



VOUCHERS SUPPORT MATERNAL AND NEWBORN CARE FOR THE POOR IN UGANDA

Stories from Mothers, Health Care Providers, and
District Leaders

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Contact Information:

Christine Namayanja, Chief of Party,
Christine_Namayanja@abtassoc.com

Christina Kramer, Portfolio Manager,
Christina_Kramer@abtassoc.com

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From the USAID Uganda Voucher Plus Activity Chief of Party



Chief of Party Christine Namayanja greets expectant mothers at Alleluyah Medical Centre, a Voucher Plus Activity partner health facility, during a visit to Alebtong District

I walk through the corridors of our partner health facilities and encounter women who, with the financial assistance of the USAID Uganda Voucher Plus Activity, are preparing to deliver at a facility for the first time. Without such facility care, some of them, or their babies, might not survive delivery—many women in rural Uganda continue to die unnecessarily from treatable maternal complications. This means improving maternal and newborn health is still a critical priority.

I am glad that the USAID Uganda Voucher Plus Activity exists alongside other financing schemes to build capacity of local private providers, strengthen the whole health system, and improve maternal outcomes for the most vulnerable. Through the partnerships we have forged with the district and private health providers, our hope is that districts will adopt the best practices identified while implementing this Activity. When they do, we are optimistic that we will be a step closer to ending the tragedy of preventable maternal and newborn deaths.

In the pages that follow, we share our stories. The stories are from our beneficiary mothers, attesting to how USAID, through the Voucher Plus Activity, has enabled them to access to excellent care.

Every story, however small, is evidence of the important inroads that local and global initiatives have made in improving access and quality of care. Together, we can deliver comprehensive and lasting solutions to end maternal and child deaths. As Hellen Keller said, “Alone we can do so little; together we can do so much.”

Christine Namayanja
Uganda Voucher Plus Activity Chief of Party

Activity pillars



The Voucher Plus Activity rests upon six pillars that, together, support an equitable and just health system for mothers and babies. They are:

Equity

The Activity expands the reach of the health system to serve the poorest, hardest-to-reach populations through partnering with remote service providers.

Financial Protection

The Activity offers financial protection to very poor women to avoid catastrophic out-of-pocket payments.

Quality

The Activity improves the quality of RMNCH services in the private sector.

Public-Private Partnerships

The Activity stimulates public-private partnerships for health at the district level to strengthen the health system.

Sustainable Financing

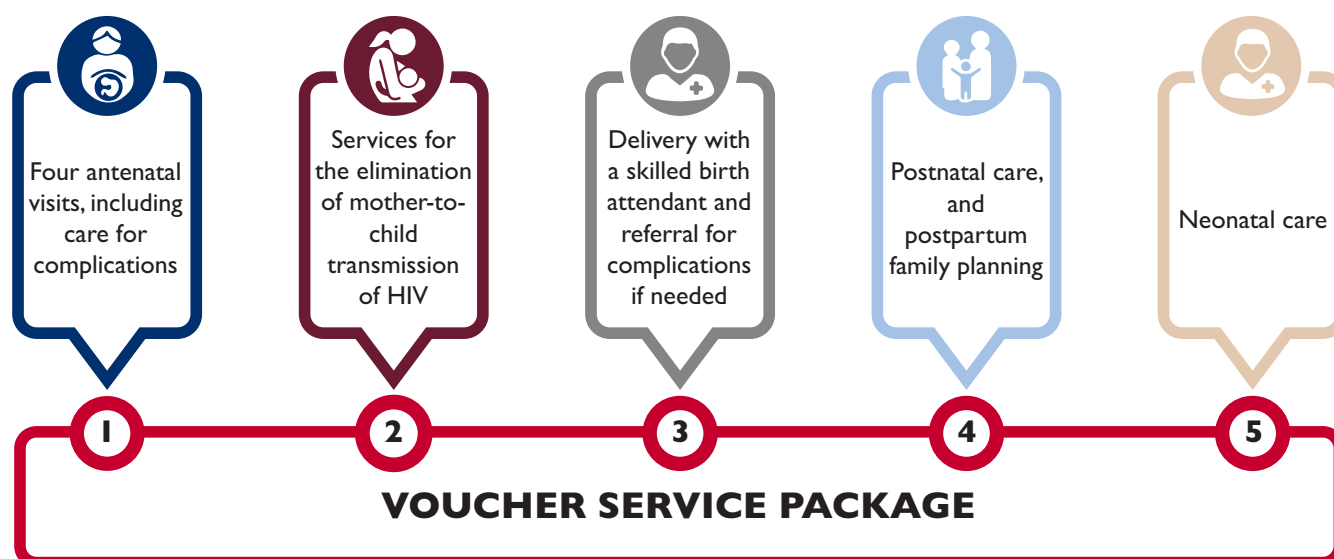
The Activity empowers the private sector to contract with long-term health financing mechanisms.

