WORKING WITH THE PRIVATE HEALTH SECTOR IN UGANDA

Uganda Reproductive Health Vouchers Project: Experiences & Lessons Learnt

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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 pre-defined quality** rather than financing **pre-defined 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.
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
- Community Involvement
- Quality of Care

Photo credit: K. Burns / USAID.
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.