

Ensuring Contracted Health Facilities Offer Quality Services to Clients

Lessons learnt by
the USAID|Uganda
Voucher Plus Activity

*Mr. Aruho Boaz, the
proprietor Mbale People's
Clinic attending to a
voucher mother*

About the
USAID\Uganda
Voucher Plus
Activity

The USAID\Uganda Voucher Plus Activity (the Activity), led by **Abt Associates**, provides quality obstetric, newborn, and postpartum family planning (FP) services to poor Ugandan women in **35 districts** in the North and East regions.

Through the voucher scheme, the Activity improves health equity by ensuring the poor access information and services needed for healthy pregnancies and deliveries. The Activity identifies and accredits private providers to deliver a **quality** service package. The Activity actively engages the Ministry of Health (MOH) and the District Health Offices (DHOs) to monitor quality of care through routine supportive supervision to private providers, thus stimulating **public-private partnerships for health** that ultimately strengthen the district health systems.

The Activity strengthens the capacity of participating private providers through training, on-site clinical mentorship, supportive supervision, and annual clinical audits to improve service quality. The Activity ensures providers contribute to the district health management information system (HMIS) through monthly reporting. The Activity supports providers to learn the necessary skills in managing timely and correct claims submission to enable participation in **national sustainable purchasing mechanisms**.





Dorothy Nakabiri, the Bukedi sub region Quality Assurance Officer conducts onsite mentorship at Masha clinic in Kapchorwa district, Uganda

Simultaneously, the Activity works with community volunteers, including Village Health Teams, who sell vouchers at 4,000 UGX to women who qualify, while also providing safe motherhood information to communities. By targeting poor women, the Activity provides financial protection to avoid potentially

catastrophic out-of-pocket payments. The Activity contributes evidence on output-based financing mechanisms to foster policy dialogue as a stepping-stone to Uganda's long-term health financing strategy. Abt Associates implements the Activity in partnership with Communication for Development Foundation Uganda, Price water house Coopers, and BDO East Africa.

Ensuring Quality

— What does it take? —

The World Health Organization (WHO) defines universal health coverage (UHC) as “ensuring that all people can use promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of the service does not expose the user to financial hardship” (Glassman, et al. 2017).

In a 2018 literature review examining the characteristics of provider payment mechanisms that influence health care providers' behavior, the authors

posit that strong accountability mechanisms influence provider behavior and include requirements related to claims management, clinical audits, performance reviews, and other quality assurance mechanisms (Kazungu, et al. 2018). These components are critical elements of the voucher financing mechanism.

Sustainable health purchasing schemes must establish quality assurance (QA) and quality improvement (QI) mechanisms during design and implement them continuously.

The Voucher Plus Activity's Clinical Quality Approaches



Using selective contracting as a mechanism to enter into agreements with private providers, using the MOH quality of care facility assessment tool

The Activity adapted the MOH qualitative assessment tool used on the MOH Voucher project to conduct the facility pre-qualification assessment of over 250 private facilities in 35 districts. The performance cut off score was 65 percent. The Activity then developed selection criteria to choose and contract 160 facilities out of the pool. We developed a contract requiring quality standards for providers to adhere to. The contract outlines sanctions for providers who do not maintain quality standards.

Benefits:

The selective contracting approach clearly outlines service standards and quality expectations. The contract provides the Activity the ability to sanction providers when they do not meet standards. The accrediting process provides needed data to prioritize clinical support to contracted providers with lower scores.

Challenges:

High-scoring facilities were primarily located in urban areas, whereas most rural facilities scored below the minimum requirement. In order to reach the target population who primarily live in rural areas, the Activity needed to work extensively with these rural facilities to get them up to the project quality standard of care. Sustaining quality of care in these facilities is very challenging, and requires intensive programmatic support.



Targeted training of key staff at supported facilities to strengthen their competencies

The Activity conducted training sessions for key staff including midwives, doctors, and records officers to ensure providers have updated knowledge and skills in maternal and neonatal care. These skills included the updated MOH curricular in emergency obstetric and newborn care, comprehensive FP, elimination of mother-to-child transmission of HIV (eMTCT) and HMIS and records management.

Benefits:

Building provider competencies ensures that providers have the right knowledge and skills to offer high quality care.

