

# ***“Impact of Government contracting the private health Sector”***

A case of Uganda Reproductive Health Voucher Project (URHVP)

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A gynecologist at KIU mentoring a medical officer of Nyakasiro Health Center on conducting a successful C-section

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# Presentation outline

- Back ground of Marie Stopes UG (MSUG) in Uganda
- Impact of government contracting the private health sector
- Lessons for future engagement of the private health sector

# Background: Marie Stopes UG (MSUG) in Uganda

15 MSUG  
static clinics



30 mobile  
outreach teams,  
reaching all  
districts with FP  
services

Social Marketing



Corporate Social Marketing

\*MSU makes use of social marketing to ensure that people have the option to buy high-qual.



**Contact Centre; 0800220333**



300 private facilities on the  
Bluestar Network



234, Public Sector facilities,  
supported

Marie Stopes in Uganda is the  
country's largest private SRH  
and FP organization



100 Marie Stopes ladies, providing  
services within their communities

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## Impact of government contracting the private health sector to deliver MCH services

Ministry of health has contracted MSUG to engage the private health sector to deliver maternal health services on two fronts;

- The **healthy baby project** (2008-2012) that supported 65,590 poor women in rural areas of South Western Uganda deliver safely-
- The **Uganda Reproductive Health voucher project** (2015-2019) that has supported 175,860 (107% above project target) poor women (till end of September 2019) in rural areas of South Western Uganda and East Central deliver safely

For both projects, the overall objective is to;

***To increase access to skilled care among poor women living in rural and disadvantaged areas during pregnancy and delivery.***

# Mechanics of Government contracting

- The Government has used the results based financing model through the demand side approach to contract for delivery of maternal health services in the private sector.
- MoH has defined the package of services under the contract (through use of a voucher as a tool for accessing services)
- MoH has guided on the pricing of services within the package

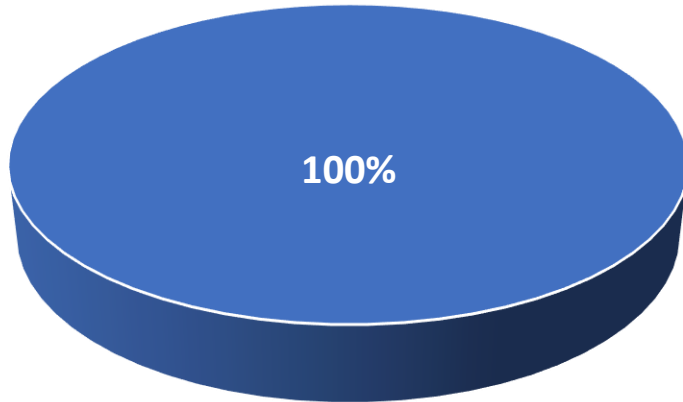
## Voucher Service package:

- ✓ Comprehensive ANC package –ANC1 to ANC4
- ✓ Delivery inclusive of normal or complicated
- ✓ Referral transport
- ✓ PNC (Including Post Partum Family Planning)

