

Future Health Systems

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"We want to test out the mechanism of providing vouchers to expecting mothers so that when it comes to time of delivery, they can access care anywhere whether in private or public sector, using the vouchers to cover the charges." Principal Investigator, Dr George Pariyo.

Experimenting with vouchers to boost Maternal Health

The fifth Millennium Development Goal (MDG) aims at reducing maternal mortality by 75 percent.

Available evidence however indicates that it may not be easy for developing countries like Uganda to achieve this goal since over the last two decades maternal mortality has not declined significantly (527 in 1995, 507 in 2001 and 435 in 2005).

The main direct causes of maternal mortality in Uganda have been noted to include haemorrhage, obstructed labour, complications of abortions and ruptured uterus, while the main indirect causes included malaria and anaemia (Mbonye 2007).

There is evidence to show that attendance of delivery by skilled health personnel reduces maternal mortality (Graham et al, 2001).

However in Uganda, according to the Uganda Demographic and Health Survey, the

proportion of mothers delivering in health facilities has been persistently low (38 percent in 1995, 37 percent in 2001 and 42 percent in 2006).

Inequities in institutional delivery have also been noted with the women in the lowest quintile less likely to deliver in health facilities than those in the highest quintile. Most of the attempts that have been made in Uganda so far to in-

crease institutional delivery in Uganda intends to apply a demand side intervention (*using vouchers*).

Study Principal Investigator Dr George Pariyo says the idea is to reduce the economic barrier to the mothers. "In fact we have realised that we also need to address the question of transport. So we want to test out the mechanism of providing vouchers to expecting mothers so that when it comes to time of delivery, they can access care anywhere whether in private or public sector, using the vouchers to cover the charges."

The intention is to assess the effectiveness of the use of a voucher system to increase delivery in health units. The information obtained will be useful for guiding decisions geared at promoting the attainment of MDG No.5.

crease institutional delivery focus on influencing the supply side of delivery.

Few interventions have been directed at the demand side. The next phase of the



Pregnant mothers in northern Uganda. They have to walk long distances to access antenatal services.





Mr. Kakaire Ayub

The Future Health Systems newsletter is a publication of the Makerere University School of Public Health, which is a member of the Future Health Systems Research Consortium. The consortium brings together seven institutions from seven countries conducting a study to generate knowledge that shapes health systems to benefit the world's poor.

EDITORIAL TEAM

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Team members go for skills

The third year of the study (April 01, 2008 - March 31, 2009) has had several capacity building activities that saw several members attend training workshops.

Communications

A communications specialist Mr. Kakaire Ayub Kirunda (left) joined the research team to facilitate the communication of research products. He went to the Institute of Development Studies (IDS) in Sussex in April 2008 for a workshop on communications capacity building.

He joined communications specialists from other FHS participating institutions in the U.S, UK, Nigeria, India, Bangladesh, and China.

Multilevel Modeling

During the same month of April, Dr Hafiz Rahman from the Johns Hopkins University of Public Health conducted a workshop on multilevel modeling at the Makerere University School of Public Health. The workshop was attended by seven young researchers from three departments in the school of public health.

One of the aims of the FHS research program consortium is to build capacity among the insti-

tutions in the South. The Future Health Systems Study has been building capacity among its research partners at Makerere University through various means.

These include promoting collaboration in the writing of project proposals, executing the studies and writing publications as well as holding workshops. Several workshops have been held since the project started covering a range of topics.

The objectives of the multilevel modelling workshop were to provide an overview of using STATA for data analysis, review the main concepts of regression analysis, and to introduce participants to multilevel modeling. By the end of the workshop each of the participants had developed a research question that they analysed from secondary data using the GLLAM future of STATA.

The participants reported that they had found the hands on nature of the workshop very helpful and indeed they wished that they would have more workshops of a similar nature. Trainees were grateful to

the partners of the Future Health Systems study and DFID for the support that they provided towards facilitating the workshop.

Summer school

In June, Dr Elizabeth Ekirapa Kiracho (below) attended a summer course on statistics at the Johns Hopkins Uni-



versity of Public Health in the United States. The course was sponsored by Future Health Systems.

Although she had attended several statistics classes previously, she found the course very enlightening. Concepts that had previously seemed elusive were made surprisingly simple and easy to understand. ■

Celebrating success amid meetings

Both the second and third years have seen several communication activities take place within and outside of the country. The FHS Uganda team has participated in all these activities.

Equity in health

Three members of the team, Dr George Pariyo, Dr Suzan Kiwanuka and Dr Elizabeth Ekirapa Kiracho attended the meeting on equity in Health that was held at Hotel Africana on March 27, 2008. They made two presentations at this meeting.

