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FINANCING STRATEGIES TO IMPROVE MATERNAL HEALTH AND FAMILY PLANNING OUTCOMES IN UGANDA

Workshop Report

March 2016

This publication was produced for review by the United States Agency for International Development. It was prepared by the African Strategies for Health (ASH) Project.

African Strategies for Health (ASH) is a five-year project funded by the United States Agency for International Development's (USAID) Bureau for Africa and implemented by Management Sciences for Health (MSH). ASH improves the health status of populations across Africa by identifying and advocating for best practices, enhancing technical capacity, and engaging African regional institutions to address health issues in a sustainable manner. ASH provides information on trends and developments on the continent to USAID and other development partners to enhance decision-making regarding investments in health.

March 2016

This document was submitted by the African Strategies for Health project to the United States Agency for International Development under USAID Contract No. AID-OAA-C-11-00161.

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WORKSHOP REPORT

Kampala, Uganda

October 29, 2015

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Acknowledgements

The workshop, “Financing Strategies to Improve Maternal Health and Family Planning Outcomes in Uganda,” was convened through joint partnership between the Ugandan Ministry of Health (MoH), the U.S. Agency for International Development (USAID) mission in Uganda, the USAID Africa Bureau and its project, African Strategies for Health (ASH), and Management Sciences for Health (MSH).

This report was prepared by the ASH project. Gratitude is extended to Wilberforce Owembabazi (USAID/Uganda), Timothy Musila (MoH), Daraus Bukonya (MSH) and Tadeo Atuhura (MSH) for their support in organizing the workshop among various partners. ASH is grateful to the support of the MSH Uganda country office team, whose members helped to support this workshop at the Bugolobi office in Kampala.

The contents of this report are based on background documents, presentations, and panel and participant discussion at the workshop held on October 29th, 2015.

Background

The underutilization of maternal health services is a key obstacle to reducing maternal and neonatal morbidity and mortality in Uganda. Providing financial incentives and economic subsidies to pregnant women has been proven as an effective strategy for improving the use and quality of maternal and neonatal care. Health care financing is therefore an essential component to ensure access to services for reproductive, maternal, neonatal, and child health (RMNCH) in Uganda.

Uganda's 2013 Sharpened RMNCH Plan prioritizes high impact interventions to accelerate progress towards improved maternal and child health by improving coverage in high-burden districts. High impact interventions, specifically the use of reproductive health vouchers (RHVs) and community-based health insurance (CBHI) schemes, currently operate at varying scales in Uganda. Understanding how these schemes enhance the use and provision of quality maternal care is critical as the Government of Uganda (GoU) strives to achieve universal health coverage and end preventable deaths.

Through a highly consultative process, various management interventions have been prioritized by the GoU, including increasingly removing financial barriers to access RMNCH services. The GoU is also developing a law for a National Health Insurance Scheme (NHIS) based on pre-payment and financial risk pooling aimed at universal coverage and social health protection (MoH, 2010). The NHIS will create a rational social protection system for Ugandans, and be composed of a Social Health Insurance Scheme (SHIS), Private Commercial Health Insurance Schemes (PCHIS), and Community Health Insurance Schemes (CHIS).

In order to better understand the feasibility and impact of economic subsidies to increase use of maternal health and family planning services among vulnerable populations in

Uganda, USAID's Africa Bureau and its project, African Strategies for Health (ASH), in partnership with USAID/Uganda, Makerere University (Uganda), Mzumbe University (Tanzania), and Brandeis University (United States), undertook a study examining the cost-effectiveness of RHVs and CBHI programs. Study findings shed light on the practicality of these schemes and point to specific recommendations and policy options that may strengthen the reach and quality of care.

To ensure that study findings and recommendations are translated into practice, Management Sciences for Health (MSH) Uganda and ASH partnered with the Ministry of Health (MoH) and the USAID Mission in Uganda to convene a dissemination meeting and workshop in Kampala. The workshop, held on October 29th, 2015, provided a platform to share study findings and to discuss the use of RHVs and CBHI in Uganda.

