogue.	Mobilize the private sector and support the private sector advocacy through the use of associations

2019/ 2020 Commitments:

1. Increase data reporting into DHIS2
2. Leverage technology in service provision
3. Increase mentorship to improve skills and improve support supervision
4. Timely patient referral to higher level facilities
5. Disseminate RMNCAH policies to private sector
6. Prepare for Medical Credit Scheme

7. Create Private Sector RMNCAH scorecard