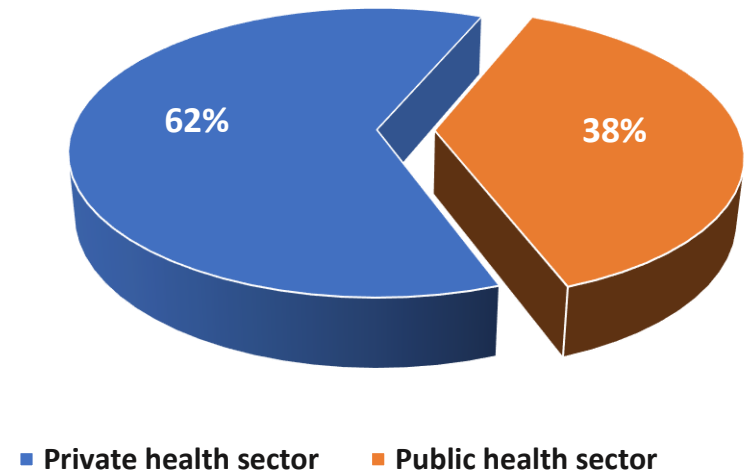
# Projects Coverage

**Healthy Baby project**

**Private health sector**



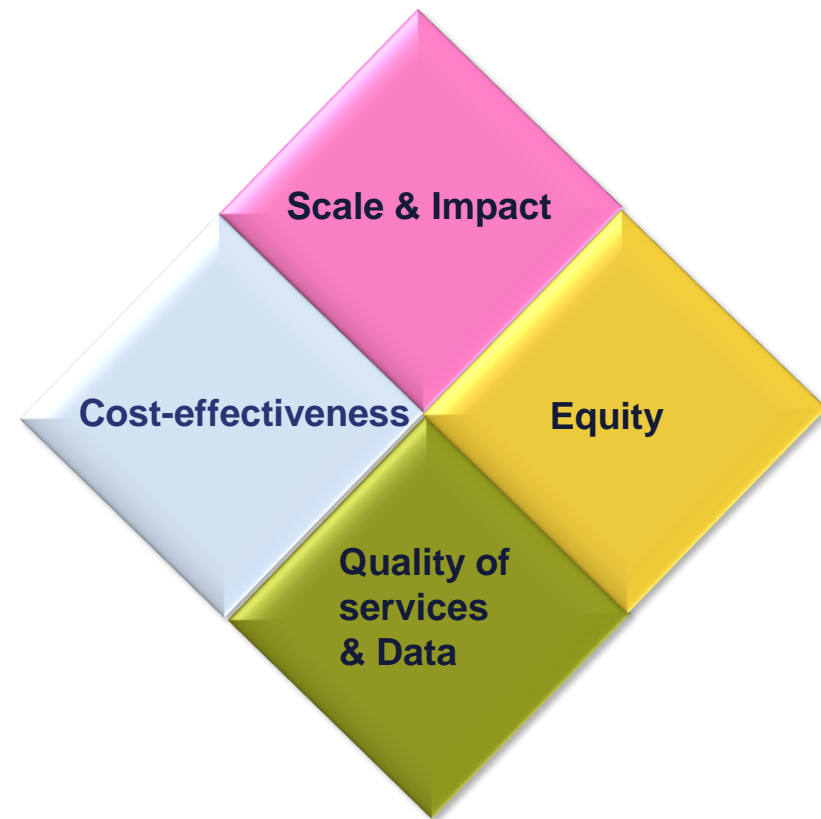
**URHVP coverage**





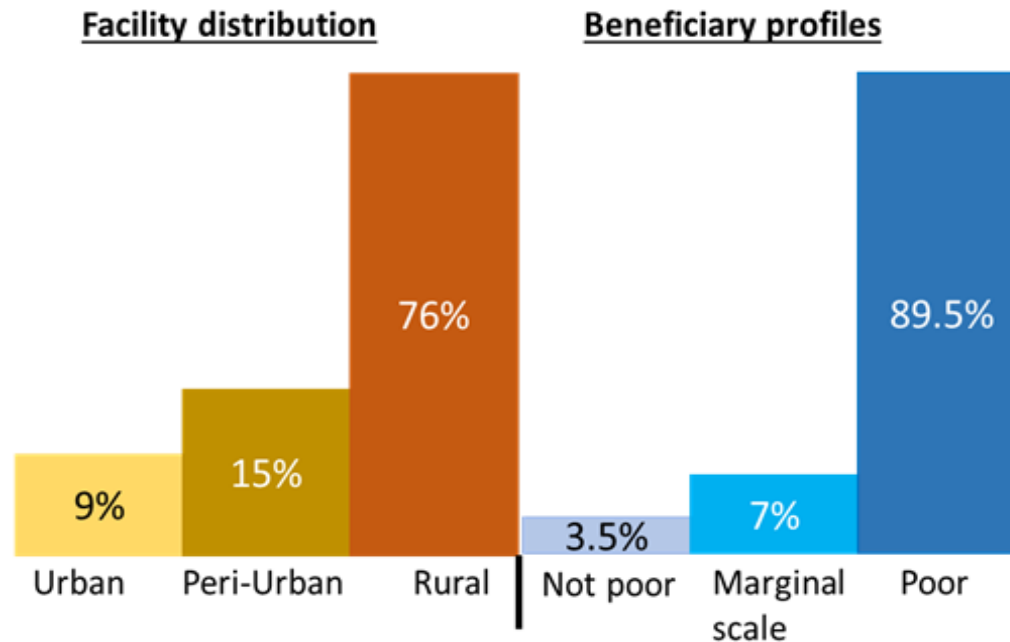
# Impact of contracting the private sector