ASCON conference

The ICDDR, B (International Centre for Diarrhoeal Disease Research, Bangladesh) held its 12th annual scientific conference in early February 2009. At the conference which run from February 9-12, under the theme; Health Systems Research: People's Needs First, a special session on Future Health Systems was held.

Uganda's Dr Elizabeth Ekirapa Kiracho (3rd right in picture) made a presentation titled 'Making health systems

work for the poor- Increasing access to institutional deliveries using demand and supply side incentives'. The presentation focused on the proposed intervention



for assessing the effectiveness and cost of a voucher system for the poor for increasing deliveries at health facilities. Others on the FHS team who made presentations were David Peters (Understanding Health Market Systems), Abbas Bhuiya (Working with the Village Doctors to Make Informal Health Market Work Better in Rural Bangladesh).

Participants from Uganda and Bangladesh also made other presentations from the FHS work. One of the presentations was about changes in the utilization of health services among the poor and the rural residents, while the other was an assessment of

the quality of outpatient care in public and private not for profit facilities in Eastern Uganda.

And for the team, the conference ended on a remarkable note as two of the members had the best oral presentations out of the over 100. These were Uganda's Elizabeth Ekirapa Kiracho and Shehryn Shaila Mahmood (2nd right in picture) of Bangladesh.

Nigeria meeting

On Jan. 12-13, 2009 the University of Ibadan, an FHS partner, organised a conference in Abuja in order to bring together academics, policy makers, civil society and private sector innovators and entrepreneurs in order to share strategies for making health markets work better for poor people.

The conference provided an opportunity to share learning across a number of Nigerian projects on health markets as well as hearing out researchers from India, the United States, the United Kingdom and Uganda. ■

PUBLISHED PAPERS

Two monographs and papers have been published. The paper *Access to and utilisation of health services for the poor in Uganda: a systematic review of available evidence* was published in the *Transactions of the Royal Society of Tropical Medicine and Hygiene (2008) 102, 1067–1074*.

This is a systematic re-



view of socio-economic differences in morbidity and access to health care in Uganda. Results indicate that the poor and vulnerable experience a greater burden of disease but have lower access to health services than the less poor.

Barriers to access arise from both the service providers and the consumers. Distance to service points, perceived quality of care and availability of drugs are key determinants of utilisation.

Other barriers are perceived lack of skilled staff in public facilities, late referrals,

Tips on designing a Communications Strategy

***Review:** How have we been communicating in the past? How effective has that been? How do our audiences perceive us?

***Objective:** What do we want our communications to achieve? Are our objectives SMART?

***Audience:** Who is our audience? Do we have a primary and a secondary audience? What information do they need to act upon our message?

***Message:** What is our message? Do we have one message for multiple audiences or multiple messages for multiple audiences?

***Basket:** What kinds of com-

munications “products” best capture and deliver our messages?

***Channels:** What channels will we use to promote and disseminate our products?

***Resources:** What kind of budget do we have for this? Will this change in the future? What communications skills and hardware do we have?

***Timing:** What is our timeline? Would a staged strategy be the most appropriate? What special events or opportunities might arise? Does the work (or future work) of like-minded organizations or ministries, etc., present opportunities?

***Brand:** Are all of our communications products “on brand”? How can we ensure that we are broadcasting the right message?

***Feedback:** How will we know when our communications strategy is 100% successful?

***What will have changed?** How can we assess whether we used the right tools, were on budget and on time, and had any influence?

SOURCE: Research Matters Project

PUBLISHED PAPERS *continued...*

health worker attitude, costs of care and lack of knowledge.

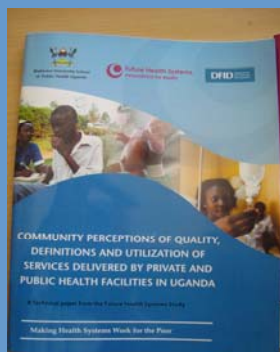
However, longitudinal and controlled studies are needed to see if strategies to improve access to services reach the poor.

Meanwhile, *Increasing access to quality health care for the poor: Community*

perceptions on quality care in Uganda was published by the journal *Patient Preference and Adherence*.

The paper examines the community's perspectives and perceptions on quality of health care delivery in the districts of Bushenyi and Iganga.

It concludes that the present delivery of health services does not adequately



meet the needs of the most poor and vulnerable.

Perceptions of being discriminated against or being treated badly because of their socio-status and/or rural residence were found to be common.

This paper argues that there should be improvement of quality of health services for everybody and particular attention paid to the poor. ■



PLANNED ACTIVITIES

Documentary on factors affecting delivery in health facilities

Publications on the cost and quality of care in Uganda

Uganda Workshop on communication of research products

Policy briefings

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