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BREAKING NEW GROUND TO STRENGTHEN PRIVATE MATERNAL HEALTH CARE

Findings from the MSD for Ugandan Mothers Program

This paper describes a comprehensive program designed to expand access to affordable, high-quality private maternal healthcare in Uganda as part of an effort to lower the country's rate of preventable maternal deaths. The MSD for Ugandan Mothers program (MUM) aimed to test the feasibility of franchising quality-assured maternal health services as well as using private sector approaches to address all three delays contributing to maternal mortality. MUM encountered many challenges but also developed creative solutions to overcome them – offering valuable lessons for the maternal health field.

MATERNAL HEALTH IN UGANDA

While Uganda has made significant advances in improving maternal health over the past 15 years, approximately 6,500 women die annually from complications during pregnancy or childbirth.[1] Most of these maternal deaths occur right before, during, or just after delivery, and most could have been prevented if these women received timely, adequate maternal care. Unfortunately, fewer than half of all Ugandan women attend the recommended minimum of four antenatal care visits[2] and only 57% of births take place in a health facility[3], which is critical to ensuring they receive lifesaving care in the case of complications.

Most efforts to reduce maternal mortality focus on strengthening public health facilities, where it is presumed that most of the poorest women who seek care give birth. However, in many parts of the developing world, a surprisingly large proportion of women – from all income levels – seek maternal health services from the private health providers, as recently revealed in an analysis conducted by the London School of Hygiene and Tropical Medicine.[4,5,6]

The private sector is an important source of health care in Uganda, with more than 60% of the population accessing non-governmental services when they first seek healthcare.[7] Surprisingly, 45% of all health facilities in Uganda are private[8], but only 14% of births currently take place in a private facility.[9] Expanding availability of quality private maternal health care could potentially help Uganda reach the more than 40% of women who are delivering at home.[10]

In general, many people prefer receiving care from private providers for several reasons: proximity to home, flexible hours, perceived quality, a sense of personalized care and sensitivity to local needs and customs.

However, private health care can be unregulated, considered expensive and of variable quality. Although private providers are an often overlooked part of the healthcare system, they have the potential to make an important contribution to global efforts to reduce maternal mortality.

MSD FOR UGANDAN MOTHERS (MUM) OVERVIEW

MSD for Ugandan Mothers (MUM) launched in 2012 to unlock the potential of Uganda's local private health sector to expand access to affordable and high quality maternal health services and products. The program is a partnership among *MSD for Mothers*, Population Services International and their local affiliate the Program for Accessible Health Communication and Education (PACE), the Association of Obstetricians and Gynecologists of Uganda, Transaid and Save for Health Uganda. MUM is part of *Saving Mothers, Giving Life* (SMGL), a public-private partnership to reduce maternal mortality in sub-Saharan Africa. MUM's work with private maternal health providers complements SMGL's efforts to mainly strengthen the provision of public maternal health services.

The centerpiece of MUM is the introduction of high quality maternal health services (labor and delivery, antenatal, postnatal and postpartum family planning) into PACE's longstanding family planning franchise network of private providers, *ProFam*. In addition, MUM works with local drug shops, transportation providers, and other businesses to address non-clinical factors that also contribute to maternal mortality. MUM's comprehensive approach is designed to help women overcome all "three delays" that lead to preventable deaths: delay in the decision to seek care, delay in getting to care and delay in receiving appropriate care.

PROGRAM COMPONENTS

Delay 1: Decision to Seek Care

- **Maama/Taata Ambassadors:** MUM's community health workers, Maama/Taata Ambassadors, conduct community outreach and education around safe motherhood and help women plan for and access facility-based care. They also refer women to nearest *ProFam* facility for antenatal, delivery and postnatal services.
- **Maama Kits:** Maama/Taata Ambassadors sell subsidized Maama Kits, single use kits that contain essential supplies for childbirth. Most facilities, both private and public, require women to bring basic medical supplies with them when they give birth.
- **Drug Shops:** MUM trains drug sellers to offer health information and refer pregnant women to skilled care, and supplies them with Maama Kits to sell.

Delay 2: Accessing Care

- **Emergency Transport:** In collaboration with its partner, Transaid, MUM works with private motorcycle taxis, "boda bodas", to safely and affordably transport pregnant women from their homes to facilities during labor and, if needed, to higher level care at any hour of the day.
- **Affordability of Care:** To improve the affordability of private care for more women, MUM has established community savings and loan associations to help women pay for care and transportation. MUM is also piloting a community health insurance program with its partner, Save for Health Uganda.

