

# STRIDES for Family Health: Opportunities for Partnering with the Private Sector

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## Background

In Uganda, there is strong potential for strengthening partnerships with the private sector to increase access and use of reproductive health (RH), family planning (FP), and child survival (CS) services through its multiple channels, products, and services. There is already wide use and acceptance among Ugandans of the private sector for a range of health products and services—even among the poorest groups. For example, just over half (52 percent) of women obtain their family planning methods from the private sector; approximately 19 percent receive their antenatal care from the private sector.<sup>1</sup> Private sector distribution channels (shops, pharmacies, and open markets) account for sourcing of over 60% of mosquito nets; non-governmental and faith-based organizations represent another 14 percent.<sup>2</sup> While public sector facilities are recognized by the general public for their management and diagnosis of malaria, the private sector is also the major source for anti-malarials.<sup>3</sup> The Ugandan Ministry of Health (MOH) recognizes the importance of the private sector in meeting the country’s overall health goals, and its National Health Policy<sup>4</sup> encourages making the private sector “a major partner in Uganda’s national health development by encouraging and supporting its participation in all aspects of the National Health Programme.” In the health sector, the private sector is defined as for-profit and non-profit, with the non-profit including faith-based organizations such as the Uganda Catholic Medical Bureau and the Protestant Medical Bureau, as well as a large number of non-governmental organizations (NGOs) and USAID-supported programs.

## Private Partnership Opportunities for the STRIDES project

The STRIDES for Family Health project aims to improve the quality of and increased access to integrated RH/FP and CS services to the people who need them in collaboration with the Ugandan MOH and the private sector. To assist in identifying initial opportunities for partnering with the private sector, STRIDES conducted a rapid assessment of on-going private sector activities, including gaps, weaknesses, and opportunities for collaboration as outlined in its Year I workplan. This assessment was conducted by Meridian Group International Inc., the STRIDES partner supporting increased linkages with the private sector. The assessment included interviews with health officials from various STRIDES

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<sup>1</sup> Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. Uganda Demographic and Health Survey 2006. Calverton, Maryland, USA: UBOS and Macro International Inc.

<sup>2</sup> Ibid.

<sup>3</sup> Understanding Malaria Health-Seeking Behavior in Selected Districts in Uganda: A Formative Survey. Ministry of Health Uganda, Medicines for Malaria Venture, Population Services International, January 2008.

<sup>4</sup> Ministry of Health, The Republic of Uganda, National Health Policy, September 1999.

## *Collaboration with the Private Sector in Kyenjojo District*

The Kyenjojo district serves an estimated population of 435,000 with approximately 40 health centers (HCs). There is no district hospital in Kyenjojo. Three of its health centers are HC IVs, and the remaining are HC IIIs and IIs. The Kyenjojo district collaborates with private providers on a number of levels. Firstly, approximately 10 (HC IIIs and IIs) of its 40 health centers are owned and operated directly by private not-for-profit organizations. These 10 organizations are designated by the districts to receive Poverty Alleviation Funding (PAF) funding from the Ministry of Finance to support provision of services. Seven of these are managed by the Catholic Dioceses in specific sub-counties; two are located on tea plantations although they also serve the general community; and the other facility is owned and operated by the 7<sup>th</sup> Day Adventist Church.

In addition, the district also collaborates with a number of NGOs on various services, including community mobilization, training, and capacity building activities. These NGOs include Bringing Hope to the Family, Kind Uganda, FXB, Toil and Promote Agriculture, GTZ, International Medical Corp, BRAC Uganda, PACE, Baylor College of Medicines, and the UHMG/AFFORD project. The district has formal memorandum of understandings (MOUs) in place with most of these organizations, which are signed and executed by the District's Chief Administrative Officer.

districts to better understand their perceptions of the private sector's role in their respective districts and their current coordination with the private sector. The assessment also included facility-level visits to a limited number of private not-for-profit and for-profit facilities to understand some of the issues they face in the delivery of services, and meetings with the major social marketing organizations and other projects working on public-private partnerships in Uganda.<sup>5</sup> These activities were conducted as a pre-cursor to the baseline/needs assessment currently being implemented by STRIDES in each district, providing input into the design of the private sector component of the baseline/needs assessment instrument.

