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private sector partnerships for better health

***PSP-One* Trip Report**

Strengthening Quality of Professional Associations through Public-Private Partnerships and Financial Diversification – Uganda

Dates of trip
(November 4-16, 2005)

Submitted by:

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IntraHealth International/Abt Associates

Report date
December 22, 2005

Submitted to:

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Executive Summary

Trip Purpose

In November, 2005 a 3-person team composed of staff from PSP-*One*, Banking on Health, and Capacity projects visited Uganda. The purpose of this trip was to work with UPMA to prepare an action plan that includes the development of a sustainable Continuing Education program using e-learning and build on the Banking on Health's needs assessment of the private sector in order to determine other areas that might benefit from technical assistance from the PSP-*One* project. The team conducted an assessment and identified strategic directions and recommendations to continue strengthening the capacity and financial sustainability of the Uganda Private Midwives Association (UPMA) to serve its membership to provide access and quality reproductive health and family planning services.

Findings

Field visits to UPMA members' midwives' clinics with regional representatives, meetings with other in-country Cooperating Agencies (UPHOLD/JSI and Acquire/EngenderHealth), a 1-day workshop with the UPMA Executive Committee, presentation and discussion about mechanisms to achieve quality at a national meeting of UPMA members, and meetings with USAID and Ministry of Health representatives revealed the following:

Feasibility of Using E-Learning to support continuing education learning at the branch level and at the midwives' clinics: During the field visits, it was observed that the branches do not have their own office space. Meetings are held on a rotating basis at different members' homes. Most of the members' homes and their clinics do not have computers and many do not have electricity. Thus developing a continuing education system using e-learning is not feasible at this point in time; however a self-learning, paper-based tool as part of a CE mechanism might be more appropriate as a way of continuously improving quality of its membership. The UPMA headquarters has four computers, but downloading materials from the internet is a time-consuming process. It would be feasible to work with two of the UPMA professional staff (e.g. the Capacity Building Specialist and the Branch Coordinator) to help them with accessing materials and providing on-line support for developing strengthened continuing education materials for UPMA members.

Findings Concerning Other Areas based on Assessment:

Effectiveness and Sustainability of Supervisory System: UPMA has established a structure to supervise its members through 12 branches and a Branch Coordinator who visits the branches to provide guidance to Regional Representatives who in turn visits the midwives in her jurisdiction. The flaw is that the distances are great and there are insufficient funds to support the transportation and reimbursement of the time of the Regional Representative, also a practicing midwife, to make the supervisory visit. Thus a structure for supervision and ensuring quality has been established but is not financially sustainable. A second issue is that the tool used by the Regional Representatives appears to be a fairly static tool (the same information is collected at each visit) and appears to need to be redesigned. The tool needs to be more dynamic and designed to generate a list of problems/concerns that can be reviewed on subsequent supervisory visits and provide guidance to the midwife and her support staff including community representatives for solving problems between visits by the regional representative.

Financial Viability: UPMA is currently financially dependent upon external donors. The Executive Committee members estimated that ninety percent of their annual budget comes from donors and ten percent of their annual budget is generated by UPMA. The UPMA Executive Director and the Executive Committee understand and are strongly committed to reversing this dependency; but their current strategies are not yielding or likely to produce the desired results. Current strategies being used by UPMA to generate income are: 1) the sale of stationery and FP commodities, 2) fees generated from offering training workshops, and 3) the rental of property owned by UPMA. Given that the MOH is now offering FP commodities free, this source of revenue has pretty much disappeared for UPMA. The Executive Committee also said that the rent for the property owned by UPMA was paid sporadically and could be increased substantially by finding different renters. This has been on-going problem that has not been solved. USAID representative also echoed a strong warning that UPMA has received considerable assistance from USAID cooperating agencies and that it was time for that organization to become financially sustainable. It is noted in a variety of sources (Pinar Senlet & Paul Kiwanuka, PURSE Evaluation 2004; Conference on Integrating Child Health 2005) that of all the professional organizations in Uganda, UPMA is the most-well organized and serves its members well.