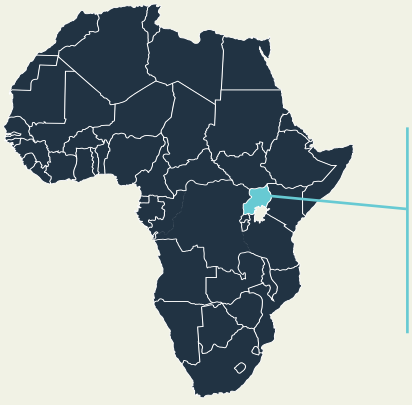
Delay 3: Receiving Quality Care

- **Social Franchising of Private Facilities:** PACE is working with the Association of Obstetricians and Gynecologists of Uganda to introduce quality labor and delivery services to its *ProFam* social franchise network of private health facilities, which started with franchising family planning services and later introduced post abortion care and cervical cancer screening. MUM offers private providers clinical training in maternal health, including emergency obstetric care and postpartum family planning as well as non-clinical support to strengthen providers' business and management skills so they can improve the operations and sustainability of their practice. MUM also links private providers with a loan guarantee program to finance upgrades and expand their businesses.
- **Comprehensive, Tailored Quality Assurance (QA):** As members of the *ProFam* network, private clinics are quality assured, so under MUM, PACE has revised its QA system to ensure high quality maternal and newborn care. The QA system is comprehensive, assuring quality along the continuum of care, yet tailored to meet the specific needs of small private providers.

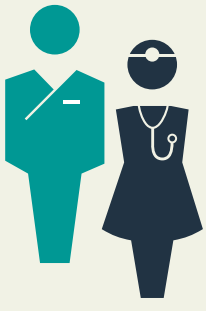
LESSONS LEARNED

When MUM first started, it was unclear whether the local private providers and businesses would be able to help improve access to affordable, high-quality maternal health care. While most social franchises have had success in family planning and primary care, relatively few have taken on the more complex maternal health services, especially labor and delivery. Since social franchises focus on standardizing service provision and improving quality, *MSD for Mothers*, PSI and PACE believed that integrating maternal health care in an established social franchise would be a strong test case to determine the feasibility of also offering high quality private maternal health care. In addition, the program would provide an opportunity to explore avenues for engaging independent local businesses in facilitating access to care.

Despite many successes, MUM's experience also highlights the distinct challenges in trying to improve the availability and quality of private maternal health care in Uganda. The strategies MUM employed to overcome these challenges provide valuable lessons for the maternal health field.



42
Districts reached



837
Health workers trained

Challenge | Identifying Private Facilities with Capacity to Offer High-Quality Maternal Health Services

MUM began with a focus on rural areas in order to reach women most at risk of pregnancy and childbirth complications who also face the greatest difficulties in accessing care. Even though MUM offers intensive training to improve the quality of facilities, it proved difficult to identify a sufficient number of private facilities with the capacity to consistently offer quality labor and delivery services.

Unlike many other areas of health care, quality maternal health care, especially labor and delivery services, requires a high level of skill and infrastructure. Many of the rural clinics had poor physical infrastructure and were staffed by only one or two providers who often had limited clinical knowledge and skills. In addition, most clinics had very few deliveries, making it difficult to develop and maintain skills.

Our Response | Setting Eligibility Criteria and Expanding Recruitment to Peri-urban and Urban Settings

In order to prioritize investments, ProFam adapted its eligibility criteria to meet the higher level needs associated with maternal health services, which included a minimum monthly volume of 6-10 deliveries per month in order to maintain skills and ensure efficiency. In addition to training midwives, *ProFam* built the capacity of comprehensive nurses and clinical officers to provide general maternal health services and basic emergency obstetric care.

ProFam modified its recruitment strategy, refocusing its efforts toward facilities in peri-urban areas with high rates of maternal mortality. Moving into these regions allowed MUM to reach a larger number of higher volume private health facilities more efficiently. In the last year of the program, MUM further extended its recruitment to the greater Kampala area.