Based on this initial rapid assessment, there are a variety of opportunities for working with the private sector, including:

- *Building and strengthening existing linkages between service delivery systems in the public and private sectors.* This type of public private partnership seeks to maximize and improve existing service delivery systems and opportunities for better collaboration and coordination between public and private sector initiatives at the district level.
- *Expanding access and coverage of services through new, innovative partnerships/collaboration.* This type of public private partnership seeks to identify new linkages, initiatives to increase access to RH/FP/CS products and services in under-served areas.
- *Increasing corporate contributions to RH/FP/CS.* This type of partnership seeks to increase participation by the commercial sector in key health activities through their corporate contributions or corporate social responsibility initiatives.

## **Opportunities for building and strengthening linkages between the public and private sectors**

### *District-Level Initiatives*

<sup>5</sup> District level interviews were conducted with health district officials from Kamwenge, Kasese, and Kyenjojo during the STRIDES initial workplan meeting with these western districts. Facility level visits were conducted in Kasese district.

The Ministry of Health’s recognition of the importance of the private sector in meeting basic healthcare needs has led to increased collaboration with the private sector at the district level. Many districts have identified privately-owned facilities that receive support from the government for the provision of services. These organizations, which are primarily faith-based organizations, receive government support (called Poverty Alleviation Funds), or PAF, through the Ministry of Finance in coordination with the district. They receive a bi-monthly allowance that covers a portion of medical staffing and supplies, and are considered to be a part of the official district health network.

One example of this type of partnership is the Kilembe Mines Hospital in the Kasese district. This hospital was started by Kilembe Mines Ltd. to provide healthcare services for its employees and the surrounding community. In 1993, when the company was no longer able to run the hospital on its own, the company established a tripartite agreement with the government and Catholic diocese.<sup>6</sup> In this case, Kilembe Mines Ltd. provides the physical infrastructure of the hospital, housing for healthcare personnel, and some utility expenses. Approximately 70% of the hospital’s medical staff is funded by the government, and the hospital also receives medical supplies from the government. The remaining costs are covered through patient fees and donations provided by the Catholic diocese. In this case, the hospital functions as the sub-district headquarters for Sungora South (serving a population of 174,000), and oversees approximately 20 health units—a well-established example of public-private collaboration at the district level. Other PAF-funded facilities, however, receive significantly less funding—for example, the Bishop Masereka HCIII (also in Kasese) receives funding for only one clinic officer out of its 26 total healthcare personnel. Several of the districts interviewed for this report mentioned this type of public-private partnership utilizing PAF support. For example, in Kasese, 19 out of approximately 90 health facilities receive PAF support. In Kyenjojo, approximately 10 out of 40 facilities receive PAF support.

While this model of public-private collaboration represents an innovative approach to addressing healthcare needs, there are still challenges to be addressed, including variations in quality of services at PAF-facilities, shortage of medicines and medical supplies causing PAF-facilities to procure medicines privately, delays in receiving PAFs from the government, exclusion of family planning services in some facilities due

### *Collaboration with the Private Sector in Kamwenge District*

The Kamwenge district serves a population of approximately 315,000, with 33 health centers. There is no district hospital in Kamwenge; two of their facilities are health center IVs, and the remainder are HC IIIs and IIs. Kamwenge also has a number of health centers that are owned and operated by not-for-profit organizations (primarily faith-based) that receive PAF support.

In addition, the districts maintains memorandums of understanding with other NGOs such as the Adventist Development Relief Agency (ADRA), Samaritan Pulse, Parents Concern, Marie Stopes International, MildMay, Egpa, CRS, UNICEF, PACE, Baylor College of Medicine.

In terms of collaboration with these NGOs, there is often a sharing of medical infrastructure, supplies, and healthcare personnel. For example, Marie Stopes International often conducts outreach services for long-acting and permanent methods—they provide the medical personnel and supplies for these services at district health facilities. In general, Kamwenge district officials recognized a need for improved collaboration and planning with the private sector in their district.

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<sup>6</sup> Dr. Edward Wefula, Director of Kilembe Mines Hospital, was interviewed and provided the information contained in this report.