- Increased **Scale & Impact**- through Increasing geographical service access to the underserved populations
- Improved **Quality** of service provision towards MoH quality standards (both clinical & data quality)
- Increased **Equity** – Serving the most in need more especially the poor and adolescents
- Maximize **Cost-effectiveness** – Providing value for money services putting in mind the ability to pay for the underserved populations



# Reaching the poor beneficiaries

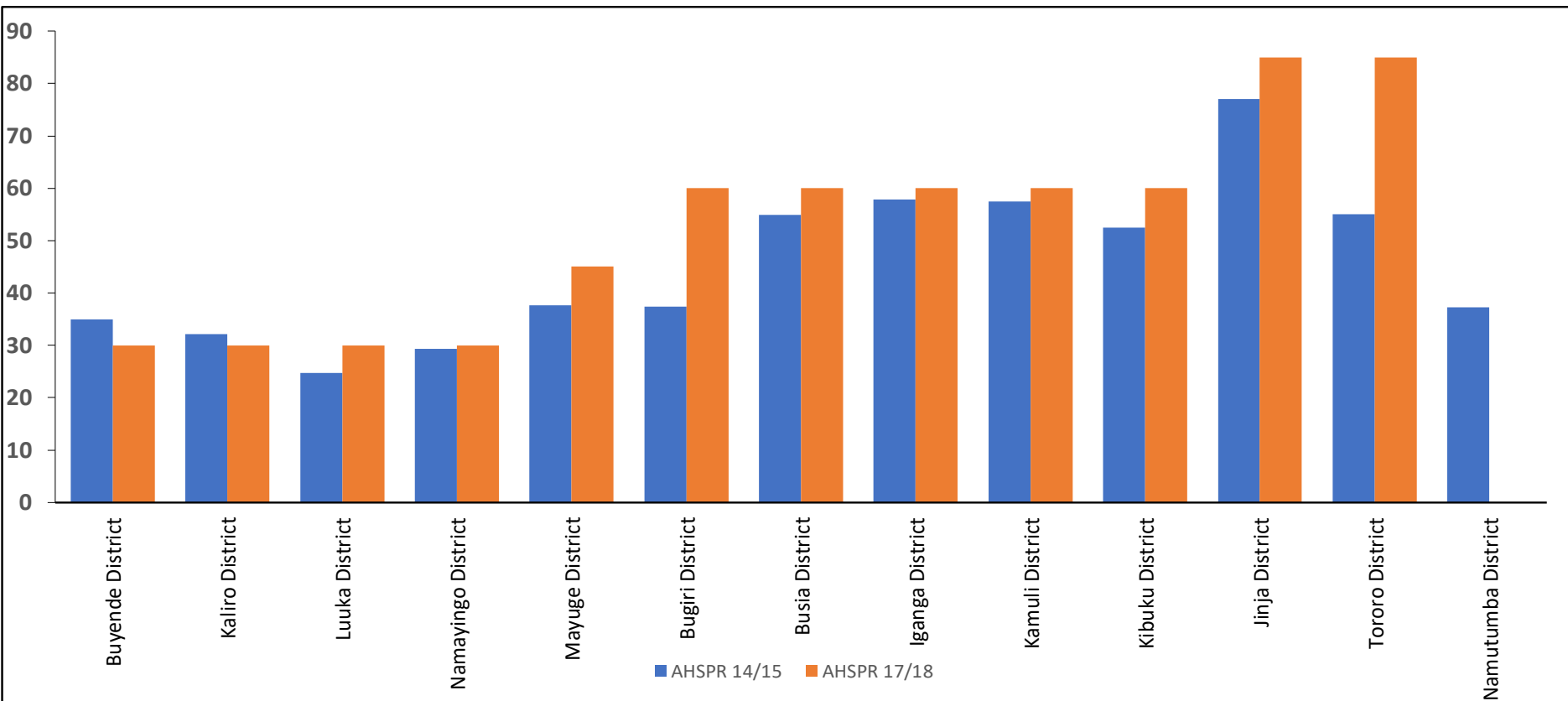
## Equity and Access by Poor Clients (n)



