

# **Public-Private Partnership for Sustainable Health Development**

## **The case of the Private-not-for-profit health sub-sector in Uganda**

**Sam Orach and Freddie Ssenooba**

**Uganda Catholic Medical Bureau & Makerere University College of Health Sciences**

**Uganda**

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# Key Messages

1. Public-Private Partnership in Health in Uganda traced back to early 1950s
2. Private-not-for-profit (PNFP) are a significant feature of Uganda Health Sector e.g. 43% of all hospitals (75% of PNFP are religious)
3. Building and sustaining strong and over-arching systems (strong foundation) is a prerequisite for success of programs and strategies
4. All successful programs like RBF / PBF, Vertical health programs etc. have taken advantage of the relatively better foundation/systems in the PNFP

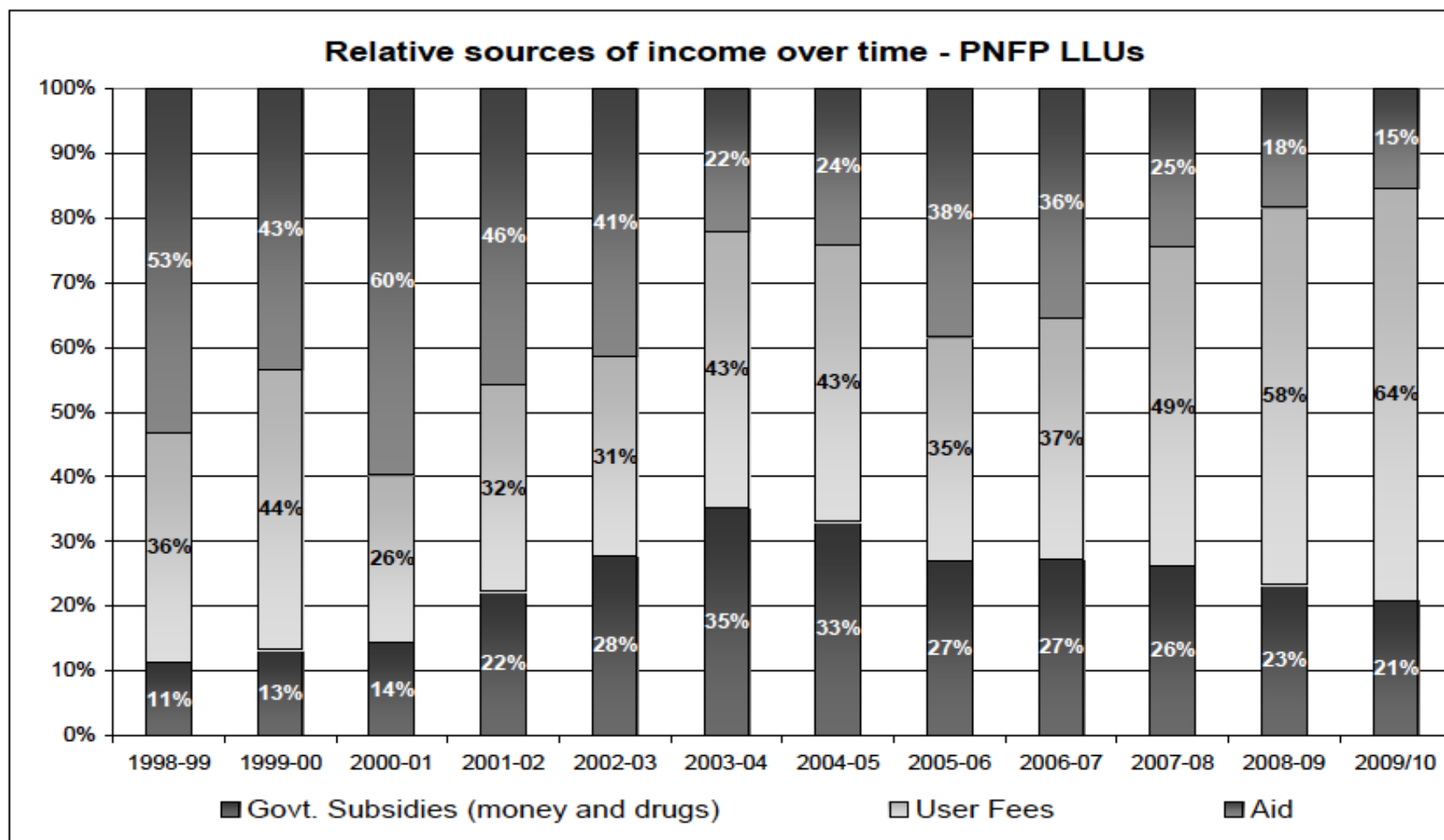
- PNFPs have made significant contribution to Uganda's Health Systems
  - All 6 WHO Building Blocks of Health Systems
- Success of the PNFP is attributed to the work of their umbrella organizations (bureaus) in
  - Coordination
  - Systems strengthening
  - Building Partnerships
- But sustainability of this important achievement is threatened by:
  - Donor agencies that mostly support Govt. and non-faith based NGOs
  - Reducing support from national government to the PNFP
  - More dependence on fee-for-service by PNFPs to sustain pro-poor services.