## Collaboration with the Private Sector in Kasese District

The Kasese district serves an estimated population of 646,678. In Kasese, there is a newly renovated district hospital, and two private hospitals. The district is divided into four sub-districts. There are over 90 health facilities in Kasese, of which 66 are government facilities, 19 receive PAF support, and the remaining are private for-profit. The Kasese district health team encourages all private sector facilities to report on key health indicators for the district.

to religious beliefs, and lack of an explicit policy regarding the organization's ability to establish and charge fees for services.

District health officials also cited numerous examples of collaboration with other types of NGOs on activities such as mobile outreach services, community mobilization, sharing of facilities and healthcare personnel for specific services/events, and trainings. In many cases, the districts have established and signed formal memorandums of understandings with these organizations that outline the scope of their activities and specific roles and responsibilities of each party. For example, in Kamwenge, the district health team collaborates on a regular basis with Marie Stopes International (MSI) for provision of long-acting and permanent methods—whereby MSI provides a medical team to perform long-acting and permanent methods (LAPMs) in district health facilities where these methods are not provided on a regular basis.

In general, discussions with the district health teams regarding the role of the private sector focused on improving existing relationships, strengthening coordination and addressing specific issues regarding provision of services. During this initial assessment, there was little mention of how to work with the *for-profit* private sector, except that several districts expressed a need for better coordination with drug shops, e.g. by providing drug shops with appropriate training, since they tend to be the first point of treatment for many consumers. However, in general, there is widespread recognition by district health officials of the need to better plan and coordinate with the private sector (both for-profit and non-profit), and this activity has been incorporated into STRIDES Year II workplan (as discussed further in the next steps section of this report). In summary, the initial gaps and opportunities identified include:

- supporting PAF-facilities in improving their quality and range of services by including them in trainings to build fully-functional service delivery points (FFSDP).
- looking at mechanisms for improving availability of medicines and medical supplies, and if necessary, helping PAF-facilities to identify other more economical sources in the private sector.
- assisting PAF-supported facilities in better understanding the costs associated with the delivery of services, improving their overall levels of sustainability, and developing an explicit policy at the district levels for charging of user fees.
- encouraging and strengthening district-level supervision and

monitoring of other private **non-profit and for-profit** facilities.

### *Other Private Sector Initiatives*

There is also an opportunity for improved coordination and support with organizations and other projects already working with the private sector in Uganda—making sure that district-level coordination builds upon these existing systems. For example:

The USAID-supported Uganda Health Marketing Group (UHMG) is a local social marketing organization that currently markets a wide variety of family planning and child survival products, including oral contraceptives (Pilplan, NewFem, and SoftSure), condoms (Protector, O), injectables (Injectaplan), natural family planning method (MoonBeads), STI treatment (Cotramox and Clorivex), childhood illnesses (Aquasafe, Restors, ZinKid), and insecticide treated nets (INTERCEPTOR, Permanet, IconLife, Net Protect and Olyset). While UHMG distributes its products on a national scale, it has focused more in-depth training and continuing education in 30 priority districts within Uganda (Kasese, Kyenjojo, and Sembabule correspond to STRIDES selected districts). In these priority districts, UHMG has provided continuing education for drug shops, the Uganda Private Midwives Organization (UPMO), and even the public sector in some cases (e.g. to strengthen correct knowledge of the government’s new policy on management of diarrheal diseases in children under 5). UHMG has also conducted extensive training for HIV testing and palliative care. In addition, UHMG has established a network of over 200 private clinics called “Good Life Clinics,” several which are located in STRIDES districts (Bugiri, Kasese, Kyenjojo, Luwero, Sembabule). UHMG will also launch a new, highly innovative text messaging campaign to improve distribution of UHMG products to private providers. Through the campaign, providers will be encouraged to text in their location for the closest distribution point for UHMG products. The opportunities for collaboration with UHMG at the district-level include:

- encouraging broader distribution of UHMG products within STRIDES districts to PAF-facilities, non-governmental organizations, and for-profit providers and clinics, including dissemination of UHMG’s new text message campaign to assist providers in identifying the closest distribution point to them. STRIDES has included in its baseline/needs assessment questionnaire information on the cell phone numbers of private facilities to be provide to UHMG for inclusion in their client database.
- building upon the network of private drug shops and other private providers that UHMG has already trained, e.g. management of diarrheal disease in children under five, HIV testing and palliative care—as well as UHMG’s Good Life Clinics. These facilities should be linked into district-level planning and monitoring and supervision activities to be conducted by district health teams.