Evidence to Action

The Activity generates and uses evidence to adapt the implementation approach and inform other implementers and development partners

How does the USAID Uganda Voucher Activity work?

The USAID Uganda Voucher Plus Activity improves health equity by providing very poor women access to a range of quality maternal health care services—from antenatal obstetric care (ANC) through delivery, postnatal care (PNC) and postpartum family planning (PPFP), and newborn care. The Activity, led by Abt Associates, works in 35 districts in the Northern and Eastern regions of Uganda. Qualifying women can buy low-priced vouchers and then seek services at private not-for-profit providers that the Activity identifies, accredits, and reimburses for the services they deliver to voucher holders. Simultaneously, the Activity works with community volunteers such as village health teams, who sell vouchers at 4,000 Ugandan shillings (UGX) to the women, while also providing safe motherhood information to target populations—mothers, fathers, and others.



To ensure its 140 participating private providers deliver high-quality services, the Activity strengthens provider capacity through clinical and administrative training and mentoring, supervision, and auditing. Administrative skills include how to participate in the contracting mechanism, so providers can submit timely and correct claims, for which they are reimbursed.

To strengthen the overall district health system, the Activity stimulates private-public partnerships for health by engaging District Health Offices in the capacity building of the private providers and requiring these providers to report service delivery data to the district health management information system. Finally, the Activity contributes evidence on output-based health financing mechanisms in Uganda to support the Ministry of Health to efficiently implement the mechanisms.

Since it began in 2016, the USAID Voucher Plus Activity has achieved impressive outcomes in terms of the numbers of people it has reached with information as well as the providers and families it has benefitted.

In addition to numbers, however, are the people the Activity has affected. We tell the stories of some of them here: The stories come from providers that the Activity has enabled to improve and expand the services they can offer. And from the mothers who describe the services they and their babies have received. There are stories from men who now better understand the importance of the care their wives and newborns receive. Finally, we hear leadership voices, of Activity volunteers and district health officials who are helping their communities understand the value of care and how to access it through vouchers.

A midwife at Alleлуйah Medical Centre in Alebtong District attends to a voucher mother during a routine antenatal care visit



Maternal health in Uganda

Uganda is making improvements in maternal and newborn health, but progress is slow. Although the country's maternal mortality rate decreased from 438/100,000 live births in 2011 to 336/100,000 in 2016, it is still very high, especially in northern and eastern districts. Neonatal mortality also is decreasing, but nationwide it is 27/1,000 live births, and in some rural eastern districts, 34/1,000.

Many women suffer from the three delays in obtaining trained care: (1) recognising that they need medical help for an obstetric emergency; (2) reaching an appropriate obstetric facility; and (3) receiving adequate care when a facility is reached.

336/100,000
maternal mortality ratio

01

Recognising that they need medical help for an obstetric emergency;

02

Reaching an appropriate obstetric facility; and

03

Receiving adequate care when a facility is reached.

The three delays pose serious threats to maternal and newborn lives.

Lack of utilisation, access, and quality pose serious threats to maternal and newborn lives—but this can change.



WHAT DOES IT TAKE?