Public-Private Partnership Collaboration: Meetings with the Director of the Public-Private Partnerships for Health (PPPH), Dr. Nelson Musoba, identified a strong interest and opportunities to collaborate with the MOH using and involving professional associations in innovative ways. Dr. Musoba shared his wish to develop a contracting mechanism between several professional associations with membership from the private sector and the MOH. For example, he envisioned that UPMA and the Uganda Private Medical Practitioners Association could be contracted to provide RH/FP services to persons not currently being well served by the MOH. Dr. Musoba indicated that if a well-written proposal was developed by PSP-One describing the use of contracting of selected services from the private sector for use by the MOH that he would be able to find a donor to fund the **pilot** phase of this mechanism. The object would be to look for a donor who was willing to pay for the contracted services provided by the members in the private sector (e.g. midwives belonging to UPMA), during the pilot phase. Then, depending on the findings of the pilot phase, the MOH would assume payment of the contracted services between MOH and the UPMA or other organization.

Accomplishments

An **implementation framework** has emerged that, if successfully implemented, is expected to answer the following question in Uganda: “What mechanisms can be used to most effectively increase demand for and access to quality RH/FP services in the private sector?” (Refer to Annex A.) It is envisioned that the lessons learned from evaluating this experience could then be expanded to other associations and networks serving the private sector in other developing countries. The goal and two objectives of the framework that have emerged are:

Goal: To increase demand for and access to quality RH/FP services in the private sector

Objectives:

- To expand private provider participation in KfW voucher scheme.
- To strengthen the financial sustainability of UPMA.

Feasibility to strengthen partnership between MOH and UPMA and other associations identified: Three areas of potential cooperation between the public and private sectors in health were identified during meetings with Dr. Nelson Musoba, Director of Public-Private Partnerships for Health (PPPH) with the Uganda Ministry of Health.

The three areas are:

1) Develop a proposal to pilot test the feasibility of MOH contracting with UPMA and the UPMPA (Uganda Private Medical Practitioners Association) to offer a package of RH/FP services for persons that normally would seek health care from the MOH. Dr. Nelson proposed that PSP-One develop the proposal and Dr. Nelson would look for donors to fund the cost of providing the contracted services.

2) Prepare a core group of master trainers (nurses and midwives from two professional associations UPMA and Uganda National Association of Nurses and Midwives/UNANM) to be contracted by the MOH to provide training to update the knowledge and skills of MOH staff to specifically address the high rate of maternal mortality in Uganda. The two organizations were identified due to the types of skill sets that each group could bring to bear on the pressing problem of maternal mortality. The skill sets are: 1) infection prevention, 2) family planning, 3) midwifery and Life Saving Skills and 4) theater nursing. The health problem was identified by the MOH and forms the basis of the need to prepare master trainers from these two organizations to help the MOH address the problem of high maternal mortality rates.

3) Follow-up with collaborating with KfW to participate in the evaluation of a voucher payment scheme for provision of Family Planning services by private providers in selected districts. These services would provide services to persons who are not being served adequately.

Next Steps

Due to the strong interest of the MOH and the professional associations to expand access and improve the quality of RH/FP services in the private sector and for the poor in Uganda, the framework guiding the strengthening of UPMA and the role of PSP-One will be revised by PSP-One.

PSP-One will present the revised concept paper/strategy to USAID/Washington CTO. After review and approval of the concept paper, PSP-One will host a meeting of US based contractors with projects working in Uganda with the private sector (Capacity, Acquire, JSI, and Dr. Yussef Tawfik representing the SERA/Childhealth project) to review the proposed strategy to strengthen professional associations in Uganda and clarify contributions of each project/organization, if this is deemed necessary.