The Programme for Accessible Health Communication and Education (PACE), formerly known as Population Services International, has also done considerable work with the private sector. PACE distributes a variety of social marketing products, including Trust condoms, Water Guard tablets and solution, and PuR throughout the country to drug shops, retail shops, and pharmacies. PACE also distributes free ITNs and supports malaria education and net hanging campaigns throughout the country. PACE has also developed the Basic Care and Prevention Package (BCP) network that focuses on an easy-to-use, patient-managed system, includes both products and information about HIV care and treatment services. PACE has supported the development of BCP sites throughout the country which offer HIV

counseling and testing, prevention of mother-to-child transmission and family planning targeting both HIV+ couples and families. In addition, PACE is also developing another FP network that will include a range of family planning products and services, including IUCD. In addition to ensuring that its own socially marketed products are available and affordably priced for these providers, PACE has also negotiated specially discounted rates for other consumable medical supplies, e.g. syringes, gloves, etc., with major commercial distributors in the country, providing another benefit to its members. The opportunities for collaboration with PACE include:

- encouraging broader distribution of PACE products within STRIDES districts to PAF-facilities, non-governmental organizations, and for-profit providers and clinics, providing them with a range of product choices.
- exploring with PACE the possibility of expanding its special rates for other consumable medical supplies to other facilities within the district.
- including PACE FP and BCP sites in district-level planning, training, and supervision.

The USAID-funded HIPS Project works with the Ugandan business community to find cost effective ways to ensure access to health services for company employees, their dependents and the surrounding community members. The project provides technical assistance to help companies design and implement comprehensive workplace health programs in the areas of HIV and AIDS, TB, Malaria, RH and FP. HIPS currently partners with 50 different companies, supporting 88 healthcare facilities throughout the country, and normally conducts at least one supervision visit per year at each facility. Part of HIPS support to private providers is to assist them in accreditation with the MOH's Directorate of General Health Services. This allows accredited facilities to have access to free medical supplies through the Joint Medical Stores. HIPS works with the Uganda Manufacturer's Association and Federation of Uganda Employers in capacity building activities as well as identification and selection of new employers to participate in the HIPS model. The HIPS project is in the process of developing a memorandum of understanding with PACE to provide LAPMs at some of their supported sites. They are also hoping to collaborate with the USAID-funded Healthcare Improvement Program, being implemented by University Research Corporation, to improve quality of care in the private sector. The opportunities for collaboration with HIPS include:

- linking HIPS-supported facilities to coordination, planning, and training activities to be conducted at the district levels by the district health teams.
- exploring HIPS collaboration with the Healthcare Improvement Program to improve quality of care in the private sector to determine if there is any opportunity for activities in STRIDES-supported districts.
- building upon HIPS' model of accreditation of private facilities to provide them to access with low-priced medical supplies through Joint Medical Stores.

The Uganda Private Midwives Organization (UPMO)<sup>7</sup> is a non-governmental organization comprised of approximately 700 midwives nationwide rendering reproductive health and primary health services in

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<sup>7</sup> In March 2008, the Uganda Private Midwives Association changed its name to UPMO as a result of increased scope, coverage, volume of its services and constitutional change ([www.upmouganda.org](http://www.upmouganda.org)).

their individual maternity homes as well as a variety of community health activities.<sup>8</sup> UPMO is a partner of the STRIDES project, and will support UPMO representatives in each of STRIDES’ three regional offices in order to strengthen linkages with UPMO-affiliated midwives at the district level. The USAID-funded PSP-One project recently worked with UPMO on a pilot initiative to test a new Quality Improvement (QI) tool designed specifically for private providers, including a form to review service statistics, a provider self-assessment tool, a linked action plan to help solve issues identified by the self-assessment, and a tool to enable the supervisor to find solutions to problems identified by the provider.<sup>9</sup> The study demonstrated significant improvements in quality when providers were trained to conduct their own self-assessments and when they were supported by a trained supervisor. Approximately 200 UPMO midwives were trained to use the PSP-One QI tool. EngenderHealth/ACQUIRE also recently trained some UPMO members in long-acting and permanent methods (LAPMs). To support increased collaboration with STRIDES, UPMO should provide information on which STRIDES districts contain UPMO affiliated midwives, where the QI tool was used with UPMO members in STRIDES districts, and where LAPM training was provided to UPMO members. Opportunities for collaboration with UPMO include:

- working with UPMO’s members in STRIDES districts to incorporate them in planning, coordination, and training activities.
- Identifying and working in the provision of RH/FP/CS services with those midwives that were trained in the QI tool in collaboration with PSP-One, and identifying those midwives in STRIDES districts that were trained by EngenderHealth in LAPMs.

In conclusion, there are a variety of opportunities to be capitalized upon to strengthen coordination and linkages with existing private sector systems. STRIDES efforts at the district-level should work closely with these programs to build upon and support these sites—this coordination with mutually support the sustainability of STRIDES activities as well as the other private sector initiatives that are already in place in these districts. Table 1 provides a list of the district-specific activities supported by HIPS, PACE, and UHMG.<sup>10</sup> The table shows that there are some districts where private sector organizations have received extensive support, such as Kasese and Kyenjojo districts. Other districts, such as Kaliro, Kalangala, Nakasongola, and Sembabule have had fewer private sector activities.

**Table 1. Private Sector Initiatives in STRIDES 15 Selected Districts**

STRIDES Districts	Other Private Sector Initiatives
<b>Bugiri</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported clinic at Tilda Uganda Ltd.</li> <li>▪ PACE Basic Care Package site at Uganda Reproductive Health Bureau.</li> </ul>

<sup>8</sup> <http://www.upmouganda.org/aboutus.html>

<sup>9</sup> Agha, Sohail. July 2009. The Impact of a Quality Improvement Package on the Quality of Reproductive Health Services Delivered by Private Providers in Uganda. Bethesda, MD: Private Sector Partnerships-One project, Abt Associates Inc.

<sup>10</sup> The information on UPMO sites included in this table was provided by UHMG. UPMO did not provide district-level information. Therefore, there may be some omissions.

	<ul style="list-style-type: none"> <li>▪ PACE trained selected district health workers on use and management of Misoprostol and works with other stakeholders for distribution.</li> <li>▪ PACE worked with GOAL Uganda and BRAC Uganda to increase accessibility to safe water and reduction of HIV by distributing Trust condoms.</li> <li>▪ UHMG trained 1 UPMO provider in FP/CS</li> <li>▪ UHMG trained 6 drug shops in RH/FP and 8 providers in diarrhea management for under 5s</li> </ul>
<b>Kaliro</b>	<ul style="list-style-type: none"> <li>▪ PACE worked with selected communities and the district on ACT education</li> <li>▪ UHMG trained 1 UPMO provider in FP/CS</li> <li>▪ UHMG trained 6 drug shops in RH/FP and 6 providers in diarrhea management for under 5s</li> </ul>
<b>Kalangala</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported clinic at Lambu Health Center</li> <li>▪ PACE – Basic Care Package site at Kalangala HBVT</li> <li>▪ PACE worked with the district to conduct ITN distribution and hanging campaigns with Kalangala HBVT in the community</li> <li>▪ UHMG provided training to 5 providers in palliative care</li> </ul>
<b>Kamuli</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported OVC program—no service sites</li> <li>▪ PACE – Basic Care Package site at Kamuli Mini-TASO</li> <li>▪ PACE works with the district in communities on ACT education</li> <li>▪ PACE trained 8 schools on use of PuR</li> <li>▪ UHMG trained 1 UPMO provider in FP/CS</li> <li>▪ UHMG trained 9 drug shops in RH/FP and 12 providers in diarrhea management for under 5s</li> </ul>
<b>Kamwenge</b>	<ul style="list-style-type: none"> <li>▪ PACE – Basic Care Package site at Ntara HC IV</li> <li>▪ PACE distributes to Mildmay</li> <li>▪ PACE trained 3 schools on PuR: Kamwenge Modern, Kamwenge, and Nyabubare primary schools.</li> <li>▪ UHMG trained 5 drug shops in RH/FP and 9 providers in diarrhea management for under 5s</li> </ul>
<b>Kasese (AFFORD priority district)</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported clinics at Kasese Cobalt Company, Hima Cement, and IAA Kasese Cobalt Clinic</li> <li>▪ HIPS-supported OVC program</li> <li>▪ PACE – 4 Basic Care Package sites at JCRC Kagando Hospital, RTI Bwera Hospital, CRS Kasanga Primary Health Care, and Kilembe Mines Mini-TASO</li> <li>▪ PACE conducted mapping of clinics to roll out their FP network soon; conducted one FP camp with Kasese Cobalt Company Ltd.</li> <li>▪ PACE trained Kilembe Mines staff on PACE products and HIV prevention</li> <li>▪ PACE conducted community sensitization on cholera and distribution of water treatment products in selected communities</li> <li>▪ PACE trained 3 schools on use of PuR: Muhokya, Railway, and Mubuku Moslem primary schools</li> <li>▪ UHMG 4 Good Life Clinics</li> </ul>