Increasing access for the most vulnerable

“I believe I gave birth successfully because I came to the clinic from the start of my pregnancy and followed all the advice given to me”

It is ANC day at the Gift Life Health Centre in Lira District in Northern Uganda. A group of pregnant women with vouchers are seated on wooden benches, each waiting her turn to see the midwife. In the maternity ward, 26-year-old Rose Musa welcomes her fourth child, a healthy boy she named Juma, and beams, “I am happy I had all the care I needed through the months of my pregnancy.” While pregnant, Musa was able to regularly make ANC visits to the Gift Life Health Centre to receive high-quality care by skilled personnel, made affordable by the USAID Uganda Voucher Plus Activity.

“I would not have managed to deliver at this health facility if I did not have the voucher,” says Musa.



Rose Musa watches her baby boy Juma, soon after delivery at Gift Life Health Centre, Lira District

WHAT DOES IT TAKE?

Making affordable health care available

“I owe my life to Voucher Plus”

Deborah Akijo is a resident of Obule parish in Lira District. “If it had not been for the voucher, I would be dead by now. I had a prolonged and painful labor and was later operated. My husband would not have managed to raise the money needed for an operation.”

Akijo heard about the voucher card benefits through an announcement made at Pentecostal Assemblies of God church. At that time, she was two months pregnant. Akijo decided to tend a neighbour’s garden to raise UGX 4,000 shillings to pay for a voucher. Stella Achiko, a community-based distributor in her village, sold her the voucher.

The voucher bought Akijo all the treatment and medicine she needed throughout her pregnancy. During delivery at Bule Hospital, doctors discovered that she had an intrapartum hemorrhage, a serious and potentially life-threatening issue. They referred her immediately to Soroti Medical Nursing Associates, which did a Caesarean section. “I am grateful for the quality maternal services I received during pregnancy and after delivery. I still cannot believe all I paid was 4,000 shillings,” Akijo says.

“Here he is,” Deborah Akijo smiles as she shows off her Voucher baby



WHAT DOES IT TAKE?

Enabling private providers

Improved facility infrastructure has “greatly reduced mortality”

Midwife Rose Nekesa owns Kyaterekera Domiciliary in Namisindwa District in Eastern Uganda. She established the clinic with the little capital she had saved, to provide poor mothers assisted deliveries. However, most women could not afford her services; in a good month, she delivered at most three mothers and earned UGX 20,000. As a result, she could barely pay her rent, and she could not buy the many drugs the clinic needed. When it rained, the facility was surrounded by thick mud.

This changed when Nekesa began to partner with the USAID Uganda Voucher Plus Activity. “When the Voucher Plus Activity approached me about their need to invest in the facility to help pregnant women, I was delighted. The first time I got money from a voucher reimbursement, it was 1,000,000 shillings. I could not believe it. I had never touched this kind of money.” Using voucher reimbursements, Nekesa was able to renovate the facility and its grounds; purchase drugs, a delivery bed, postnatal beds, a microscope and other laboratory equipment, and a vehicle to transport clients; and enroll three midwives. “Voucher Plus has made me experience my dream! These days, the mothers I used to deliver in a month, I deliver them in a day,” Nekesa tells us. “This Activity has greatly reduced maternal mortality.”

Before Voucher Plus:
2 or 3 mothers per month



Because of Voucher Plus partnership:
30 to 50 mothers per month



Midwife Rose Nekesa of Kyaterekera Domiciliary in Namisindwa District shares a moment with a voucher mother and her baby

WHAT DOES IT TAKE?

Providing access to skilled attendants

USAID Voucher Plus Activity is “saving the poor”

Midwife Ann Mary had been on call all night, surrounded by the groans of mothers in labour at Masha Clinic in Kapchorwa District in Eastern region, but as day dawned she could still manage a smile. She works hard to keep mothers safe during pregnancy and childbirth. “I am happy that through the Voucher Plus Activity, I am able to make a big difference in the lives of very many women. This project is really helping the poor mothers.”