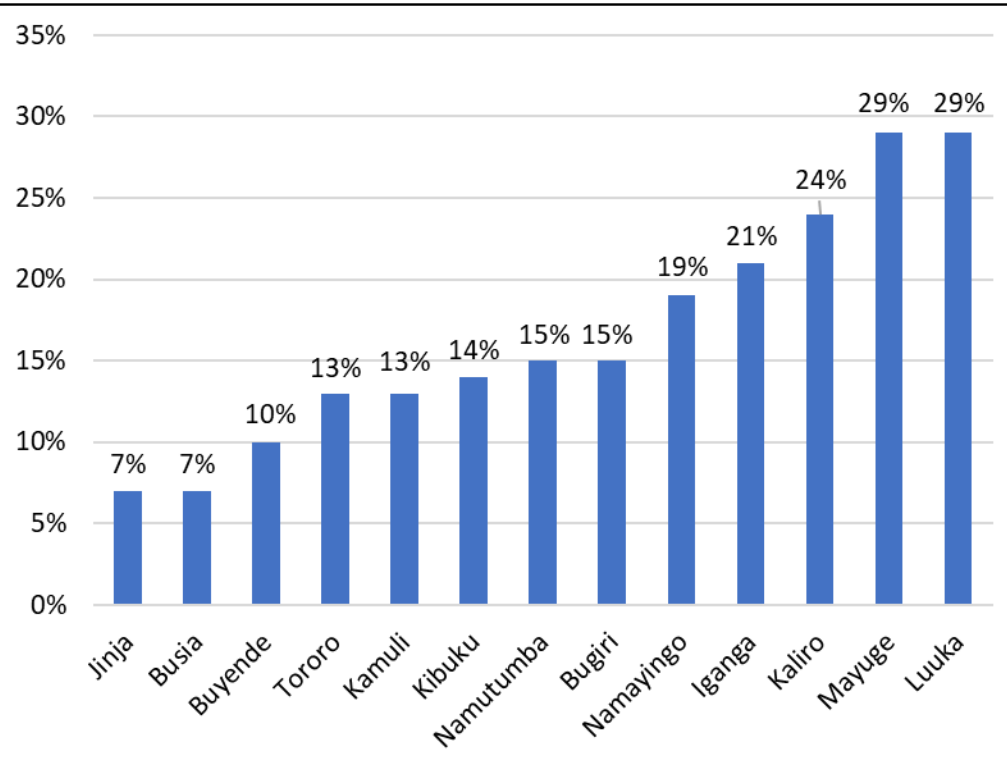
- The URHVP has 91% of the project facilities based in Rural and peri-urban location.
- The overall population served by the project is predominantly the poor (96.5%) beneficiaries as reported by Independent verification Agency (IVEA-BDO)