	<ul style="list-style-type: none"> <li>▪ UHMG trained 12 drug shops in RH/FP and 20 providers in diarrhea management for under 5s</li> <li>▪ UHMG trained 5 providers in palliative care and 8 in HIV counseling and testing</li> </ul>
<b>Kayunga</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported clinic at Bakule Clinic</li> <li>▪ PACE – 5 Basic Care Package sites – Busaana Health Center, Galilaya HC 111, Kayunga District Hospital, Kangurumira HC, Makerere Walter Reed Project</li> <li>▪ UHMG trained 4 UPMO providers in FP/CS</li> <li>▪ UHMG trained 5 drug shops in RH/FP and 8 providers in diarrhea management for under 5s</li> </ul>
<b>Kyenjojo (AFFORD priority district)</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported clinics at James Finlays Tea-Kiko, James Finlays Tea-Bugambe, James Finlays Tea-Ankole, James Finlays Tea-Muzizi, Finlays Tea Mwenge HCIII</li> <li>▪ PACE – 2 Basic Care Package sites at Mini TASO Kyenjojo HC IV and IMC Kyaka Settlement Home</li> <li>▪ PACE conducted FP training for 4 ProFam clinics and 2 public-sector sites</li> <li>▪ PACE supported for its Women’s Health Program: Hope Again Clinic, Midas Touch Clinic, Kyenjojo Medicare, and Kyenjojo Doctors Clinic</li> <li>▪ UHMG Good Life Clinic</li> <li>▪ UHMG trained 10 drug shops in RH/FP and 15 providers in diarrhea management for under 5s</li> <li>▪ UHMG trained 12 providers in palliative care and 6 in HIV counseling and testing</li> </ul>
<b>Kumi</b>	<ul style="list-style-type: none"> <li>▪ PACE – 2 Basic Care Package sites at Atatur Hospital and Kumi Hospital</li> <li>▪ PACE conducted a RH advocacy initiative for district leadership and district health staff</li> <li>▪ PACE conducted a FP main camp and review camp at Atatur Hospital</li> <li>▪ UHMG trained 6 drug shops in RH/FP and 8 providers in diarrhea management for under 5s</li> </ul>
<b>Luwero</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported clinics at Kikyusa Clinic, Luwero Industries Limited Clinic, Nakasongola Military Hospital, St. Mary’s Medical Services</li> <li>▪ PACE – Basic Care Package sites (Bishop Asili Kasana HC 1V, Bombo Military Hospital, Holy Cross Kakyusa HC 1V and St Luke Namaliga).</li> <li>▪ PACE conducted ITN distribution and hanging campaigns at selected sub-counties</li> <li>▪ UHMG 1 Good Life Clinic</li> <li>▪ UHMG trained 2 UPMO providers in FP/CS</li> <li>▪ UHMG trained 4 drug shops in RH/FP and 6 providers in diarrhea management for under 5s</li> <li>▪ UHMG trained 9 providers in palliative care and 2 in HIV counseling and testing</li> </ul>
<b>Mayuge</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported OVC program—no service sites</li> <li>▪ PACE – 1 Basic Care Package site at St. Francis Buluba</li> <li>▪ UHMG trained 3 drug shops in RH/FP and 5 providers in</li> </ul>