In Kapchorwa, most women do not have the money to pay for the professional services of a facility-based birth. They continue seeking services from traditional birth attendants (TBAs) who are not skilled to address the major killers of mothers and babies, should a complication arise during delivery. “This project is taking more and more mothers from the TBAs and bringing them to the facility at a very affordable fee,” Ann Mary says.

Before the USAID Uganda Voucher Plus Activity partnered with this facility, it was delivering 8–10 mothers a month; now it delivers 30–40.

Ann Mary beams soon after delivering a baby at Masha Clinic, Kapchorwa District



WHAT DOES IT TAKE?

Reaching out to pregnant women

Field workers

Helda Auma is a former traditional birth attendant who is now a voucher distributor. “I was only 13 years when I helped my mother deliver my sister in our small garden. From then I continued delivering mothers but started asking them to go to hospital because there they would know their HIV status and not put the baby or myself at risk. I became a voucher distributor because I believe in what the Voucher Plus Activity is doing, giving poor mothers a chance to access quality services without having to sell their property. Even the very poor woman is able to go to a facility that is seen as for the rich to deliver at only 4,000 shillings.”



Helda Auma, is now a community-based voucher distributor who pedals miles to deliver lifesaving vouchers to poor pregnant women

WHAT DOES IT TAKE?

Preventing HIV infection

“At only 4,000 shillings, my baby did not contract HIV”

Isha (not her real name), a [nother] woman at the Gift Life Health Centre, smiled, and before she said a word, gratitude showed all over her face. On her lap was Miracle, her eight-month-old baby. “If it had not been for this voucher, I would not have known that I was HIV positive and my child would have been infected too,” she says. The mother of two was shocked when she found out during a routine ANC check-up that she was HIV positive. For a moment, she stared into space, envisioning what could have happened if she had not learned her status. “You know, the child is innocent. Infecting her would have been terrible. I have no source of income,” she says. “I am glad I got this voucher at only 4,000 shillings. You saved my child.”

Isha was guided on how to care for Miracle and encouraged to adhere to her own treatment. “I was told to ensure regular blood tests are done to make sure there is zero transmission.” The USAID Uganda Voucher Plus Activity is working closely with private and public facilities to make sure all pregnant mothers are tested to prevent their children from being infected because no child should be born with a preventable disease.

Because the voucher enabled Isha to access care, her baby is protected from HIV



WHAT DOES IT TAKE?

Meeting standards of care

Our facility now is among “the best in the district”

“Before partnering with the USAID Uganda Voucher Plus Activity, our facility was under-staffed. We faced limited capacity to accommodate the demands of our staff and clients. Documentation of clients’ records was poor. We never had the essential infrastructure to administer the necessary services to patients. The facility had only one delivery a month. We were not following Ministry of Health guidelines,” explains Jack Okello, manager of Apac Medical Centre in Apac District.

“After accreditation by the Voucher Activity, the facility was able to recruit four midwives, which increased the number of deliveries it performs each month to 30–50, since mothers know they will be attended to by skilled providers. Now we also provide postnatal care services. Technical staff undergo training, for example, on management of pregnancy-related complications. We have been able to procure hospital and delivery beds for mothers, and a complete delivery kit. We have also set up family planning rooms. Mothers are able to take their children for immunisations. As a result, we have attained support supervision from the Voucher team, district officers, and Ministry of Health officials. We submit monthly reports to the district.

“The facility has grown to be among the best in the sub-county, thanks to the USAID Uganda Voucher Plus Activity.”

Since Activity training on proper records management, staff at Apac Medical Centre maintain well-organised client files



Jack Okello, manager of the Apac Medical Centre, explains the improvements the facility has made with training and reimbursements from the Activity



WHAT DOES IT TAKE?

Involving men in maternal and child health care

Supportive partners

The USAID Uganda Voucher Plus Activity advocates for men's involvement in reproductive and broader family health issues. Through men-only dialogues, the Activity engages expecting fathers in health from pregnancy through delivery and beyond. The program also seeks to demystify gender roles as defined in the African context, and it encourages men to help their wives and to participate actively in their reproductive health.

