JRM 2014

Contribution of the PNFP

Dr. Sam Orochi Orach
Executive Secretary
Uganda Catholic Medical Bureau

ON BEHALF OF THE PNFPs
Outline of presentation

• Define the PNFP
• Contribution of the PNFP to the health sector
• Challenges affecting the contribution
• Recommendations
WHO ARE THE PNFPs?
• Civil society organizations
• Ownership is **PRIVATE** or non-state
• Function is in **PUBLIC** interest
  – First and foremost reason of operation is the provision of health services
  – Need money to provide the services
  – If nobody else can provide that money then the service user has to contribute or provide it
  – Surplus not distributed between “Owners” but used to improve / continue services like in government
The PNFP

• Two major categories
  – Facility – based PNFPs and
  – Non-facility-based PNFPs.

• About 75% of the facility-based PNFPs are under 4 national faith-based coordinating bodies – Medical Bureaus:

• Have the second largest Supply-chain mechanism in the country, the Joint Medical Store (JMS), founded in 1979
PNFP Facilities across Uganda

(DHIS2 – GIS – **Over 70 facilities missing from this map**)
• Non facility based PNFP health providers
  • Do not directly own or operate health facilities
  • Support/undertake health development activities in partnership with government or in support of the national plan
  • Some support preventive, promotive and other services
  • Some support government and PNFP facilities
  • Include international, national and local NGOs/CBOs
• The Four Medical Bureaus
  – UCMB – the Health Department of the Catholic Church (founded in 1934)
  – UPMB – for Protestant Churches (Founded in 1956)
  – UMMB – for Islamic facilities (First founded in 1978 but reactivated around 1983)
  – UOMB – for the Orthodox church (New born)
• UCMB and UPMB gazetted in 1955 and 1956 respectively as channels for giving grant-in-aid to religious founded facilities
PNFP Contribution to the National Health System
Contribute to all health system building blocks and levels of care

THE BLUNT END
- Policies
- Leadership
- Management
- HEALTH FINANCING
- HUMAN RESOURCES
- Health Information and Communication Systems
- Medicines and other technologies
- Service Delivery & Referral system

The sharp end – Direct encounter with patients
- Blamed for all “mistakes”

Patients experience final effects of a health system
1. Historical feature of Uganda’s health system

Diagram showing cumulative PNFP over time with indication of periods of conflicts and involvement of different religious groups.
Areas of Contribution

2. Policy development, monitoring and evaluation of the national plan
   – SWAp structures e.g. HPAC and District Fora
   – Medical Bureaus (Self-coordinating bodies)
   – NFB PNFPs

3. Planning and coordination
   – Through established coordination structures – Medical Bureaus
     • Contribute to coordination and systems strengthening for the benefit of Uganda
4. Contribution to Health Infrastructure

– About 42% of the Country Hospitals
– 42% of the Country Hospital Beds
– About 65% of the institutions training nurses/midwives in Uganda are PNFP
  • 92% of these are under three Medical Bureaus
<table>
<thead>
<tr>
<th></th>
<th>Hospitals</th>
<th>HC IV</th>
<th>HC III</th>
<th>HC II</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCMB</td>
<td>32</td>
<td>5</td>
<td>169</td>
<td>76</td>
<td>282</td>
</tr>
<tr>
<td>UPMB</td>
<td>18</td>
<td>7</td>
<td>199</td>
<td>53</td>
<td>277</td>
</tr>
<tr>
<td>UMMB</td>
<td>5</td>
<td>2</td>
<td>22</td>
<td>21</td>
<td>50</td>
</tr>
<tr>
<td>OUMB</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>56</td>
<td>15</td>
<td>393</td>
<td>159</td>
<td>623</td>
</tr>
<tr>
<td>Other PNFPs</td>
<td>11</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>
## Contribution to Hospital Capacity

<table>
<thead>
<tr>
<th></th>
<th>No. of Hospitals</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>65</td>
<td>41%</td>
</tr>
<tr>
<td>PNFP</td>
<td>67</td>
<td>42%</td>
</tr>
<tr>
<td>Private</td>
<td>27</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>159</strong></td>
<td><strong>100%</strong></td>
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<tr>
<td>Other PNFP</td>
<td>?Data</td>
<td></td>
</tr>
</tbody>
</table>

Help to extend access to services to the people
5. Human Resource in PNFP facilities

<table>
<thead>
<tr>
<th>Medical Bureaus</th>
<th>Hospitals</th>
<th>HC IV</th>
<th>Other LLUs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCMB</td>
<td>5,558</td>
<td>96</td>
<td>2,584</td>
<td>8,238</td>
</tr>
<tr>
<td>UPMB</td>
<td>2,867</td>
<td>375</td>
<td>1,707</td>
<td>4,949</td>
</tr>
<tr>
<td>UMMB</td>
<td>144</td>
<td>58</td>
<td>338</td>
<td>540</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,569</strong></td>
<td><strong>529</strong></td>
<td><strong>4,629</strong></td>
<td><strong>13,727</strong></td>
</tr>
</tbody>
</table>

10% of qualified clinical staff are seconded / deployed by government as strategy to extend services to people in the respective areas.
## 6. Contributing to Human Resource Production