# Eastern region Institutional Delivery growth FY 14/15 compared to FY 17/18



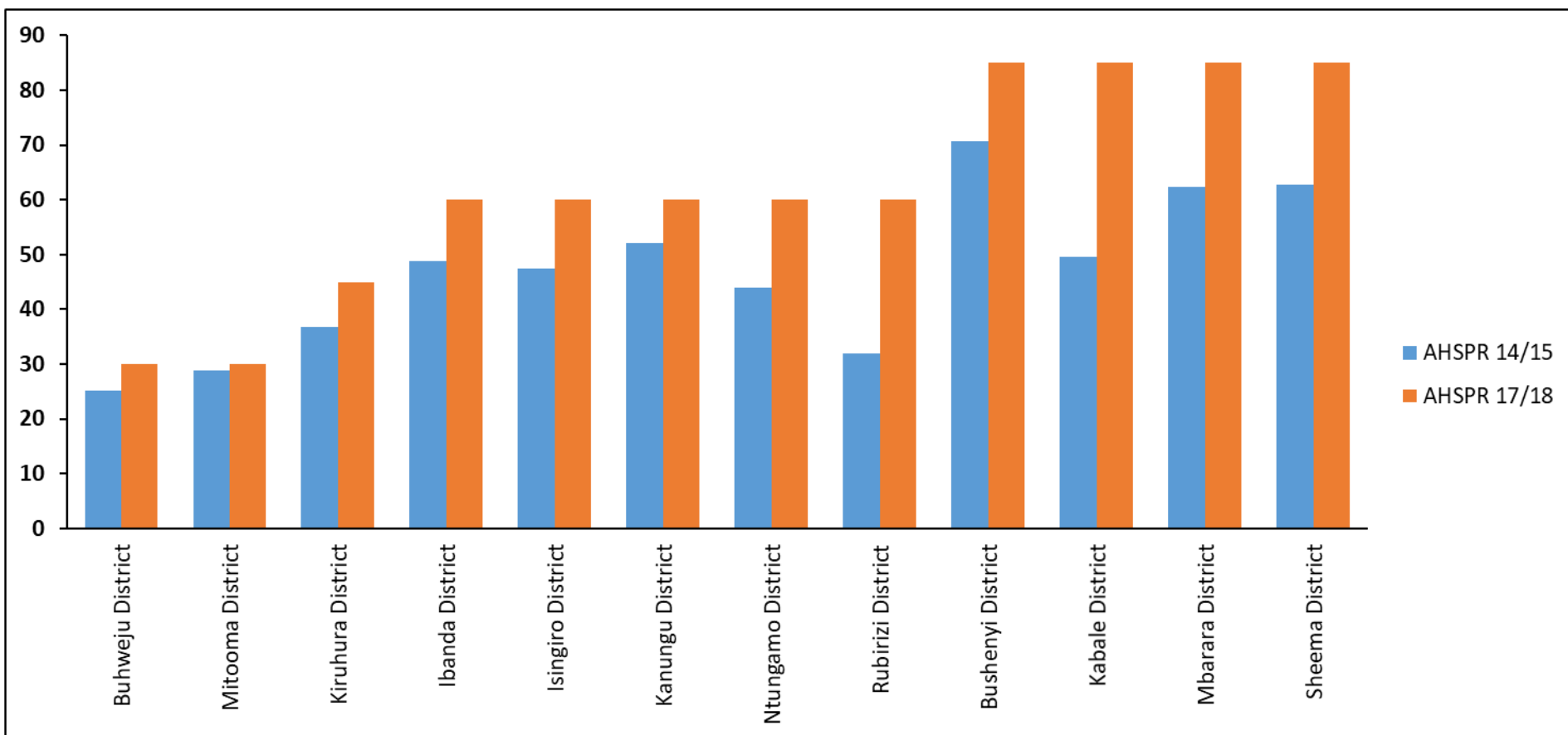
# Impact of URHVP on Institutional deliveries by each project district (Eastern Region)