PSP-One will follow-up with UPMA to pilot test a tool for improving quality that can be used by both the midwives in private practice and the regional representatives during supervisory visits. A workshop to revise the tool and work with Regional Representatives to use the tool will be scheduled.

PSP-One will follow-up with KfW to define PSP-One's role in evaluating a voucher program whereby private providers are provided vouchers to provide FP services. This would be an

outgrowth of discussion about the voucher program being developed by KfW for provision of STD services by private providers in selected districts.

PSP-*One* will **not** develop a proposal for MOH that describes how FP services can be contracted between private providers (e.g. UPMA midwives) by the MOH. It is a considerable undertaking to determine the costs of providing the contracted services and this information would be needed to engage a donor as any interested donor would want to know how much it would cost. This information will be communicated to Dr. Musoba.

Trip Objectives

Strengthening and Scale-up UPMA: Work with UPMA to strengthen the quality of RH/FP services through new ways of updating members' knowledge and skills, supervision, and accreditation of the association and identify strategies that would increase membership and lead to financial sustainability of the organization.

Deep Dive Follow-up: Determine feasibility of conducting an in-country forum with key stakeholders to identify issues and concerns, develop consensus, and develop an action plan to improve the quality and access to RH/FP services in the private sector with participation and cooperation by the public sector.

Background

As part of the Private Sector Partnership-*One* initiative, Dr. Mary Segall (Quality Assurance Advisor), joined a three-person team to visit Uganda November 4-16, 2005. The team conducted an assessment and identified strategic directions and recommendations to continue strengthening the capacity and financial sustainability of the Uganda Private Midwives Association (UPMA) to serve its membership to provide access and quality of reproductive health and family planning services. Other members of the team included: Mr. Bernard Koissy, Banking on Health, and Dr. Pam McQuide, Capacity Project. The original purpose of this trip had been to follow up from an International Congress of Midwives (ICM) pre-congress workshop (July 2005) to strengthen the provision of continuing education by the Uganda Private Midwives Association (UPMA) to update knowledge and skills of its members including the exploration of e-learning through the UPMA branches.

In July, 2005, at the 27th Triennial International Congress of Midwives, PSP-*One* and Banking on Health jointly sponsored a two-day pre-congress for invited midwifery leaders practicing in the private sector from 6 countries (Jamaica, Uganda, Zimbabwe, South Africa, Cambodia, and Indonesia). At the time of the workshop, midwives in private practice joined the workshop group. These additional members included participants representing Ethiopia, Ghana, and Vietnam). The focus of this workshop was on strengthening the quality of private sector midwives' RH/FP practices by introducing the essentials of quality improvement and improving their business skills and access to credit. At the conclusion of the workshop, each country team was interviewed to determine areas of continuing technical assistance that might be of value to the midwives and could be responded to by the PSP-*One* and Banking on Health projects through the in-country midwifery association. All teams interviewed identified a common need that in order to ensure continued quality of services, assistance was needed to build the associations' capacity to update the knowledge and skills of their members. In September, PSP-*One* sent out a questionnaire to all workshop participants to identify the topics of need in MCH/FP and Reproductive Health. The participants representing UPMA were the first to respond and over the subsequent two months, two more country responses were received.

Among its other strengths, UPMA has a structure that reaches over 200 of the approximated 600 midwives licensed in private practice through 12 regional branches. Each branch has 1-2 regional representatives that link the local members of the associations and collect information about members' services and clinical outcomes.

Due to the responsiveness of UPMA and the discovery that the CAPACITY project had also begun some activities in Uganda with UPMA, it seemed a logical choice to use core funds to determine ways of working with this association to strengthen its capacity to provide quality sustainable RH/FP services.

Activities & Findings

A. Strengthening and Scale-up of UPMA

After a series of meetings, field visits and a 1-day strategic planning meeting (November 14) with UPMA Executive Director and the Executive Committee and development partners: UPHOLD, PSP-*One*, Banking on Health and Capacity project, the following was concluded that would help support UPMA to scale up and be sustainable over time (refer to Annex B for detailed notes from the strategic planning meeting). ACQUIRE project staff were interviewed prior to the meeting to determine their contribution to UPMA.

