

Joining the halves: A private-public partnership to make routine health reporting attractive to private sector providers in Uganda

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Key messages

- Public-private partnerships can improve health outcomes.
- Individual-level data registers strengthen routine monitoring in the private sector.
- Provision of recognition and non-monetary incentives has demonstrated improvement in reporting compliance of essential routine health indicators by private providers.

Introduction

- The private sector is actively involved in the implementation of the national health sector strategic and investment plan (NHSSP).
- The private sector in Uganda accounts for 40-60% of febrile case care seeking. The national malaria control policy of universal access to diagnosis will only be achieved if the private sector is included.
- Inadequate documentation and reporting of service delivery by private health outlets erodes this critical contribution.
- In Wakiso, Uganda, a UNITAID-funded project to expand malaria rapid diagnostic tests (mRDTs) into the private sector found that failure to report into the health management information systems (HMIS) by the private for profits (PFPs) included complicated forms and time pressures.

Figure 1: Designed individual patient slip

Figure 2: HMIS 033B surveillance form, Uganda



Figure 3: Support supervision at a participating outlet

Methods

- A customised one page triplicate data slip form (Figure 1) was designed to record individual patient data by checking boxes and to respond to national malaria indicators based on the HMIS 033B weekly surveillance report (Figure 2) and HMIS 105 (monthly summary report).
- Indicators included: number of suspected malaria cases, number of cases tested for malaria, number of positive malaria cases that received ACTs, number of negative cases treated (Figure 2).
- 289 health providers from PFP clinics, pharmacies and drug shops were trained, and data tools were distributed. Data from the patient slip was transferred by the provider to fill the monthly HMIS reports.
- Quarterly integrated support supervisions and data quality assessments were conducted by District Health Teams, regulatory professional bodies, and medical detailers.
- Providers were assessed quarterly on the number and quality of reports submitted. High performing or consistently well-performing PFPs received non-financial rewards during monthly provider meetings. Incentives included free mRDTs, laboratory coats, television sets and certificates of recognition. Renewal of annual licences was subject to submission of HMIS reports to the district.

Results

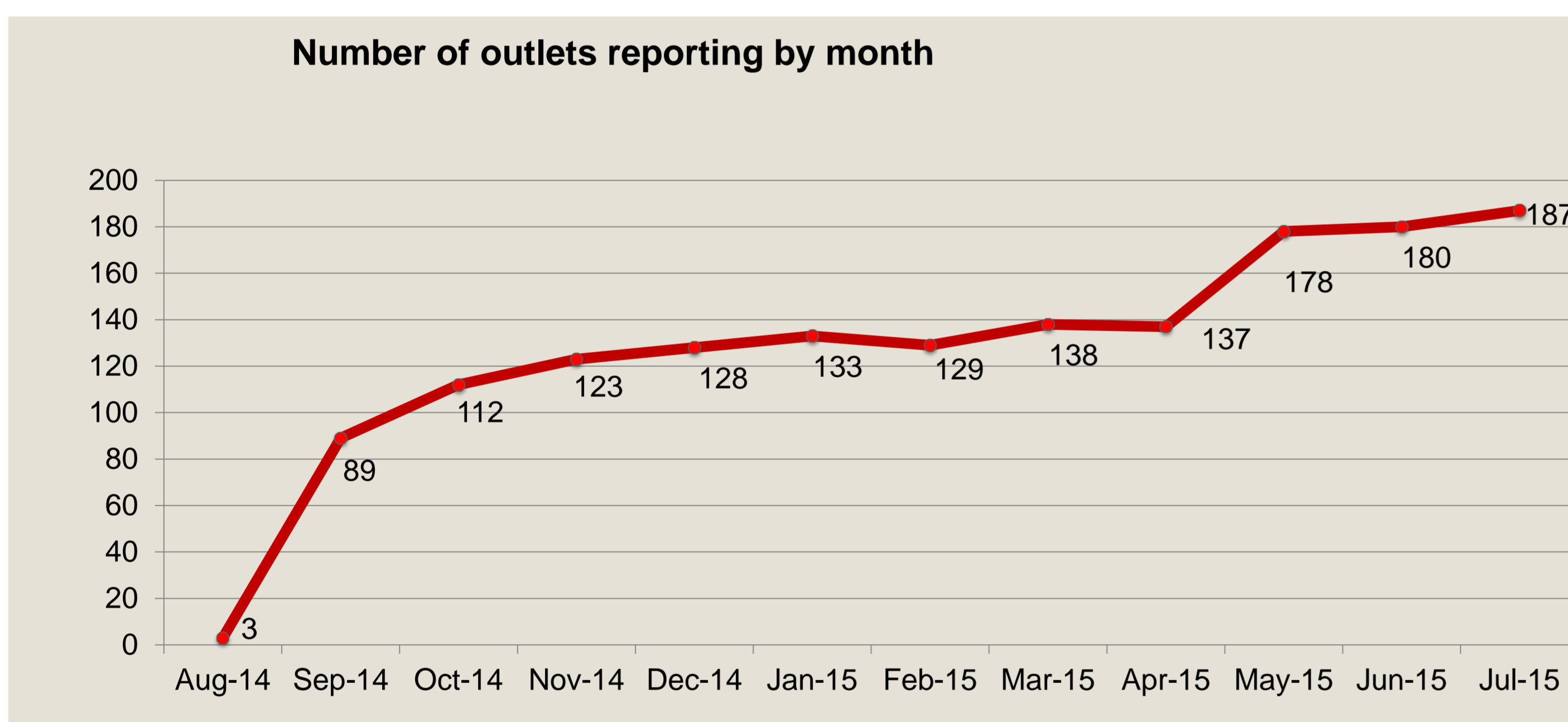


Figure 4: Reporting rates by month from 289 participating outlets, Wakiso, Uganda