	diarrhea management for under 5s
<b>Mityana</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported clinics at Tamteco-Kiyamara, Tamteco-Mityana, Santa Maria Medical Center, Peoples Clinic, Kasanda</li> <li>▪ PACE – 1 Basic Care Package site at Mityana MOH Hospital</li> <li>▪ PACE conducted 1 FP camp and one review camp at Kyantungo Health Center IV</li> <li>▪ UHMG trained 1 UPMO provider in FP/CS</li> <li>▪ UHMG trained 25 drug shops in RH/FP and 25 providers in diarrhea management for under 5s</li> </ul>
<b>Mpigi</b>	<ul style="list-style-type: none"> <li>▪ PACE – 4 Basic Care Package sites at Mpigi Health Center IV, Nkozi Hospital, Gombe Hospital, and Buwama Health Center</li> <li>▪ PACE conducted 1 FP camp and one review camp at Maddu Health Center IV</li> <li>▪ HIPS-supported clinic at Prometra/Fiduga</li> <li>▪ UHMG trained 10 UPMO providers in FP/CS</li> </ul>
<b>Nakasongola</b>	<ul style="list-style-type: none"> <li>▪ HIPS-supported clinics (need names of specific sites)</li> <li>▪ HIPS-supported OVC program</li> <li>▪ PACE – 1 Basic Care Package Site (Nakasongola Army Hospital)</li> </ul>
<b>Sembabule (AFFORD priority district)</b>	<ul style="list-style-type: none"> <li>▪ UHMG trained 6 providers in palliative care</li> </ul>

## Opportunities for expanding access and coverage through the private sector

While there are multiple opportunities for improving existing private sector systems, there are also important opportunities for working with the private sector on new initiatives to further increase access and coverage of services. While discussions with most district health officials interviewed for this report tended to focus on already existing efforts or issues with the private sector, a few district health leaders looked toward the private sector as an opportunity to further extend coverage in areas where facilities are currently not available. For example, the District Health Officer from Kyenjojo mentioned that there are currently 40 parishes in his district that do not have any health center. In these parishes, the population relies heavily on private providers and drug shops for their healthcare needs—suggesting that closer coordination with the private sector is needed to meet these service gaps. STRIDES’s role will be to work with the district health officials to help them better understand and identify these new opportunities that exist in the private sector as well. The first step in this process will be for STRIDES to support an initial private sector planning meeting in each district where members of the private sector will be invited to participate, including representatives from UHMG, HIPS, and PACE-facilities, as well as the for-profit private sector. During this planning and coordination meeting, participants will also conduct a mapping exercise to identify gaps in coverage and opportunities for collaboration with the private sector in filling those gaps. The meeting will also include a brainstorming session with participants from different sectors on how these gaps might be addressed. The initial coordination and planning meetings with potential

private sector partners will be facilitated by Meridian Group International in collaboration with STRIDES HQ and regional staff. Subsequent to this initial meeting, it is envisioned that the district health teams will include private sector representatives in their regular quarterly coordination meetings. Some additional ideas for increasing access include:

### *Expansion of Private Provider Networks*

Another important opportunity for increasing access and coverage will be to encourage expansion of existing private provider networks into STRIDES districts where these networks have been proven to be effective and sustainable service delivery systems. As described above, there are a variety of organizations that have developed and supported the development of private provider networks, including UHMG, PACE, and UMPO. An obvious opportunity for STRIDES is to identify through its mapping exercise with district-level officials opportunities for expansion of these existing networks into areas where access and coverage to services is an issue. For example, encouraging the expansion of UHMG and PACE networks into areas that are currently underserved at the district level. This would also include UPMO's identification and affiliation of new private midwives in STRIDES districts.

### *Employer-Based Initiatives*

As demonstrated in Uganda and many other countries in the East Africa region, employers are increasingly recognizing the tangible benefits and immediate return-on-investment in providing a comprehensive range of healthcare services for employees, including RH and FP. HIPS has demonstrated that the model works in Uganda, and there certainly are opportunities for expanding these activities. The next step would be to explore with HIPS their potential for expansion of new employer-based facilities within STRIDES districts—and determining, what/if any, other large employer-based facilities exist within STRIDES districts. This would also include encouraging facilities that already have a strong employee-program to consider expanding services to the general public. The Hima Cement Clinic in Kasese was preparing to increase their coverage to the general public in September 2009. STRIDES may also identify other employers, cooperatives, associations that would be interested in supporting RH/FP/CS for members and the local community during district level activities.