Peter, a farmer whose wife recently delivered at a health facility for the first time, is delighted that the Activity helped him appreciate his wife more and provide meaningful support to her and the family. He acknowledges that he used to associate most household activities with women and would never have imagined performing them himself. After his wife gave birth to their older children, he engaged relatives to take care of her and to help keep the house in order.

Peter now considers that unnecessary. He actively supported his wife during her [latest] pregnancy and notes, "Since my wife gave birth, I try to be more involved around the house. I am always happy to help my wife." After the delivery, Peter and his wife jointly decided to use PPFP, and the PPFP method they would use.

"Being actively involved has been a great gain for me, unlike for others who may consider it as a waste of time." Peter urges other fathers to take the bold step of active involvement in maternal and child health in order to promote the health of mothers and children.

Community meeting
at Tamagi Community
Medical Centre, Acaba SC
Oyam District



Buy-in from district leadership

The Voucher Plus Activity stimulates private-public partnerships for health in the districts to strengthen the health system

"The USAID Voucher Plus Activity has really helped us. Through this activity, we have been able to improve as a district. The ANC4 Visit that has been a big challenge is improving: we were at 50 percent [of ANC1 women who returned for following visits] but are now at 64 percent. PNC was very poor between 2016 and 2017; it was at 9 percent. But [it] has now doubled. Uptake of family planning was at 8 percent, but is now at 35 percent. With the Voucher Plus, facilities have received training and mentorship, built capacity of village health teams, supported facilities in data management among other things. This partnership is very valuable."

*Consolanta Akullu, Assistant District Health Officer,
Maternal Child Health, Apac District*



Partnership with the private sector

Vouchers offer financial protection to very poor women to avoid catastrophic out-of-pocket payments

“Five years ago, Lira had only three health facilities providing Comprehensive Emergency Obstetric Care (CEOC). The [district’s] over 89,000 mothers could only access CEOC from those facilities. Maternal and neonatal mortality was high. Other facilities came up but the turn-up of mothers was low. They would come to the facility to check the position of the baby and then would go to deliver with the help of traditional birth attendants. Mothers would only show up at a health facility when the delivery became too complicated. To clear the hospital bill, they had to sell property. When the USAID Voucher Plus Activity came up, mothers started turning up, which significantly improved our indicators on maternal and child health, antenatal care [uptake], and [facility-based] delivery improved. Through Voucher Plus, the number of private health facilities reporting to the district increased. Before, we were missing all these data. The coordination between partners and the inclusion of the district is a very strong component of the Voucher Plus.”

Dr. Ocen P. Buchan, District Health Officer, Lira District



Quality services



Quality of care in private facilities has improved

“The government is aware that it cannot be everywhere; we therefore appreciate [the] private sector as partners in health service delivery. Mbale has benefited a lot from working with the private sector.

“Working with the USAID Uganda Voucher Plus Activity has improved quality of care in private facilities. As DHOs [District Health Officers], we support private facilities to ensure quality services through training and mentorships. DHOs participate in quarterly extended health management team performance reviews, and with the coming of the voucher, [the] private sector is taking a more active part. Through the partnership with the private sector, the district has been able to collect a lot of data.

“Strengthening of public-private partnership for health improves geographical coverage of services. Because of partnering with private sector, the district’s institutional delivery has improved from 64.3 percent in FY 2015/16 to 79.3 percent in FY 2017/18.”

Dr. Jonathan Wangisi, District Health Officer, Mbale District

Dr. Jonathan Wangisi, Mbale District Health Officer, shares his experience on quality of care in private facilities during the project stakeholder meeting

Behaviour change

USAID Uganda Voucher Plus Activity is changing mindsets

"I appreciate the maternal health efforts of the Voucher Plus Activity. You have added your voice to that of the Ministry of Health and helped change the lives of mothers who would never have had an opportunity to access quality services from a private health facility. You have changed women's attitudes from waiting for birth to go to a health facility but taking the whole pregnancy journey seriously. This has helped reduce the number of mothers dying before and during birth. Changing people's mindset is not easy but Voucher Plus is doing a lot in changing mindsets towards maternal health."