1. Strengthen the supervisory system within UPMA by working with the Regional Representatives to offer expert training and guidance in the following areas:

a) Strengthen Regional Representatives (RR) in their supervisory role by adapting and pilot testing a revised instrument to assess and improve quality of supervisors by midwives in the private sector, provide coaching around quality, clinical supervision, and business skills, and use of data collected to improve service provision by midwives.

b) Help midwives to develop her/his own financially viable business enterprise in the private sector. Technical assistance will be provided by Banking on Health to assist in rolling out the business training and a loan program to remaining districts where UPMA branches are located. (Refer to Trip Report by Bernard Koissy available from Banking on Health).

c) Assist in developing a sustainable CE program for UPMA including developing ways to market midwives in independent practice to their community and the CE program to others.

2. Develop capacity of UPMA to arrange for contracts between UPMA members and other groups to provide clinical services (e.g. contract with industries to provide employer-based services, consultation to set up your own business).

3. Develop a Recognition and Reward Process (as preliminary steps to Accreditation)

- Develop an accreditation process to recognize individual practices by UPMA with a “modified yellow” star to indicate that quality services are being provided by that provider.
- Recognize the Entrepreneur of the Month by UPMA and the Micro Finance Union (banks that provide small loans to midwives). (This activity is under consideration by Banking on Health)

4. Market all of the above activities (training, contracting, recognition) to attract more members to UPMA.

B. Testing Financial Strategies by UPMA:

1. Work with UPMA to review their strategic plan, objectives, and business plan to determine specifically how to help the association become financially viable and sustainable.
2. **Develop Public-Private Partnerships for Health with the Ministry of Health to facilitate sustainability and scale up with UPMA.** The MOH/Human Resources Development Department (HRDD) is interested in the preparation of a group of Master Trainers who would teach MOH staff in the following content areas: update clinical skills, provide support supervision and guidance on how to use HMIS/data for decision-making), and business skills. It was proposed that the Master Trainers will be selected from two associations (UPMA and the Uganda National Association of Nurses and Midwives/UNANM) to form 10 Area Training Teams. Nurses and midwives would be selected who have the following skill sets: 1) family planning, 2) midwifery and life saving skills, 3) infection prevention, and 4) theater nursing. The reason for this specification of specific skill sets is to address the MOH's concern about high maternal mortality rates in their country. A memorandum of understanding would need to be developed between the Ministry of Health and the two associations to ensure that the trainers would be hired to provide training to MOH service providers and to clarify the role of the two professional associations and details about payment of the trainers.

It is planned that an advisory group will be formed consisting of representatives from: UPMA, UNMA, UPHOLD, and technical assistance from PSP-*One*, Capacity, and Banking on Health. Tasks will include: 1) determining how the Master Trainers will be prepared, 2) development of a curriculum to prepare the Master Trainers, 3) define the certification process of the Master Trainers, and 4) determine how the Master Trainers will be used and paid for. It is envisioned that the MOH will contract with the two participating professional organizations (UPMA and UNMA) to provide the training of MOH service providers using the prepared Master Trainers. The role of the two professional associations is to ensure that the training courses are conducted in a quality manner and that the training occurs in a planned and effective manner. One issue that the midwives from private practice will need to manage is how to maintain their private practice while also doing training. Managing this duality may influence the selection of persons to be trained as master trainers.

A second contracting opportunity identified by Dr. Nelson Musoba, Director of the Public-Private Partnerships for Health, is to develop a contracting mechanism between organizations like UPMA and Uganda Private Medical Practitioners' Association (UPMPA) to contract with the MOH to provide a package of services to the poor who are currently not being well served.