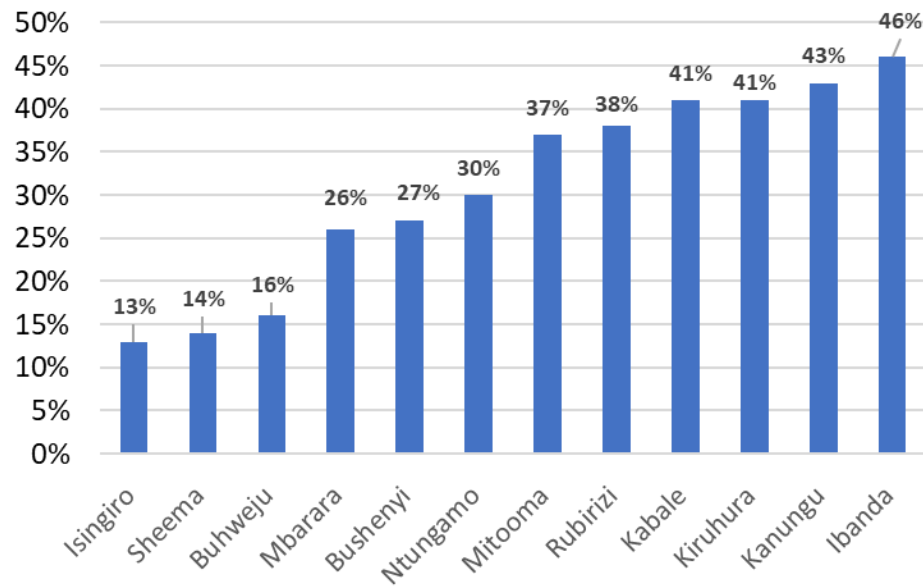
Project district	DHIS2 Total deliveries (2016-2018)	URHVP delivery contribution (2016-2018)	URHVP/DHIS2 (%)
Jinja	59,128	4,322	7%
Busia	33,830	2,487	7%
Buyende	19,531	1,979	10%
Tororo	54,269	7,000	13%
Kamuli	58,031	7,490	13%
Kibuku	18,820	2,557	14%
Namutumba	13,736	2,037	15%
Bugiri	30,126	4,542	15%
Namayingo	12,537	2,326	19%
Iganga	37,619	7,733	21%
Kaliro	13,680	3,318	24%
Mayuge	31,243	9,107	29%
Luuka	10,200	3,001	29%

- In Eastern Uganda between year 2016-2018, the project has enhanced Institutional deliveries by an average of **17%**. i.e. ranging from 7% in Jinja and Busia to 29% in Mayuge and Luuka