While accessing care in Kampala is less difficult than in rural areas, public facilities there face severe overcrowding. Kampala facilities attract a consider number of patients from outside the city and many of Uganda's designated referral facilities for complicated deliveries are in Kampala, serving women from around the country. By strengthening the capacity of local private facilities to manage a greater share of uncomplicated deliveries and respond more effectively to simple complications, these private facilities have the potential help decongest public health centers and referral facilities, allowing the referral centers to focus on the most serious, life-threatening cases.

142 Facilities upgraded to provide quality maternal care

190,000+ Women with improved access to quality care

Challenge | Assuring the Quality of Maternal Health Services

Quality assurance is difficult for any health area but it is especially challenging when it comes to maternal health services because there may not always be a direct connection between the quality of the care provided and ultimate outcome of the delivery. Clinical outcomes are inadequate indicators of quality care because poor quality care can still result in positive outcomes, given that most deliveries are normal, and because complications can occur even when good care is provided.

For this reason, it is important that quality assurance efforts focus not only on outcomes or contact with a skilled provider, but also capture the "content of care" – what actually takes place during care. It is especially important to assess providers during labor and delivery because their actions during this critical period have a significant impact on preventing or quickly identifying complications. However, assessing the content of care can be difficult in settings with low delivery volumes because there are few opportunities to directly observe skills.

Finally, assuring the quality of maternal health involves many indicators, requiring extensive record keeping. Private providers – whose income depends on seeing patients – need incentives to record large amounts of data. Similarly, it is time and resource-intensive for quality assurance staff to spend time with many small providers, especially when direct observation is difficult given the lower number of deliveries.

Our Response | Adapting QA system to take into account the complexity of maternal health service delivery

Incorporating maternal health services, especially labor and delivery, into the *ProFam* network required PACE to revise its approach to quality assurance. PACE adapted Jhpiego's Standards-Based Management and Recognition (SBM-R) to meet the particular challenges of working with small, private maternal health providers and created an integrated quality assurance framework covering all health service areas (e.g., reproductive health, cervical cancer, and post-abortion care).

Providers in the network receive annual assessments of their skills and must achieve a minimum competency score to remain in the franchise. Given the large number of indicators needed to capture all aspects of quality care, *ProFam* established a prioritization system to address areas for improvement on an incremental basis. The system creates annual and quarterly quality improvement work plans developed jointly with the providers and the owners of franchised facilities.

To address the challenge of directly observing the practices of providers given the unpredictable timing of childbirth, which is particularly challenging in settings with few deliveries, PACE developed alternative methods to assess competency, such as asking providers to demonstrate normal labor and delivery services, conducting simulations and emergency obstetric drills using anatomical models, developing case studies on managing complications and reviewing documentation such as partographs and registers.

Challenge | Putting Effective Referral Systems in Place to Manage Childbirth Emergencies

Referral mechanisms for maternal health are different than typical franchise referral systems because they are made during an emergency when a woman's life is in danger. Because the majority of MUM clinics only offer basic emergency obstetric and newborn care (BEmONC), it was essential that *ProFam* ensure timely and robust referral mechanisms and reliable transportation to comprehensive emergency obstetric and neonatal care (CEmONC), which in many locations in Uganda is only offered in public facilities.

Our Response | Establishing a Robust Emergency Referral System

ProFam worked with each franchised facility to strengthen referral systems by 1) ensuring each facility has access to reliable transport to higher-level CEmONC facilities; 2) promoting timely referral during the antenatal periodfor complicated cases identified early; 3) promoting timely referral during delivery through correct use of partograph and offering appropriate treatment to stabilize the patient prior to emergency referral and 4) establishing clear points of contact with the referral facilities, standardized referral forms and effective follow up procedures to better understand referral outcomes and inform feedback loops. *ProFam* took special care

to strengthen relationships with district health management teams so that public CEmONC facilities would effectively triage emergencies and welcome referrals from private providers.

Challenge | Fractional Franchising

Many social franchises are "fractional franchises", whereby the franchisor assures the quality of a particular service or set of services, and brands the clinic to designate its membership in the network. The brand signifies quality, however, some clinics offer additional services that are not franchised and thus may not be quality assured.

Before the MUM project, *ProFam* clinics were only franchised for family planning, cervical cancer screening and post-abortion care. While some ProFam facilities were already providing labor and delivery services, these services were not franchised and thus not quality assured. When PACE began franchising maternal health services, it became clear that some of those facilities did not have adequate capacity to provide high quality maternal care, especially labor and delivery services, due to their complexity and higher-level requirements. Therefore, branding all clinics in the same way regardless of which services were being quality assured by PACE, made it difficult for a client to distinguish which facilities were providing quality maternal health services.