C. Feasibility of Deep Dive Follow-Up: Substantial interest was obtained from the Director of the Public Private Partnerships for Health (PPPH), Dr. Nelson Musoba at the Ministry of Health. Dr. Nelson thought that having an in-country forum with key stakeholders from the private sector would be useful to identify new and innovative ways of involving the private sector in the provision of RH and FP services. Dr. Nelson was particularly interested in operationalizing the concept of contracting private sector providers (like the UPMA and Uganda Private Medical Practitioners) to offer a package of services for persons that normally would receive services from the MOH but are not receiving services.

D. ICM workshop follow-up: Determine different ways of updating knowledge and skills of midwives in the private sector through the association. There continues to be a strong interest and need to strengthen the way that UPMA assists in keeping its membership updated in terms of knowledge and skills. The lack of computers and the remoteness of many of the UPMA members suggest that for the present, e-learning is not appropriate. Developing a group of master trainers (as described in section under public-private partnerships for health) will also strengthen the capacity of the association to offer CE offerings for its own members.

In meeting with the four professional councils (nursing and midwifery, medicine, pharmacy, and allied health) and six professional associations and the Ministry of Health/HRDD, an important need was identified concerning developing guidelines and procedures to standardize process for approving and providing Continued Professional Development for health professionals. Each council regulating the health professions has a requirement of 50 hours of CE for relicensure, but no way of determining if an offering meets a particular standard of how to track who has received what offerings. A task force was established and agenda set for the task force. Next meeting is scheduled in December/January. (Refer to Annex C for detailed meeting notes)

E. Pilot test of LAPM instrument: Mary Segall conducted 4 interviews with midwives and physicians using the instrument. Suggestions were made concerning having more choices for responding to the questions instead of just open-ended questions. Information obtained from the interviews provided insight about barriers of professionals offering LAPM. For midwives interviewed, it was a training issue – they had never been trained and would be interested. For the 1 physician interviewed, it was a matter of persons not having adequate funds to pay for a permanent method.

F. Additional Opportunities:

1. Meeting with KfW project director Mr. Martin Schmid led to the development of a potential collaboration between KfW and PSP-*One*. The area of collaboration is to evaluate a voucher program whereby vouchers are used to pay private providers to provide STI and family planning services. Hopefully, in addition to the collaboration with KfW, midwives in private practice belonging to UPMA would be providers of the vouchered services.

2. Determine interest of EngenderHealth/Acquire project to contribute to modification of a QI/performance improvement tool that PSP-*One* will pilot test with UPMA through their regional representatives in their supervisory visits. EngenderHealth's experience with COPE might be a useful addition to the PI/QI approach promoted by Intrahealth and enhance collaboration between different cooperating partners.

Recommendations

A. Reconceptualize PSP-*One* strategy in Working with UPMA: Given the richness of the visit and realizing the limitations of restricting technical assistance to strengthening CE offerings using e-learning, develop a revised concept paper using the revised framework (See Annex A).

B. Focus on pilot testing a QI tool for self-assessment by midwives and by the Regional Representatives during their supervisory visits in order to revitalize the quality improvement program and supervisory system and begin the process of developing an accrediting process for use by UPMA.

C. Continue exploration of **potential collaboration with KfW** on a FP voucher scheme with private providers in selected districts.

D. Continue working with Dr. Nelson Musoba to explore public-private partnerships between MOH and UPMA including developing a contracting mechanism and sponsoring an **in-country forum to improve quality of services in the private sector**.

Follow-Up/Next Steps

Strengthening of QI Mechanisms and Clarifying Financial diversification strategies for UPMA: Meetings with PSP-*One* staff, particularly Tani Dmytraczenko about different contracting opportunities with MOH and KfW, Taara Chandani about business planning, Leah Levin, and Denise Averbug to revamp the conceptualization of framework and evaluation of the intervention and UPMA to discuss next steps concerning pilot testing QA tool with Regional Representatives and identifying and testing financial strategies for UPMA. Contact Mrs. Nina Shalita to schedule review meeting and training workshop of regional representatives with UPMA.