Kigai Moses, Resident District Commissioner, Sironko District

Kigai Moses, Resident District Commissioner of Sironko District, speaks at the launch of the operating theater at Divine Community Centre that will enable the facility to deliver CEmOC services

Photo credit: Julius Kasujja

Improved maternal health indicators

“Our maternal and child health indicators have improved”

“The Voucher Plus Activity has helped us improve maternal and child health indicators in the district. Mothers were dying in the communities; Voucher Plus has helped reduce the mortality rate in the district. The Voucher Activity has helped us improve in the areas of Elimination of Mother to Child Transmission of HIV. It has put in place structures that were nonexistent or complacent. Many facilities were afraid of carrying out maternal death reviews, but with the collaboration and supportive supervision, we have seen facilities become more positive about the reviews. Standards were totally compromised before the voucher system but today, voucher facilities are model facilities. The project has built staff capacity especially through training and on-site mentorship, and the strict standards emphasised by Voucher Plus have enabled many mothers to come out of childbirth without sepsis. We appreciate the achievements so far and look forward to even greater outcomes.”

Kevin Acom, Acting Assistant District Health Officer, Mbale District

Kevin Acom, Acting Assistant District Health Officer, Mbale District, describes clinical and administrative changes that have improved health outcomes in the district

Transitioning the Voucher Plus Activity to national and local government financing mechanisms for sustainability

The USAID Uganda Voucher Plus Activity has paved the way for an output-based health financing scheme in rural Uganda, as described by the testimonials below. Our public sector partners have always walked hand in hand with the Activity, and together we have built a strong foundation for future health financing schemes to attend to the needs of the poor.



Transition into long-term financing mechanisms like results-based financing (RBF): The Voucher Plus Activity engaged the Uganda Reproductive Maternal and Child Health Improvement Project-RBF Initiative to ensure that voucher service providers are able to continue implementing strategic health financing mechanisms developed through participation in the Voucher Plus Activity.

“The Ministry of Health is working closely with USAID/Uganda Voucher Plus Activity to ensure that most PNFPs are transitioned to RBF.”

Mwaka Agoba, Regional RBF Officer-Northern Region, Ministry of Health/RBF Unit

Transition into community health insurance (CHI): In partnership with district local governments and Health Partners Uganda, the Activity built the capacity of health workers and managers to implement CHI schemes. This included actively engaging the voucher service providers (VSPs) in advocacy dialogues and running training workshops to enable them to develop CHI schemes and promote their schemes within communities. To generate demand, the VSPs have actively steered advocacy and mobilisation campaigns for district and community engagement and support.



“As the overall seer of the activities in the district, I mobilised members of the executive through the chairperson LC5, and sold the innovative idea of CHIs. They all embraced it including the Chief Administrative Officer who is also actively involved in mobilising the community. Voucher Plus has worked closely with the district since inception, which has enabled us to take an active part in this transition plan. Community members have gained more confidence in CHI because we have taken a lead in promoting it as a great way of protecting families from catastrophic health expenditures. CHI is a great way of ensuring that our people are able to equitably access quality health care services as per their needs, and without facing financial hardships.”

Dr. Tonny Odong, District Health Officer, Alebtong District



“When community members come together to save for health, the cost of health care reduces. If Sironko District can implement the approach Voucher Plus is passing on to us, we will have sustained health for everyone.”