- Sustainable development in health sector requires:
  - Building on the more sustaining indigenous faith-based structures
  - Supporting PNFP coordination and their systems strengthening programs.
  - Supporting actual service delivery of the religious health assets without destroying systems
- Sustainable Systems strengthening requires time and should be integrated and not done in silos.
- Leveraging the work of the Private-not-for-profit gives the government and Development Partners a good return on investment

**UCMB INSTITUTIONAL DEVELOPMENT  
PROCESSES – A CASE STUDY**

# Financing lower level PNFP providers in Uganda

Figure 4.9: Relative sources of income over time - PNFP LLUs

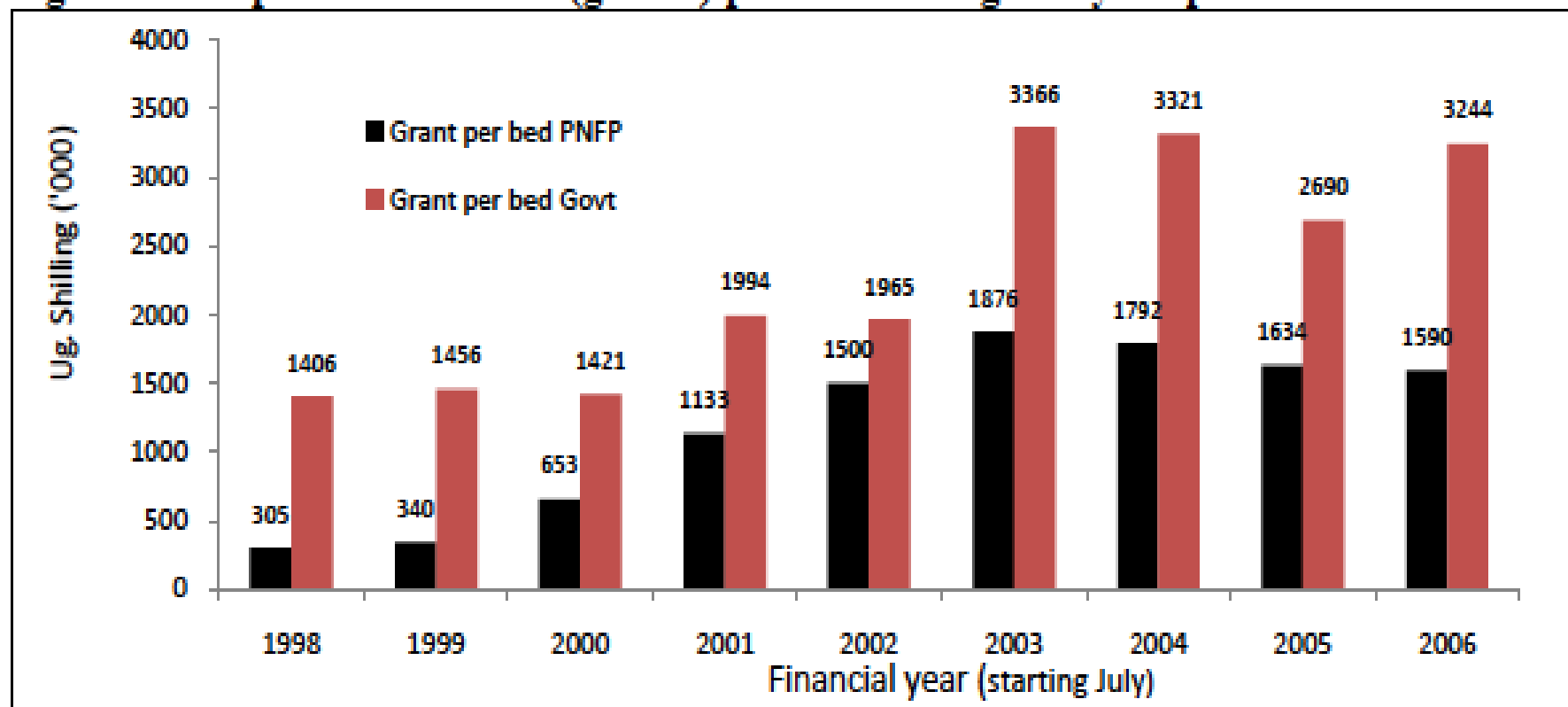


Source: Bureaux databases

Source: AHSPR 2010/11

# Grant trends per hospital bed – Public & PNFPs

**Figure 5.1: Operational funds (grants) per bed among study hospitals\***

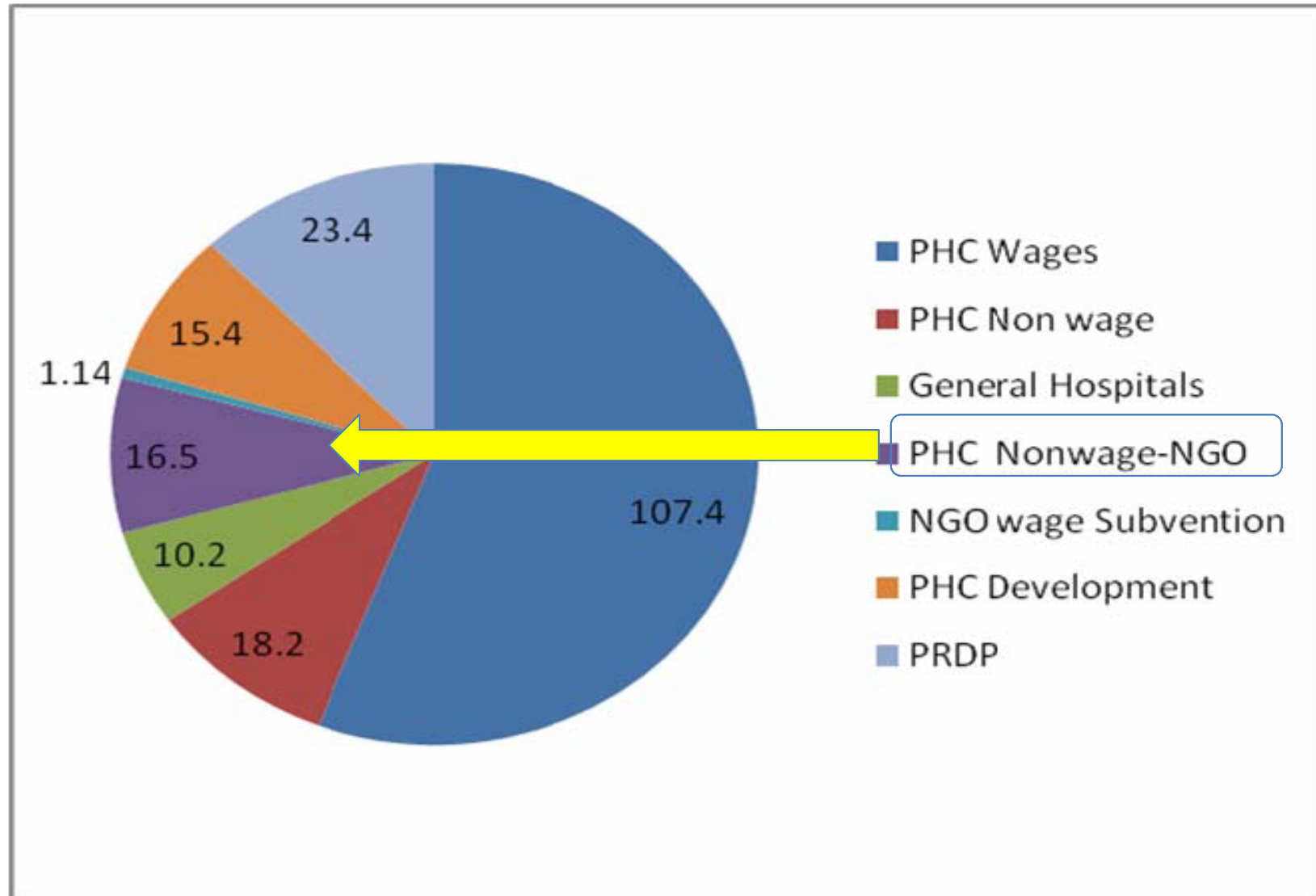


\* Allocations excludes wage and development grants

Source: MOH Financial Transfers for Health Services 1998 - 2006

# Health budget allocation – (MOH 2010/11)

Figure 4.4 : Central government grants percentage share of various grants FY 2009/10