Challenges:

High staff attrition, especially in rural hard-to-reach locations, creates the need for ongoing training support.



On-site clinical mentorships to further strengthen provider skills

The Activity uses field-based clinical mentors to provide continuous on-site mentoring to voucher service providers to further strengthen their competencies and address any skills gaps that the clinical quality teams identify during site visits.

Benefits:

This mechanism offers the purchaser of services the opportunity to continuously check and address provider knowledge and skills gaps. This reduces the need for off-site training, which are difficult for clinical staff who cannot leave their facilities without coverage.

Challenges:

At many of the facilities, high staff attrition, low staffing levels, and poor staff motivation, negatively influences the effectiveness of the mentoring.



Dissemination of national guidelines/protocols to supported private facilities

Health facilities need to know what the MOH standards for quality of care are to provide quality health services. The Activity printed and disseminated all the relevant quality of care guidelines to the service providers. These included provider reference manuals, procedure job aids, clinical guidelines, HMIS registers and reporting tools.

Benefits:

Disseminating the national quality of care guidelines, protocols, and job aids helps standardize the MOH's quality of care expectations in the district health system.

Challenges:

Some providers do not refer to or use the guidelines provided due to low literacy levels in some very rural areas.



Institutionalization of quality improvement committees within the health facilities

The Activity facilitated the formation of Quality Improvement Committees at all facilities to prioritize and lead continuous quality improvement (CQI) initiatives.

Benefits:

Quality Improvement Committees take ownership of CQI in their facilities.

Challenges:

Most health facilities need constant follow up to ensure the Quality Improvement Committees remain active throughout the year.



Joint supportive supervision with DHOs and other district-based implementing partners

The Activity conducts routine joint supportive supervision visits to facilities along with the DHO staff and other district-based implementing partners (IPs), e.g., the USAID funded Regional Health Integration to Enhance Services (RHITES) partners and Diocesan Health Coordinators for the faith based facilities.

Benefits:

Strengthens the public private partnerships for health and enables the DHOs to fulfill their oversight of quality of care monitoring and supervision. Through these joint visits, DHOs and IPs link voucher providers to public health facilities for services they lack, e.g. ambulances for emergency referrals, antiretroviral drugs for eMTCT, vaccines for immunization, among others.

Challenges:

Limited logistical support to districts affects the DHO's ability to conduct supportive supervision visits at all facilities, especially private facilities. Not all private facilities have access to DHIS2 for reporting purposes.



Isabella Alumu, a voucher beneficiary shares a jovial moment with her son. Through the Activity's quality assurance mechanisms, mothers like Alumu have accessed quality care at contracted private health facilities



An improvised facility ambulance used for referrals



Support the MOH to roll out the Self-Regulatory Quality Improvement System (SQIS) among the Activity-supported facilities

The SQIS is a private sector health facility quality improvement initiative of the MOH. Privately owned health facility managers use the self-assessment to measure the level of quality in their facilities and identify priority areas for quality improvement. The Voucher Activity is fast tracking the roll out and use of SQIS among the supported facilities.

Benefits:

SQIS facilitates better preparation for the facility inspection, registration, licensure, and license renewal process by the national licensing medical councils. It also assures the MOH that the regulatory agencies are fulfilling their mandates to oversee private health facilities.

Challenges:

Sustaining the bi-annual self-assessments by providers may be a challenge in absence of any incentives from the regulatory agencies. Access to the SQIS platform requires a computer and internet access, which some of the very rural facilities lack.



Monitor providers' adherence to MOH standards of care through annual clinical audits at all supported facilities

The Activity conducts annual clinical audits for all contracted service providers using the same MOH quality of care tool used during facility pre-qualification assessments, along with an additional assessment tool to assess health system improvements. The purpose of the audit is to measure the level of adherence by providers to the MOH standards of care as agreed to in the original contract with the providers.