The shift in Uganda's RMNCH policy focuses on three thematic areas: accountability for results and resources, result-based financing, and innovation.

Sharpened RMNCH Plan, MoH, 2013

Workshop Summary

The workshop served as a platform to share recent evidence from various implementing partners and projects on the use of financing interventions that improve access to family planning and maternal health services in Uganda. Presentations were made by ASH and MSH Uganda, Population Council, Uganda Community Based Health Financing Association (UCBHFA), Marie Stopes Uganda, and Baylor Uganda. These presentations are available in the Annex section of this report.

Key Objectives

1. Validate the findings from the ASH study on “*Cost-Effectiveness of Reproductive Health Vouchers and Community-based Health Insurance in Uganda*”;
2. Share experiences from voucher program and CBHI implementation;
3. Build consensus among stakeholders on recommendations and strategies for future implementation of these financing schemes;
4. Identify next steps for partners

Workshop Participants

The workshop brought together 35 participants (see Annex for full list) from a wide range of stakeholders including the District Health Offices of Bushenyi and Mbarara districts,

USAID, World Bank, Baylor University, Marie Stopes Uganda, MSH, PACE (local Population Services International affiliate), Pricewaterhouse Coopers Limited (PwC) Uganda, Uganda Health Marketing Group (UHMG), Uganda Community Based Health Financing Association (UCBHFA), Marie Stopes Uganda, Baylor Uganda, and Makerere University.

Key take-away messages

- The experience implementing both vouchers and community-based health insurance in Western Uganda indicates that they are both highly cost-effective interventions. In line with WHO standards, both interventions cost less than the gross domestic product (GDP) per capita, consistent with broader universal health coverage (UHC).
- Evidence from voucher programs in Western Uganda highlighted that the use of vouchers was higher among the poorest households. The programs contributed to increased deliveries in private facilities and reduced out-of-pocket payments for enrolled households.
- Health financing interventions like CBHI can provide a variety of services to households, but they require appropriate financial management, regulation, and setting of premiums at the system level to ensure



adequate utilization and financial protection for households. The UCBHFA supports the coordination and management of sustainable financing initiatives in Uganda.

- The Reproductive Health Voucher II Project, implemented by Marie Stopes Uganda, will partner with public and private facilities to enhance utilization of health services through the distribution of RHVs.
- The use of transport vouchers by pregnant women, facilitated by Baylor Uganda and by partners through the *Boda for Mother Voucher Project* in Rwenzori region, has increased health facility deliveries and the uptake of antenatal services.
- Many lessons about program design, operations, and implementation, can be drawn from the various projects operating health financing interventions. These lessons include best practices for collaboration among private and public health facilities, the importance of financial planning and costing for CBHI schemes to ensure their financial viability, and appropriately targeting beneficiaries of RHV and CBHI schemes.
- Successful strategies that improve utilization of maternal and neonatal health services address both the supply and demand sides of health service delivery.
- Demand-side strategies achieve success by increasing awareness about available services, improving targeting and enrolment among beneficiaries, and increasing the quality and efficiency of provider services through the use of different payment methods such as capitation or referral vouchers.
- A supply side focus on enforcing quality standards and ensuring adequate inputs, such as medicines, health workers, and infrastructure, is essential. Innovative health care financing methods can enhance the quality of services at contracted facilities and contribute to increased utilization of these services. Some examples of financing methods include subsidized insurance including a transport subsidy, result-based financing, and non-monetary incentives for health workers coupled with voucher schemes.

- Implementing partners and the Ugandan MoH need to collaborate to build consensus on financing strategies that improve access to services for maternal health. Such partnerships can ensure an interactive platform for exchange of ideas, strategies, and lessons. A health care financing steering committee led by the MoH could advance action points and best practices derived from research especially for a cohesive national health financing strategy. Implementing partners could convene this forum and draft lessons for the MoH and other stakeholders.