Our Response | Implementing a New Branding Strategy

PACE developed new branding strategy, including signage and clinic menu, to more clearly distinguish between clinics offering quality assured maternal health services and other *ProFam* clinics that do not offer maternal health services, or that offer maternal health services that are not quality assured by *ProFam*. In addition, Maama/Taata Ambassadors only incorporated messages about the quality-assured, franchised services as part of their community outreach.

Challenge | Sustainable Solutions to Transportation Barriers

Timely, safe and affordable transportation remains a significant barrier to accessing care. While transportation vouchers have been successfully used in some parts of the country, their availability has been inconsistent and vouchers require an ongoing infusion of donor funds.

MUM sought a sustainable solution to transportation hurdles by enlisting private operators of "boda bodas" (motorcycle taxis). These drivers are well-placed to transport pregnant women because they serve rural areas and are able to handle rough terrain. However, organizing and keeping individual "boda boda" drivers interested in offering safe, affordable transportation to care proved difficult.

Our Response | Incentivizing Private Transportation Operators

MUM created various incentives to keep "boda boda" operators engaged for the long term. In exchange for drivers agreeing to charge fair fees, PACE trained them to safely transport pregnant women to care, especially during emergencies and nighttime service, and gave them branded vests to identify them as available to safely transport pregnant women. Maama/Taata Ambassadors distributed their phone numbers as preferred drivers during community outreach, increasing the operators' overall business. Drivers eager to serve their communities were designated as "Boda Ambassadors," helping spread the word about the importance of facility delivery and saving for transport.

Challenge | Affordability of Private Maternal Care

Cost of maternal care is a problem, particularly for the poorest women. While PACE found that many women prefer the efficiency and personal interactions in private facilities, they saw that many were still choosing to deliver in public facilities even after attending antenatal care in ProFam facilities. Although voucher programs have been available in some private facilities to cover the cost of private care for the poorest women, their intermittent availability has continued to make the cost of private maternal care a significant barrier to consistent use, and most *ProFam* facilities did not have access to the voucher program at that time.

Our Response | Establishing Community Health Insurance and Village Savings and Loans Associations

To address the cost of private maternal care, MUM piloted community health insurance schemes. For an average premium of approximately $6 per year, usually paid around harvest season when families have funds available, members and their families have year-round access at designated facilities to a basic package of health care which includes comprehensive maternal health and family planning services.

MUM found that these schemes could serve as a powerful community accountability tool, providing a platform for the community to report on the quality of care offered by participating private providers. The community can consider the responsiveness of individual providers to their feedback in determining whether to renew contracts with facilities, creating a strong incentive for providers to offer high quality care.

Another strategy MUM is implementing to address financial barriers is Village Savings and Loans Associations (VSLA). VSLAs, which are self-managed groups that provide women with a safe place to save their money, access small loans and obtain emergency funds for care, strengthen and empower mothers to save for and use private maternal health services. Furthermore, these groups require no external capital to set up the fund, are low-cost and easy to manage.

THE PATH FORWARD

Since the implementation of the *MSD for Ugandan Mothers* project, the partners have confronted and overcome several hurdles in leveraging the local private sector to expand access to affordable, high-quality maternal health services. However, there is still much more to be done to bolster private care so that it becomes an important component – and a potentially sustainable solution – to help achieve national goals to end preventable maternal deaths.

Moving forward, PACE plans to strengthen the provision of maternal and newborn health care in the private sector in several ways.

First, PACE will continue to promote closer collaboration between the private maternal health sector and the Ministry of Health to ensure that private maternity care is seen as an integral element of the health system. For example, PACE is advocating to include a broader array of high quality private maternity providers in the government's maternal health voucher schemes and ensure franchised private maternity services are empaneled as service providers for national health insurance, helping make private maternity care more affordable.

MUM is also exploring new opportunities to ensure the long-term sustainability of the *ProFam* network, with plans to shift from a donor-dependent model to a sustainable business offering a wider array of quality-assured health services.

Finally, PACE is exploring opportunities to catalyze an enabling environment for private care over the long term, including streamlining of quality standards, continuing to build business and clinical capacity, piloting accreditation to facilitate access to financing, and facilitating access to capital.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ENDNOTES

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