Source: MOH- Budget and Finance Division

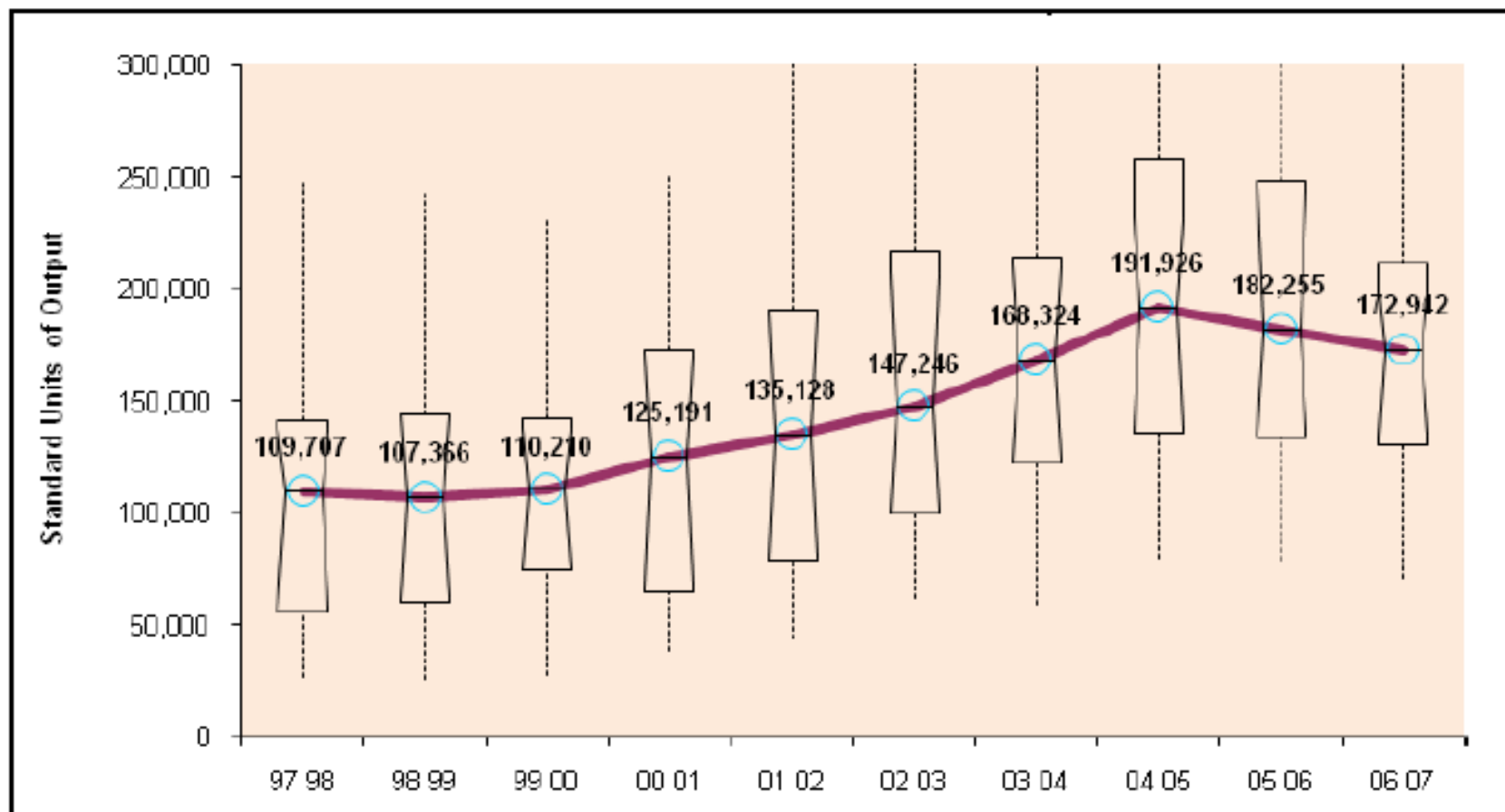


# PNFP responses to Gov. subsidies

- Integrating/adopting government systems
  - Workforce standards;
  - Service protocols and procedures and targets;
- Reducing and making user-charges predictable
  - “Flat” fee structure
  - Advocate for grant size increment;
- Asserting autonomy of non-state actors
  - Advocating for meaningful contractual distance in operations management;
- Organizational development for PNFP Bureau Secretariats and member facilities
- Performance accountability for the subsidies from Government

# Performance accountability to Govt.

**Figure 6.4: Standard Unit of Output for 63 UCMB hospitals (1997/98 to 2006/07)**



Source: (Giusti 2008)

# UCMB: Backward linkages to support performance of its network members

- Accreditation system to hospitals and centers
- Quality of service surveillance and reporting;
- Training of hospital managers
- Professionalization of hospital management
  - Hospital charters, workforce policies etc
  - ICT capacity building for member organization;
  - Recruitment, training and supervision diocesan officers for decentralized monitoring
  - Training of Governing Boards for hospitals

# Accreditation requirements and its influence

**Table 4.10: UCMB accreditation requirements for 2005/06.**

Statutory	Undertakings	Other necessary submissions
<ul style="list-style-type: none"> <li>• License issued by registrar</li> <li>• Annual contribution to UCMB</li> <li>• Existence of manual of financial management</li> <li>• Annual hospital analytical report for the financial year prior.</li> </ul>	<ul style="list-style-type: none"> <li>• Receipt of quarterly HR notification form,</li> <li>• Receipt of job description of information officer,</li> <li>• Copy of report of Faithfulness to the Mission submitted to the BOG and copied to UCMB,</li> <li>• Submission of 60 – 80 survey form for assessment of patients' prescription audit,</li> <li>• Submission of at least 