Workshop Presentations

The workshop, entitled, “Financing Strategies to Improve Maternal Health and Family Planning Outcomes in Uganda”, was facilitated by Dr. Daraus Bukonya, MSH Uganda Country Representative. He showcased MSH’s background in health financing work across the spectrum of universal health coverage, including resource tracking, costing, financial planning, cost-effectiveness, pricing, performance-based financing, and insurance financing, among other areas. For over 25 years, MSH has been recognized as a leading organization in modeling the costs of integrated health care services at the community level and in health centers and hospitals. MSH has developed a range of cost modeling tools which have been used in many countries around the world. MSH specializes in tools which are dynamic, allowing users to immediately see the results of modifying key variables. These tools are used to conduct cost-effectiveness analyses and to project the costs of establishing, modifying, or scaling up service packages.

Opening remarks from Andrew Kyambadde, Health Systems Strengthening (HSS) Team Lead at USAID, noted the following key focus areas for USAID in relation to the meeting:

- I. The meeting will enable USAID to identify salient ideas that will be used in developing the USAID Health Financing Strategy and its five year country strategy; and

2. Allow partners to give inputs into the National Insurance Bill that is under development.

Population-Level Impact of Reproductive Health Vouchers on Maternity Services in Western Uganda

Presenter: Uzaib Saya, health system strengthening specialist, ASH on behalf of Ben Bellows, Associate with the Population Council's Reproductive Health program in Lusaka, Zambia.

Upon examination of the voucher program in Western Uganda implemented by Marie Stopes Uganda, several analyses determined the population-level impact of vouchers on maternity services.

- Based on household wealth index, a significantly higher proportion of women from the two poorest quintiles had used the vouchers compared to those from middle, richer, and richest quintiles.
- The program significantly contributed to increased deliveries in private facilities which were accompanied by statistically significant reductions in public facility-based and home-based births. It also significantly contributed to reductions in the likelihood of paying out-of-pocket for deliveries in private health facilities.

Improving Maternal Health Outcomes in Uganda

Presenter: Uzaib Saya, Health Systems Strengthening Advisor for ASH.

Based on data collected from Bushenyi and Mbarara districts, both voucher schemes and community-based health insurance schemes are equally highly cost-effective, offering slightly different services. Both schemes:

- Influence equity by targeting populations with specific access problems, and through potential use of sliding scale premiums;
- Lower administrative costs by engaging local management organizations;
- Convene local health sector leadership and beneficiary populations to monitor program performance, management, and operations;
- Increase provider mix by activating networks of private sector facilities;

- Use quality reviews or audits and strategies such as results-based financing (RBF) to improve quality of services. Incorporate value-added services such as transportation that can extend the reach of services.



Uganda Community-Based Health Financing Association (UCBHFA)

Presenter: Ms. Prossy Kiddu Namyalo, National Coordinator of the UCBHFA.

- UCBHFA was formed in 1998 by 11 members, nine of which were hospitals. In 1999, it was registered as a non-profit organization. It currently has 26 members (ten healthcare providers and 16 civil society organizations). UCBHFA coordinates and supports the establishment and management of sustainable community health financing initiatives in Uganda. It is governed by a Board of Directors and managed by a secretariat.
- Some communities embraced CBHI and have survived for close to 20 years amidst the free health care system in public facilities.
- Various challenges exist for the viability of current CBHI schemes: it is challenging for community-based schemes to calculate premiums and manage risks since these parameters affect the benefit package of services; the distance between health care providers can be far; limited knowledge of health insurance schemes exists; the absence of standard information systems

means data entry on all fronts is manual; and there is an absence of schemes in East and North as minimal interest in CBHI

- The implementation of CBHI in Uganda has been sustained by both local and international stakeholders, including Cordaid, Bread for the World, medical bureaus, and others.
- The implementation of the NHIS will supplement and expand CBHI initiatives.

Uganda Reproductive Health Voucher Project: Scaling up the pilot RHVPII: a 4 year project

Presenter: Mr. Nyombi William, Program Manager for Marie Stopes Uganda.