Doreen Nambafu, Sironko District Town Clerk

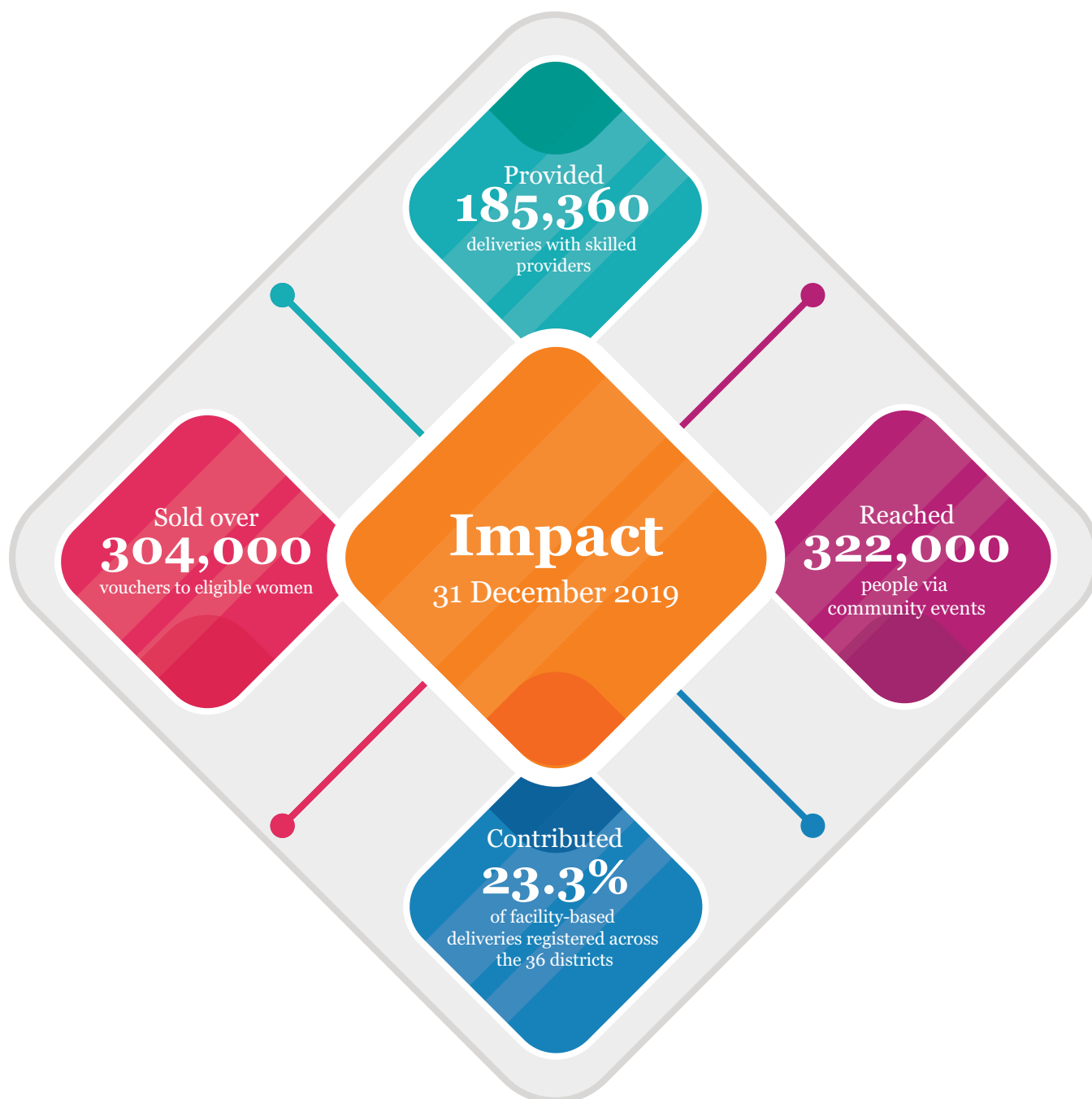
Public-private partnerships for health: This has been a cornerstone of our sustainability plans. The Activity has fostered successful and transformative public-private partnerships for health systems.

“Voucher Plus linked private providers to the public sector for elimination of mother-to-child transmission of HIV. Private providers are now reporting into DHIS2 and participating in Extended District Health Management Team Meetings.”

Rehema Wangiro, the HIV ART Focal Person for Mbale District



What we've accomplished





USAID/Uganda Voucher Plus Activity/Abt Associates
Plot 86 Luthuli Avenue, Bugolobi
P.O.Box 37443, Kampala - Uganda
Tel: +256 414 223 546/ +256 312 305 900

Abt Associates
6130 Executive Blvd
Rockville, MD 20852, United States
Tel: +1 301 347 5000