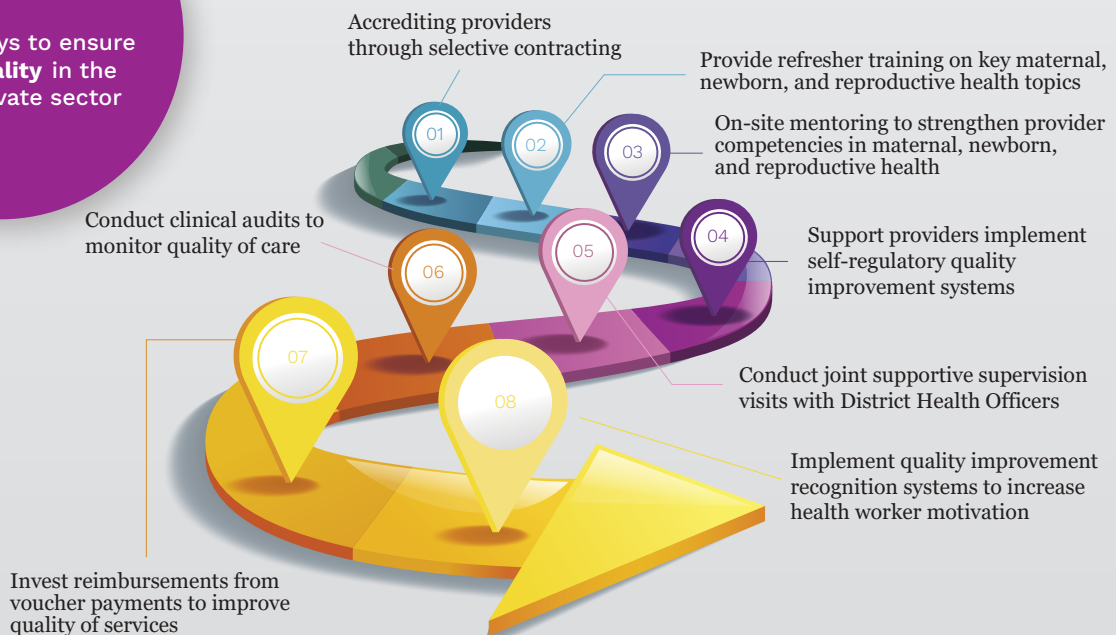
Benefits:

The clinical audit is a useful exercise to document providers' ongoing service quality improvements, to determine sanctions for facilities that are underperforming, and intensive quality improvement support where needed.

Challenges:

Clinical audits are resource intensive, requiring at least two person teams to travel to each facility to assess facility systems and clinical quality.

8 ways to ensure quality in the private sector



Are the Quality Assurance Approaches Working?

The project employs a data driven approach to quality improvement. Results indicate intensive quality assurance approaches deployed by the Voucher Plus Activity are working to improve private providers' service offerings, reinforcing their importance. The findings from the September 2018 clinical audit show general improvement in providers' adherence to clinical standards compared to 2017 (see table below). Fifty-four percent of the accredited and contracted private facilities achieved the required minimum quality score of 70 percent and above. This is a twofold improvement compared to only 21.55 percent of providers in 2017. The average score for facilities increased from 60 percent in 2017 to 68 percent in 2018.

Table 1: Showing overall summary of Clinical Quality scores for 2018 compared to 2017

Score	2017	2018
Highest	90%	93%
Lowest	25%	39%
Average	60%	68%
Private Providers with >70%	21.5% (29/135)	53.9% (82/152)

Key Lessons Learned for Future Sustainable Health Financing Mechanisms

Implementing a sustainable health financing scheme requires thoughtful consideration to quality assurance and improvement. Service delivery **MUST** be complemented with a strong supervision and monitoring component. While time consuming and often resource intensive, quality assurance mechanisms are extremely important to ensure providers honor their service agreements to provide quality services to clients.

Key Lessons for Quality Service Delivery

01

Quality assurance and quality improvement mechanisms should be designed and implemented from the beginning to ensure a viable purchasing scheme.



02

Selective contracting provides purchasers with an important tool to accredit providers, share quality expectations and outline sanctions to providers when quality is not sustained.



03

The Clinical Audit is an important tool to document adherence to quality of care standards over time and provide the purchaser with useful data to prioritize quality improvement areas for mentorship and supervision.



04

Having start up grants for quality improvements after pre-qualification assessments enables facilities to address the significant quality of care gaps before clients access care.



05

Having guidelines on funds utilization by providers tied to staff performance incentives, motivates staff to adhere to and sustain quality of care standards.



06

Engaging and actively involving the District Health Office in supervision and monitoring of quality of care at facilities strengthens the public-private partnerships for health.



07

Strengthening the facility health systems enhances providers' compliancy to contracting requirements.