- Reproductive Health Voucher Program II (RHVPII) is a continuation of the 2008-2012 Uganda RHV Project. RHVPII has received approximately USD \$13.1 million in funding from SIDA, the World Bank, and potentially UNFPA.
- RHVPII works in the South West and East Central areas of Uganda (with 8.6 million and 9.0 million people, respectively)
- RHVPII has sent out expressions of interest to all partners working in maternal and child health, faith-based bureaus, and district health offices (DHOs).
- Facilities are assessed to determine their eligibility to join the program (in consultation with district health teams).
- RHVPII conducts an orientation of district leadership in the geographical area covered by the project.
- RHVPII provides training to service providers and village health teams (VHTs).
- The main goal of RHVPII is to increase access to skilled health care services by the poor.

Targets

- 132,400 deliveries at health facilities
- 90 percent of women attend at least one ANC appointment
- Voucher redemption of at least 70 percent

Challenges:

- Increase ANC3 and ANC4 attendance from 35 percent to 60 percent across target populations

- Increase institutional delivery from 44 percent to 70 percent
- Increase post-natal care visits from 35 percent to 55 percent
- Increase Elimination of Mother to Child Transmission (EMTCT) attendance by almost 100 percent
- Districts where there are less government and private not-for-profit facilities than the national average will receive a targeted focus.
- 70 percent of all facilities in these districts will be private for-profit and private not-for-profit facilities, whereas 30 percent of the facilities will be HC IVs (Health Center IV) and public sector hospitals.
- Beneficiaries will be targeted based on geography and through customized poverty grading.
- Currently, family planning services are not included under the voucher, so there is a potential need to include related components, such as birth spacing.

Financing Strategies To Improve Maternal And Family Planning Health Outcomes In Uganda: Experience of the Boda for Mother voucher in Rwenzori region

Presenter: Mr. Joseph Mukasa, Grants Manager at Baylor Uganda

- Lack of transport has been highlighted as a major barrier to skilled birth attendance.
- Every Mother Counts, in partnership with Baylor Uganda, set out to improve access to maternal and newborn health (MNH) services in the three districts of Kamwenge, Kabarole and Kyenjojo.
- This was by setting up a Boda for Mother (BFM) community transport voucher system.
- The program uses services of 500 transport providers, 200 midwives who retail the vouchers to women, and 2,000 VHTs who serve as voucher officers.
- Boda riders are reimbursed on a monthly basis (USD \$3.60 or UGX 10,000 per trip and UGX 500 to midwives for recording women).



Results:

- From inception in 2012 to date, approximately 238,000 transport vouchers have been distributed in the community.
- Of those vouchers distributed, only 62 percent have been used.
- Of the vouchers used, 32 percent have been used by pregnant women for delivery in health facilities, 44 percent were used for antenatal visits, and 8 percent were used for post-natal visits.
- Over the measured time period, the region registered a 46 percent increase in health facility deliveries and a 60 percent increase in uptake of antenatal services across the three program districts.

Challenges:

- There was inequitable distribution of vouchers across the implementing districts.
- There was very high demand for vouchers vis-a-vis supply, limiting the number of women who could gain access to services.
- Detailed verification was required to validate the vouchers, which delayed payments.
- High numbers of loss to follow-up, indicating many vouchers were not ultimately used.
- It has been challenging to determine strategies for making this intervention sustainable.

Next Steps:

- Ensure that voucher distributors adhere to the poverty grading screening criteria.
- Sell to confirmed pregnant women.
- Utilize the mobile money payment system for paying riders to ensure timely payment,

while also removing the risk of disbursing cash.

- Move from using paper vouchers to using electronic vouchers.
- Introduce Mama Savings and Loans Association (MSLAs).

Discussion

Question and Answer Session

Have CBHI mechanisms run bankrupt?

Management costs may often be borne by donors, and provider-based schemes may have a tendency to run out of funds, but many schemes tend to break even.

How can voucher management agencies ensure that public health facilities have the ability to handle cash and have accountability mechanisms so they can participate in these voucher scheme programs?