50 survey forms for patient satisfaction,</li> <li>• Annual comprehensive report (inputs, revenues and outputs) using UCMB format, including EDF drugs, signed, stamped,</li> <li>• Statement of achievement of audited Accounts for the concluded financial year,</li> <li>• Report of one page about one action taken to improve quality of care and its effect(s),</li> <li>• (if has a nurse school) submission of complete annual report.</li> </ul>	<ul style="list-style-type: none"> <li>• Submission of summary report on fulfilment of statutory requirements, undertakings and actions</li> <li>• Receipt of staffing situation as of 30.06.2006</li> <li>• Receipt of questionnaires to monitor and evaluate the effects of global initiatives project in hospital services</li> </ul>

Source:(UCMB 2005 pg 7)

# How can faith-based providers in Uganda be supported (in the short-term) for sustainable goals?

*“... welfare issues?,, its all salaries - salaries - salaries. You know, the government has been increasing the salaries of its staff. This is putting pressure on the board to pay similar salaries. We have lost a number of staff to the district. Government should help us so that they pay for the salaries of our staff. When these staff leave the work is too much for the remaining ones and they also get unhappy and want to leave” (BOG-PNFP- Hosp-5).*

*“Usually we use such graphs as these (comparative graphs) to motivate them to do better and to compare with others. Its also a motivation to those that are below to improve and catch up”(UCMB-DHC).*

*“No no ,, we don't give them sanctions (for poor performance) but we look for reasons, we look deeper and (try to) see why. Is it (because of) free services in government units? Is it (inadequate) drugs? Are the staff there?” (Official, UCMB).*

*“.... some of the privileges (of accreditation) are access to free advice from us (UCMB), we have experts in Human Resources, ICT and Data Management, Organisational Development and Financial Management” (Official, UCMB).*