# South Westetn region Institutional Delivery growth FY 14/15 compared to FY 17/18



# Impact of URHVP on Institutional deliveries by each project district (South Western Region)

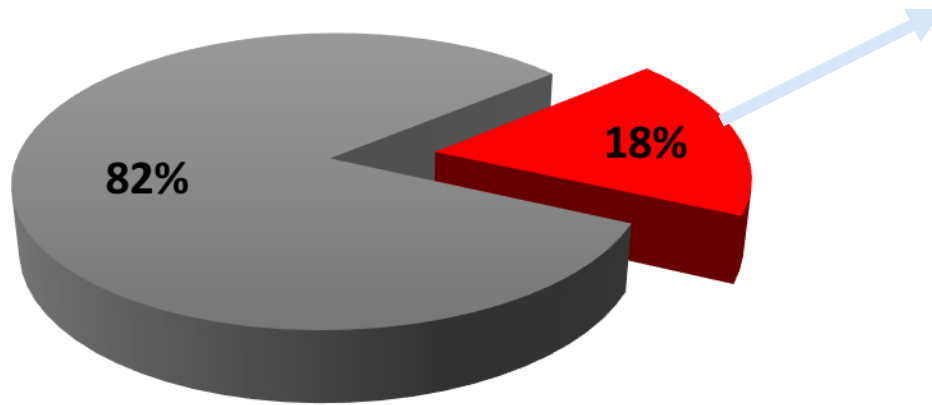


Project district	DHIS2 Total deliveries (2016-2018)	URHVP delivery contribution (2016-2018)	URHVP/DHIS2 (%)
Isingiro	42,394	5,587	13%
Sheema	21,746	3,073	14%
Buhweju	6,039	964	16%
Mbarara	51,064	13,280	26%
Bushenyi	28,451	7,701	27%
Ntungamo	35,578	10,844	30%
Mitooma	10,130	3,767	37%
Rubirizi	9,742	3,715	38%
Kabale	26,442	10,769	41%
Kiruhura	17,037	6,954	41%
Kanungu	21,742	9,427	43%
Ibanda	21,615	9,909	46%
<b>Totals</b>	<b>291,980</b>	<b>85,990</b>	

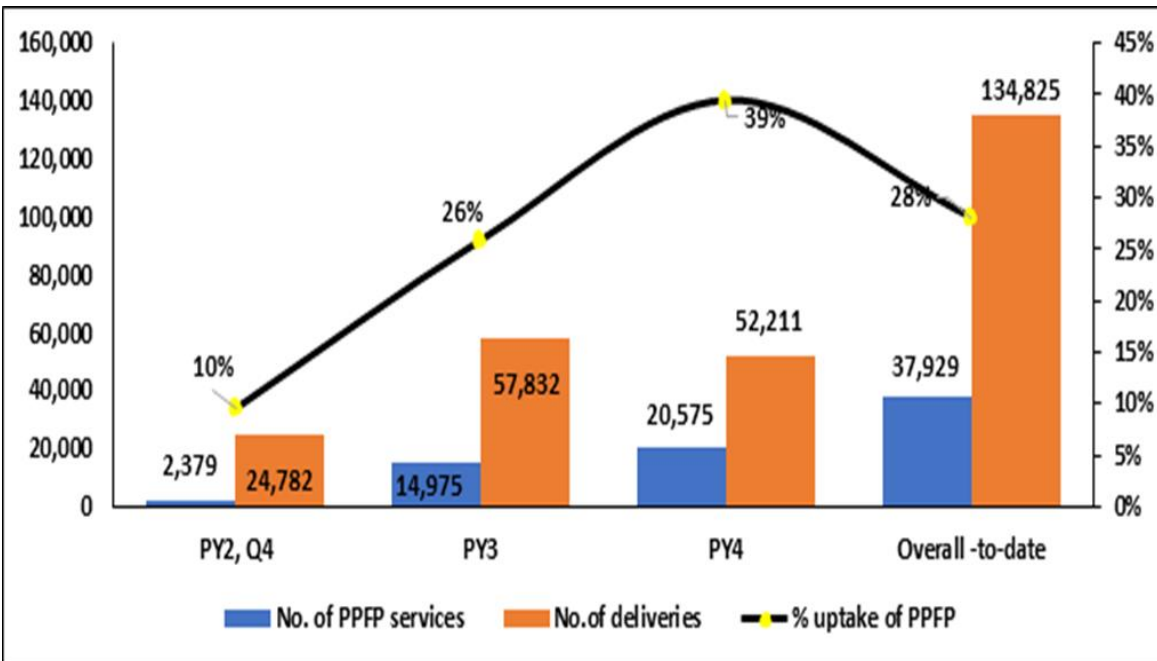
- In South Western Uganda between year 2016-2018, the project has enhanced Institutional deliveries by an average of 31%. i.e. ranging from 13% in Sheema to 46% in Ibanda districts

# Reaching the vulnerable teenage mothers

- Out of the total 175,860 deliveries supported by the project;
  - a. 18% (31,656) were teenage mothers under age 19 years.