The pilot under Saving Mothers, Giving Lives (SMGL) in Uganda revealed that only private facilities or wings could handle cash. Specific policies will be included in the MOU with the districts regarding reimbursement for public facilities so as to incentivize health workers.

Why was there a focus on scattered facilities and only some districts, rather than all facilities in a region?

The government decided that certain districts needed to be selected. At the same time, Marie Stopes Uganda saw that they would only work with certain facilities if they had a functional ambulance, so they made sure quality of care would be addressed in that way.

Why was transportation not included in the voucher reimbursement?

It was challenging to include as part of the Marie Stopes program due to funding restrictions. The government pays for emergency transport and they want to institutionalize the voucher program under

existing government policies of emergency ambulance provision.

How will family planning services be managed in Preventing Mother to Child Transmission (PMTCT) and how will organizations, in particular, voucher management agencies, close the loop for postpartum care since these services are supposed to be part of MOH guidelines for MNCH? Marie Stopes Uganda includes the B+ component as part of health worker training, so these services are provided at the facility level. Regional political independence is important — the MOH may have to think about guarantors for CBHI (in particular through reinsurance).

A number of additional critical questions were raised following the workshop presentations:

- How do programs, such as the one implemented by Marie Stopes, ensure that funds are well accounted for?
- What mechanisms for collaboration, such as MOU's, exist between district teams or health facilities?
- How do programs ensure health worker motivation and empowerment to implement the voucher system?
- How can the voucher system be sustained and scaled up?
- What is the cost benefit analysis of the study on the impact of quality services?
- What are best practices in community health insurance?

Next Steps

Strong coordination between implementing partners and the MoH is needed to ensure consensus on how financing strategies can improve access to services for maternal health. Such partnerships can ensure an interactive platform for exchange of ideas, strategies, and lessons. A steering committee led by the MoH could advance action points derived from research, and be used for the national health financing strategy. Implementing partners should

convene such a forum and draft lessons for MoH and other stakeholders.

Results from the ASH study were presented at the Global Maternal Newborn Conference in Mexico in October 2015 and at the International Conference on Family Planning in Indonesia in January 2016 as part of oral presentations on evaluations and implementation challenges pertaining to various global health financing interventions.

In the coming weeks, MSH will be reaching out to the MoH to engage key members on this topic and to reach consensus on the action steps on Table I.

Table I. Next Steps 

Action steps	Lead organization
Document all the key health financing interventions and share them at all levels.	Implementing partners
Coordinate integration of all interventions linked to health financing.	MOH
Identify salient actionable points from the research to be incorporated in the MOH Financing Strategy.	Implementing partners
Create more open interaction platforms to strengthen Health Financing discussions in Uganda	Implementing partners
Brief MOH team on the results of studies	Implementing partners

Annex A: Relevant documents

Technical and action briefs on the ASH study are available on the ASH website:
<http://www.africanstrategies4health.org/resources/health-care-financing>

Title	File
Meeting participants and contact information	 ASH Attendance list_updated.pdf
Population-Level Impact of Reproductive Health Vouchers on Maternity Services in Western Uganda (Population Council)	 Bellows, 2015, Uganda safe motherh
Improving Maternal Health Outcomes in Uganda (ASH)	 ASH_CBHI.RHV presentation.Uganda
Uganda Community-Based Health Financing Association (UCBHFA)	 Uganda Community Based Health Financir
Uganda Reproductive Health Voucher Project: Scaling up the pilot RHVP II: a 4 year project (Marie Stopes Uganda)	 RHVP brief to MCH cluster due 7th Oct 20
Financing Strategies To Improve Maternal And Family Planning Health Outcomes In Uganda: Experience of the Boda for Mother voucher in Rwenzori region (Baylor Uganda)	 MSH DISSEMINATION WO
Summary of Health Financing Tools and Reports from MSH (shared with participants). More information at fintools@msh.org	 MSH Health Finacing Tools & Reference Re

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