

The People's Health Assembly (PHA)

Cape Town

7 July 2012

Regina Bakitte (UCMB/EPN)



NGO challenges in integrating into the National Health System

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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 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 PNFs 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 PNFs, 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 PNFs
- 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