<table>
<thead>
<tr>
<th>Category</th>
<th>UCMB</th>
<th>UPMB</th>
<th>UMMB</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites training Traditional Nurses and Midwifery</td>
<td>12</td>
<td>10</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Sites training ECN</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Sites training traditional EMW (cert)</td>
<td>12</td>
<td>10</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Sites training traditional EMW (diploma)</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Sites for cert. Laboratory Training</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Sites for diploma Laboratory Training</td>
<td>3</td>
<td>1</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Universities training doctors (UMU - Post grad)</td>
<td>1</td>
<td>0</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Training in Health Service Management (UMU &amp; UCU)</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Training site for Government University (Lacor hospital – Gulu)</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
7. Contribution to supply Chain

• Joint Medical Store
  – Started in 1979
  – Jointly by UPMB and UCMB
  – PNFP facilities have not stopped procuring essential medicines from JMS
    • Reduced support – end of credit line – affecting capacity to procure
    • Many facilities were shifted by MoH and some grant conditionalities to procure HIV/AIDS commodity from another supply chain mechanism
8. Provision of the NMHC package by the PNFPs

E.g. OPD, In-patients and Deliveries

Health Facilities under UCMB also manage 12% of patients on Antiretroviral therapy
9. Contribution to Health Resource mobilisation

- Resources mobilised by the PNFP (FB or NFB) for work in health should be considered as mobilised for Ugandans
  - Mobilising from donors
  - Mobilising local resources through user fees or Health Insurance schemes (e.g. Community Health Insurance)
- Increasing support from government or donors helps reduce reliance on user fees
- Reduction in support amidst increasing cost of service forces PNFPs to increase user fees
Financing of PNFP Facilities – 2013/14
(From UCMB and UPMB data)

60 – 80% of donor funds are for HIV/AIDS, TB and Malaria

Donations, 33%

User fees, 44%

Others (e.g. IGAs), 14%

PHC CG (government subsidy), 9%

Proportions vary at local level
e.g. between facilities or between dioceses
Hospital Recurrent Cost Recovery Rate
(Median in UCMB Hospitals as example)

When government subsidy was highest

Reducing government subsidy
9. Contribution to Innovation

- **PBF**
  - In Jinja diocese where it has been extended to government facilities in Kamuli district with very good results
  - In Acholi sub-region supported by DfID
  - Voucher system (UPMB) supported by Big Lottery UK
  - Building maternal homes in hospitals to improve on maternal health – a long time feature of some PNFP facilities
10. Contributing to Quality Improvement Initiatives

• Having accreditation systems that could be adopted nationally
  • About 15 years experience now
• Production of Patient Safety Manual
• Annual Patients Satisfaction surveys
  • Tool now also used by KCCA
11. Contributing to Health Technology

• Digitalising patient-level data collection in hospitals
• Capacity to feed data into DHIS2 built in some PNFPs to below district level – HC II in some cases
• Digitalising patients satisfaction survey
12. Other areas of Contribution

• Planning and management of health services at all levels.
  – 29 PNFP facilities are Health sub district headquarters
  – Participation in DHMTs where the districts have actively involved them

• Provision of community based services
  – Outreaches, home based care, CORPs
    • More by the NFB – PNFPs
    • E.g. 70% of HIV community-based prevention work
    • HFs also work with the NFB PNFPs
Major challenges to PNFP contribution

- High staff turnover rate
  - Most departures are destined to government (60 – 70%)
  - Some to Vertical Projects, mainly in HIV/AIDS
Trend of attrition of key clinical cadres in UCMB Health Center 2010-2014

- CO: 38% (2010/11), 38% (2011/12), 36% (2012/13), 47% (2013/14)
- EN: 43% (2010/11), 36% (2011/12), 40% (2012/13), 48% (2013/14)
- EMW: 43% (2010/11), 46% (2011/12), 47% (2012/13), 48% (2013/14)
• Rising unit costs and total cost of service provision
  – Most people look at what patients pay but not facilities spend beyond what patients pay
  – Amidst reducing govt allocation to facilities and severely reduced fungible donor funding
COSTS TO HOSPITAL

<table>
<thead>
<tr>
<th>Expenditures by Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visible to the Provider who has Done cost analysis</td>
</tr>
<tr>
<td>Visible to both Provider and Client</td>
</tr>
<tr>
<td>Not Visible to Provider</td>
</tr>
<tr>
<td>Visible to Client</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Bill</th>
<th>Actual Charge</th>
</tr>
</thead>
</table>

**Human Resource (Surgeon, Asst. Surgeon, Anaesthetist, O.R. Nurses, etc) in Operating Room**

**HR to take care of client on ward**

**Other ward facilities like water, electricity etc**

**Cost of theatre space / maintenance**

**Sterilisation**

**Sundries**

**Anaesthetic drugs**

**Other drugs**

**Administrative materials**

**Cost bed occupied on ward**

**Income missed by hospital due to bed occupied by one patient for long**

**Laundry**

**Administrative overheads**

**Transport to and from hospital**

**Accommodation for Attendants**

**Meals for client and attendants**

**Post-operative treatment at home**

**Opportunity Costs**

**Extra Air-time for communication**
Recommendations

• Study practices in other African counties like Zambia, Malawi, Ghana etc to inform Government-PNFP partnership on HRH

• Performance-based financing (PBF) to be adopted both for the PNFP and government facilities

• The capacity at JMS to be supported as the Supply-chain system for the PNFPs