### *Health Financing Initiatives*

There is an opportunity to look at health-financing initiatives to support private providers and overall improvement in quality of services. The Uganda Micro-Finance Union (UMU) received support from the USAID-funded Summa Foundation, a nonprofit investment fund created by USAID, to provide US\$175,000 in capital to support improvement in quality health services in the private sector. In June 2006, BRAC began operating its Microfinance Program in two districts in Uganda - Kampala and Iganga. STRIDES should pursue opportunities with these organizations and any other micro-finance/microcredit opportunities available for the health sector. Although not covered during this assessment, another possible area to explore is health insurance schemes, and how these initiatives might be incorporated into STRIDES districts. The next step would be to identify the various health financing and health insurance opportunities that exist and begin discussions with them regarding collaboration with STRIDES.

### *Performance-Based Grants*

The STRIDES project will also use performance-based grants as a mechanism for increasing both for-profit and non-profit mechanisms for addressing healthcare needs at the district level. The performance-based grants are an important element in increasing access and coverage, and should be considered as complementary to the previously mentioned activities. It will be important to coordinate targeting of grants to issues identified through the baseline/needs assessment (both in terms of geographic targeting as well as types of interventions) and the initial private sector planning at the district-level. This would allow the grants to be focused on the unique opportunities and needs identified through these two mechanisms. The award of grants should be based on best practices for private sector service delivery, should demonstrate that sustainability goals are achievable, and should also demonstrate cost-leveraging from either their own or other private (non-USAID) sources.

## **Opportunities for increasing corporate contributions in RH/FP/CS**

Another key opportunity for STRIDES in achieving its overall goal to improve the quality of and increased access to integrated RH/FP and CS services will be to identify opportunities for support from the for-profit corporate sector. There is a precedent among USAID-funded projects in other countries to increasingly look for opportunities to complement donor-funded activities with direct cash and in-kind contributions from the corporate sector. In Egypt, the USAID-funded Takamol project seeks cash and in-kind donations from a variety of organizations to support clinic renovations, equipment, and training needs in the project's priority districts. These have included contributions from multi-nationals such as Barclays Bank, Shell Oil, Procter & Gamble, General Motors, Banque de Caire, and RWE. Meridian Group International has also developed a tool for tracking in-kind contributions from the corporate sector. There are also a variety of multinational organizations that award regular cash grants to NGOs working in areas that are in line with their corporate social responsibility strategies.

## **Next Steps**

- STRIDES is currently conducting its in-depth baseline/needs assessment in all 15 districts, including more detailed information on private sector issues and opportunities in all districts. This baseline/needs assessment will also provide a detailed review of private for-profit and non-profit facilities in each district (September-October 2009).
- Conduct the detailed private sector coordination, planning, and mapping session at the district level, incorporating results from STRIDES initial baseline/needs assessment. Regional or district-level representatives from HIPS, UPMO, UHMG, and PACE will be invited to attend these coordination meetings. Meridian Group International proposes that it provide support on the conduct of the first few district meetings (November 2009 – February 2010).
- Identify specific opportunities at the district level for building upon existing systems and identifying new areas where interventions are needed. Based on these needs, pursue collaborative agreement or memorandums of understandings with the appropriate players as identified in each district. Begin implementation of specific initiatives. (November 2009 – June 2010).

- Develop terms of reference for performance-based grants, also based upon key findings from the needs assessment and in-depth private sector planning and coordination meetings (Timing to be determined).
- Continue monitoring of district-level coordination with the private sector, and liaison with key organizations/players (On-going).
- Explore corporate support of STRIDES initiatives in key areas through corporate contributions and social responsibility programs. The next step would be to identify private sector partners with corporate contributions programs (grants) for East Africa, companies with corporate social responsibility portfolios that include RH/FP, and CS for East Africa, and other local companies with an interest supporting health initiatives. Meridian Group International proposes it provide technical support in this area (January – June 2010).