- PfP outlets reporting HMIS data to the district increased from three (3%) in August 2014 to 187 (65%) by July 2015 (Figure 4)
- Providers expressed** that the data slip form:
 - Reduced the number of registers to be filled at different service points
 - Allowed easy data transfer to monthly HMIS form
- Reasons PFPs did not report:**
 - Long distance for PFPs to deliver reports to the district
 - Attrition of trained personnel to fill the form
 - Lack of access to HMIS form
- The district expressed:** "The strategy of engaging PFPs to report routinely has increased the district-PfP engagement and appreciation of data use for enhancing strategic planning for public-private partnership for health in the district."
 - District drug inspector, Wakiso district

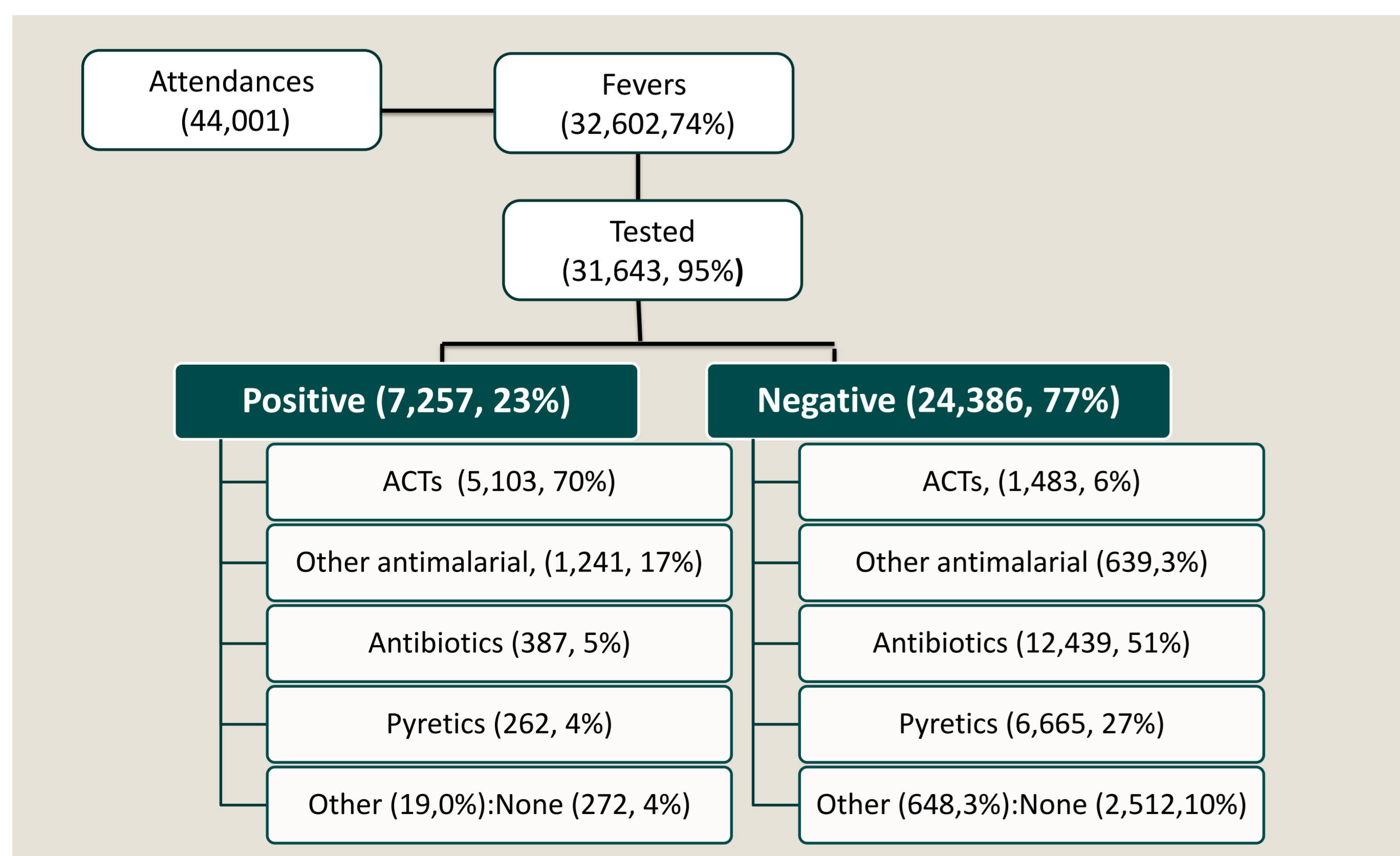


Figure 5: Patient malaria case management data from slip and reported into HMIS



Figure 6: Wakiso District Chairperson awarding an outstanding outlet

Next steps

- Clustering of PFPs with government facilities may ease report collection.
- On-the-job training and mentorship of providers for continuity of reporting.
- In a phased approach, the MoH will include those PFPs that have submitting reports consistently into DHIS2 by October 2016.

Conclusion

- Reporting by private outlets has created a platform for harmonisation of reporting tools for private sector outlets, especially drug shops and pharmacies.
- Reporting in the private sector is feasible if provided with customised data tools according to the level of service delivery.