# References and web-links

- Sam Orach; “The contribution of the Religious health networks in Systems Strengthening through innovations in Community Health Financing”  
<http://www.ucmb.co.ug/files/UCMBdocs/Reports/ARTICLES/The%20contribution%20of%20Religious%20health%20Onetworks%20in%20Systems%20Strengthening%20through%20Innovations%20in%20Community%20Health%20Fi nancing.pdf>
- Ssengooba, Freddie Peter; (2010) *Performance-based contracting: case-study for non-profit hospitals in Uganda*. PhD thesis, London School of Hygiene & Tropical Medicine.  
<http://researchonline.lshtm.ac.uk/682436/1/550380.pdf>
- Working for God? Evaluating Service Delivery of Religious Not-for-Profit Health Care Providers in Uganda  
<http://dx.doi.org/10.1596/1813-9450-3058>
- Uganda MoH; The Public-Private-Partnership for Health Policy on our website  
<http://www.ucmb.co.ug/files/UCMBdocs/Reports/ARTICLES/National%20Policy%20on%20Public%20Private%20Pa rtnerships%20in%20Health%20-%20%20Final%20version.pdf>
- UCMB; Quality Improvement Efforts by UCMB (Power Point)  
<http://www.ucmb.co.ug/files/UCMBdocs/Reports/ARTICLES/interactive%20show%20case2%2029th%20feb%2020 12.pdf>
- Sam Orach; Is religion relevant in health care in Africa in the 21st Century? – The Uganda experience (A paper presented at ARHAP Conference in Cape Town in 2009)  
<http://www.ucmb.co.ug/files/UCMBdocs/Reports/ARTICLES/Article%20for%20ARHAP%20draft%20-%20Final.pdf>

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# UCMB: Internal Organizational Developments

- Revitalization of the mission and values
  - Partnership with Govt,
  - Re-alignment of the network members to Govt and Church agendas
  - Accreditation systems of bureau members
- Professionalization of the Bureau secretariat
  - Organizational development
  - Information systems
  - Human Resource management
  - Financial management, mobilization and advocacy



# UCMB: Horizontal and upward linkages to support performance

- Influence of University programs
  - Health service management (Diploma, Masters)
  - Financing of operations research and its utilization
  - Journal as platform for debate - Health Policy and Development
- Health sector Policy
  - Active participation in policy and implementation committees and working groups;
  - Major/influential actors in PPP policy
  - Amplification of MOH plans, standards and information systems;
- Gate keeper for contractual arrangements between Govt. and Bureau members
  - Accreditation standards
- Credible contributions to medicines management
  - Alternative sources and logistics systems

# Performance management: UCMB & members

**Table 4.11: Summary of UCMB performance expectations, support and assessment**

Performance expectation	Performance Support	Performance assessment	Mechanisms of Enforcement
<p>(complimentary to the DHOs expectation) plus:</p> <p>Sustainable provider organisations Alignment to the CCU Mission Improved service quality Capable managers Improved managerial systems</p> <ul style="list-style-type: none"> <li>• Accountability to Boards</li> <li>• Governance best practices</li> <li>• Human resource management practices</li> <li>• Communication within organisations</li> <li>• Performance reporting</li> </ul>	<p>Advocacy at national level for higher PNFP allocations Technical assistance to provider organisations Host regular forums for peer exchange and learning Scholarships for managers and administrators in UCMB network Resource mobilization for capital developments eg</p> <ul style="list-style-type: none"> <li>• 5 European NGO in UCMB study hospitals</li> </ul> <p>Operations research for policy changes:</p> <ul style="list-style-type: none"> <li>• User fee reduction</li> <li>• research grants for Msc trainees at UCC University</li> </ul>	<p>Accreditation regimen for UCMB membership eg:</p> <ul style="list-style-type: none"> <li>• hospital constitution</li> <li>• organisational manuals</li> <li>• accounting to the Boards</li> <li>• performance reports (“faithfulness to the mission”)</li> <li>• annual financial audit</li> <li>• operating licence as NGO</li> </ul> <p>performance assessment:</p> <ul style="list-style-type: none"> <li>• analysis of utilisation data</li> <li>• comparing across units</li> <li>• service quality measures</li> <li>• customised plans for improvements</li> </ul>	<p>A range of incentives for accredited members eg:</p> <ol style="list-style-type: none"> <li>1. Financial incentives: <ul style="list-style-type: none"> <li>• Discount on drug purchases</li> <li>• Grants from projects sourced by UCMB</li> </ul> </li> <li>2. Non financial incentives: <ul style="list-style-type: none"> <li>• Scholarships for management training</li> <li>• Information Technology i.e. email system &amp; internet</li> <li>• Free journal and bulletins</li> <li>• Peer learning</li> </ul> </li> <li>3. Reputation incentive: <ul style="list-style-type: none"> <li>• Trust for UCMB accredited members</li> </ul> </li> </ol>