





# WORKING WITH THE PRIVATE HEALTH SECTOR IN UGANDA

**Uganda Reproductive Health Vouchers Project: Experiences & Lessons Learnt** 

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#### Main Principal of OBA Project

Finances provision of quality healthcare for by

- selling vouchers to clients at
- highly subsidised prices and by
- reimbursing the costs to the
- accredited private health service provider
- for actual services provided.

Focus: "financing agreed on outputs of predefined quality rather than financing predefined inputs"



### Project objectives:

 To increase access to high quality reproductive healthcare services for the economically disadvantaged in Ugandan by qualified and approved facilities through a voucher system.



## Building Awareness and Voucher Sales

- The use of locally based Voucher Community Based Distributors (VCBDs) has proved to be an essential tool within the framework of the project.
- The VCBDs take advantage of the oral tradition of the villages they visit.
- Boldly branded for visibility and attached to health units.



# Technology Helps Strengthen Project Management

- Text messages reduced the time to submit claims data dramatically-from the service providers to MSU, and make better use of scarce personnel resources.
- Resulted in improved flow of funds between service providers and the VMA, and improved delivery of services to patients



#### **Innovation in Market Targeting**

- Targeted areas with highest population
- Geographical targeting in poorest areas
- Chose areas with CEmOMCs for timely referral of

emergency cases.



# Maintaining High Quality in Healthcare Service Delivery

Built in RHVP design is a system for assuring that patients are not only beneficiaries of healthcare services, but also that those services meet required medical standards for quality

- MSU and the IVEA inspect and certify service providers and their personnel-resulting in a high rate of client satisfaction.
- Client follow-ups to establish standards of client care.

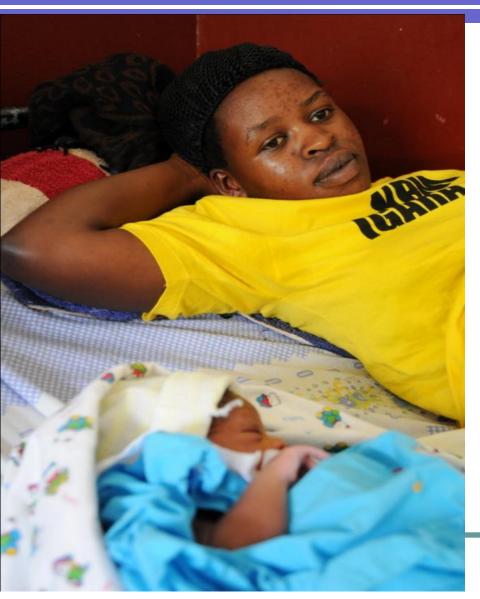
#### **Innovative Referral Solutions**

Voucher providers formed a forum, seeking to tackle (1) their common problems in management of referrals (ii) ingoing medical education and issues

 In Ishaka, a community group organized motor cyclists ("boda bodas") to transport mothers to hospital for delivery.



#### We seen Gains in ....



- Equity
- Access
- Efficiency
- CommunityInvolvement
- Quality of Care

## **Key Challenges:**

- Inadequate staffing/high staff turnover, lack of service providers especially in remote areas.
- Sustainability
- Transport
- Availability of providers



### Three Major Messages . . .

- 1. A mix of public and private services creates stronger system and can compensate for shortcomings in either of the providers.
- 2. Performance based schemes like OBA enhance quality of services and accountability
- 3. OBA schemes provide valuable lessons for future health financing strategies.