# PPFP uptake



- On the other hand, the number of mothers receiving Post Partum FP(PPFP) services increased from 4% to 42% by end of June 2019.

# Capacity building –Peer to peer mentorship



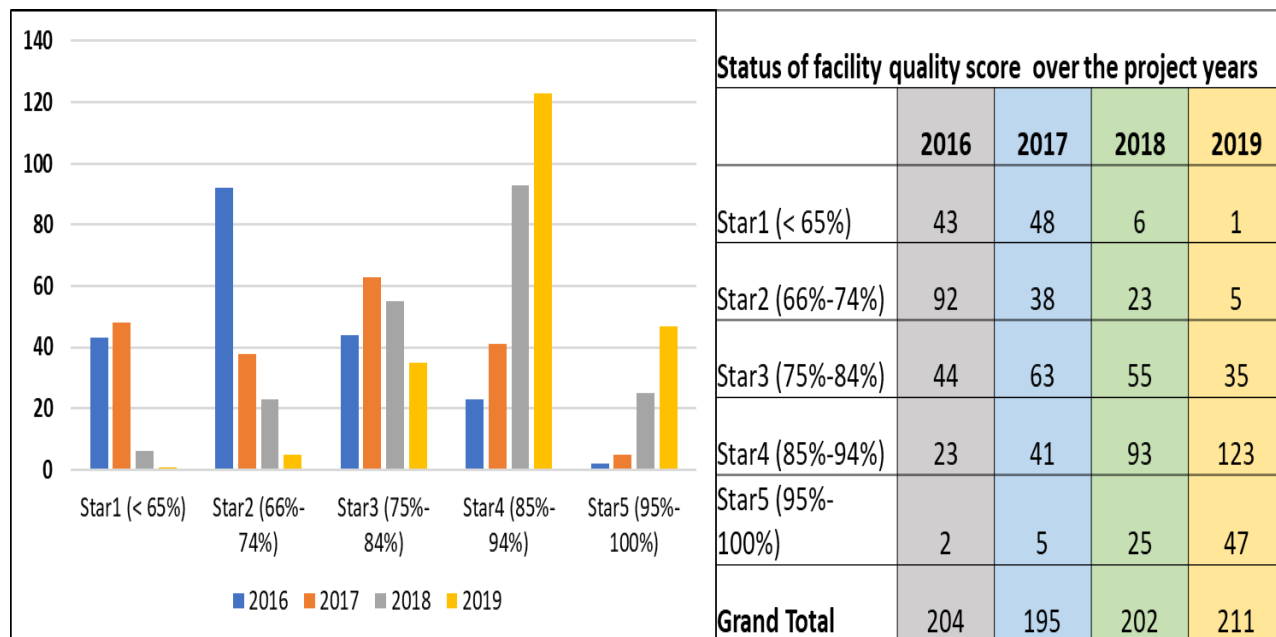
The private sector mobilized itself to improve their technical competence in key areas of maternal health services.

- Private CeMONC facilities organized CMEs to train the BeMONC service providers at no fees
- KIU initiated a scheme to provide onsite support to lower facilities that refer clients with complications to them



# Capacity building – Clinical Quality

- Strengthened referral systems through clustering of facilities
- Improved clinical quality of care using MoH QoC standards. (88% average clinical quality score in 2019 compared to 70% in 2016)



- The project increased access to CEmONC services by functionalizing **and upgrading 4 private facilities** from BEmONC by construction/refurbishment and operationalization of new theatres.
- JMS-from approval from PS.

# Lesson learnt

- If private sector is mobilized well, they can improve service access, quality and equity.
- The private sector can relieve the public sector by decongesting high volume facilities (especially CeMONCs)
- Through government contracting of the private sector, service pricing can be standardized for low income earners to afford
- It is cost effective for government to identify and engage private partners with capacity to mobilize and organize the private sector providers into cohorts that can be contracted
- There is expertise in private sector that can compliment the government efforts to improve service delivery

# Thank U

