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Regina Bakitte (UCMB/EPN)
NGO challenges in integrating into the National Health System

Content
• Introduction
• Status quo
• Current challenges
• Mitigation measures
• Recommendation and conclusion
Introduction

• UCMB and EPN are faith based organizations and therefore are church founded institutions with a common mission of contributing to what Jesus started in the healing ministry.
• That is where the church gets its mandate.
• Luke 10: 25-36” The story of the Good Samaritan”
• The church’s strategic intent is to have preferential option for the poor and the vulnerable in access, equity, quality and sustainable services.
Status quo

• The National Policy on Public Private Partnership in Health (PPPH) was approved by government of Uganda
• Focused on relationship between public and private sector
• Private sector comprises of the PNFPs facility based services (mainly religious based medical bureaux) and non-facility based (mainly NGOs)
• PHP; licensed for private services (clinics, pharmacies, dental centers – at a profit)
Status quo

• Traditional and complementary medicine practitioners (TCMP)
• Traditional healers including herbalist, bone-setters, birth attendants, hydro therapists and local dentists
• How can the private sector work together to bring this partnership to a reality?
Challenges

• Is it possible to have a common agenda by complimenting of what the public sector does?
• How can we ensure that we maintain professionalism in our work?
• What is our strategic intent in terms of what we can offer and refer what we can’t?
• How can we position our services to fit into the public HSSP?
Mitigation

• It is possible to have a common agenda by complimenting of what the public does?
• The private and public need to strengthen sector wide approach and put to reality the HSSP
• The end-user is the patients. Can we beef up operation research through patients surveys and share feed back with government and development partners?
Mitigation (cont.)

• The role of the church should come out clearly because the patients (end-user) we both serve are the parishioners who are also people of the state

• The bureaux should aid in mobilization of the religious leaders to support government programs; space for immunization campaigns, safe delivery as they do for peace

• Creating awareness through information dissemination targeting church groups
Mitigation (cont.)

• The outcome will be increased accessibility for health units services hence reduced costs of reaching out to people
• The public sector can then out of the savings made increase support to PNFPs for them to attract and retain human resources
• Strongly agree-3  agree-2  strongly disagree-1?
Mitigation (cont.)

• How can we ensure that we maintain professionalism in our work?
• How can we use the policy to harmonize quality between the PNFPs, PHP, TCMP?
• TCMP traditionally are influential culturally, how can we change people’s perceptions, attitudes and misconceptions on western medicine? If we are to reduce infant and maternal mortality rates? i.e. in Uganda 60% of the population use TM for PHC ratio 1:200 -1:400
Mitigation (cont.)

• What is our strategic intent in terms of what we can offer and refer what we can`t?

• The model of services and referrals from TCMP, the PNFPs, and PHP to respective facility be made practical

• Use the policy to discuss and share on procedure of treatment, prevention, rehabilitation and referrals then bridge the gaps.
Mitigation (cont.)

• How can we position our services to fit into the public HSSP?
• Issue of management of health information (HMIS)
• Is the system of HMIS applicable to all; TCMP, PHP and PNFPs
• How is the data management both in the public and private sector
• Are there gaps; over reporting or under reporting?
Mitigation (cont.)

• Use the policy to ensure that governance is strengthened by the public and private sector through creating boards where they are missing and empowering them

• The communities we serve are the same people who are eyes on and hands off

• The management (staff) all are trained through the same training institutions i.e. nurses, midwives and doctors

• Live by their professional in saving life sooner than later
Recommendation

• The private not for profit sector needs to position itself in the minds of the politicians, donors and community for their service to be owned by the public sector.

• The public should recognize the services of the private sector by ensuring this PPPH policy is put into reality.
Conclusion

• Faith based organization are blessed with the existing church structures that the community use for their association in spiritual nourishment as well as ownership of existing services.

• The public should put in place interventions to harness the opportunities of the private sector.

• The issue of vertical programs should be revised!
THANK YOU