Voucher program with KfW: Conference call with KfW and PSP-*One* to discuss potential areas of collaboration with respect to the voucher program with private providers for Family Planning.

Master Trainers: Participate in conference call with the key stakeholders concerning the preparation of the master trainers – key issues to be discussed are: preparation of curriculum, identification of potential trainers, mobilization of resources to support training, and roles of different interested organizations, preparation of a memorandum of understanding between MOH and UPMA to ensure that the Master will be used and paid for to do training of MOH service providers.

Procedures and guidelines for standardizing awarding CE credits: Review meeting minutes with Dr. Paul Kiwanuka of the Task Force on Continuing Professional Development and clarify memberships prior to next meeting in December/January to ensure that if there are any specific ways that PSP-*One* and Capacity Project can contribute that we are asked for technical assistance.

Develop a **scope of work** for Dr. Paul Kiwanuka, in-country person to facilitate these activities-pilot testing QI tool and gaining support for in-country forum to improve quality of services in the private sector.

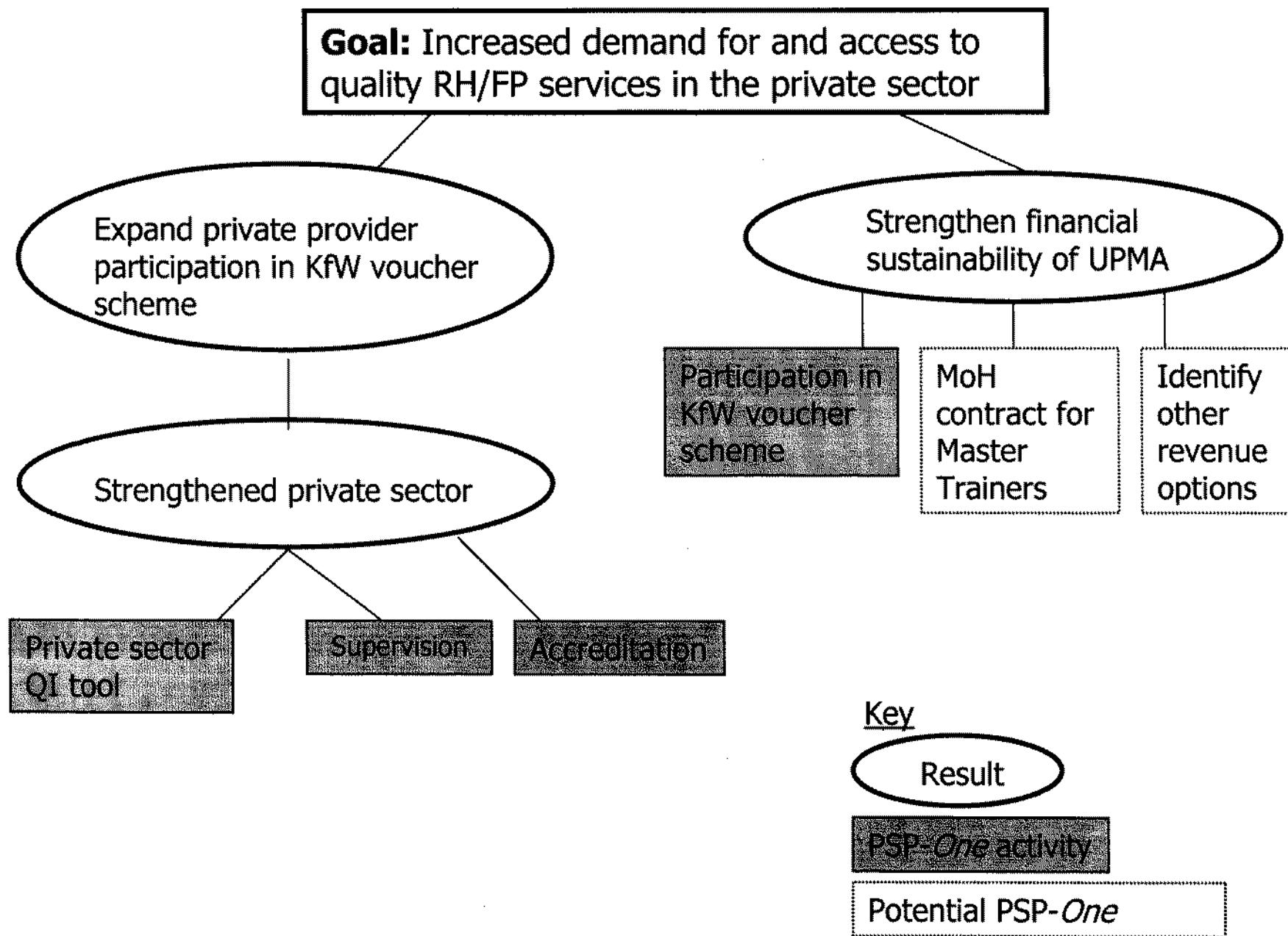
Annex A – Implementation Framework to increase demand for and access to private sector RH/FP services

Annex B – Notes from Strategic Planning meeting with UPMA

Annex C - Notes from Task Force for CE

Annex D - List of Contacts

Annex A: Implementation Framework



Annex B: Notes from Strategic Planning Meeting with UPMA

Meeting: Cooperating Partners with UPMA Executive Committee

Purpose: To Assist UPMA to be sustainable and clarify role of Cooperating Partners in support of this object including development of an Action Plan.

Date: Monday, November 14, 2005

Place: UMPA Headquarters, Kampala, Uganda

Participants:

UPMA Executive Committee and Staff

Chair (Sakina Kiggundu),
Vice-Chair (Robinah Matovu)
Treasurer (Sara Hajjat),
Secretary (Lydia)
Vice-Secretary (Jane)
Executive Director (Nina Shalita),
Branch Coordinator (Mary Namusisi)
Capacity Specialist (Dr. James Ibembe)

Cooperating Partners:

Capacity Building Advisor (Dr. Pam McQuide)
UPHOLD (Dr. Godfrey Magumba)
Banking On Health (Bernard Koissy)
Private Sector Partnerships for Better Health/PSP-*One* (Dr. Mary Segall)
Acquire/Engender Health (Interview conducted with Julia Wilshire prior to meeting)
PS Consulting (Dr. Paul Kiwanuka-Mukiibi)

Comments, Questions and discussion during meeting with UPMA

Questions:

1. How utilized are the midwives?
2. How are the private midwives contributing or affecting maternal mortality – there is a perception among UPMA midwives that their outcomes are very good – that is, adverse outcomes are low – that they put in place support/referral mechanisms to ensure that pregnant women are referred to appropriate level/providers of care.

Recommendation: Need to collect or organize data that is being collected to support this perception and market this finding: UPMA midwives provide quality care – save women's lives.

UPMA has the capacity to perform supervisory and certifying roles – can guarantee that standards are being upheld.

Statement was made that Natural Childbirth clinics are charging people a lot of money and that UPMA midwives need to market their practices.

Discussion around how to market UPMA:

1. Insurers could contract with UPMA and obtain an approved list of UPMA midwives who provide services in their catchment area.

Need to develop a credible body to do the contracting.

2. Development of Master Trainers: They are envisioned as being skilled in:
 - providing quality of care
 - supervising and coaching midwives
 - interpreting and using data
 - assisting with financial strengthening at the individual practice level

Communication with Dr. Naomi (HRDD) and Dr. Pam McQuide:

Goal of Master Trainers: To contribute to reducing maternal mortality

Issue: Ministry of Health has budgeted for training and supervision of their service providers but does not have the resources or capacity to conduct the training.

Objective: MOH would like to train 10 area teams consisting of 4 members/team. Each team would represent one of the 10 areas of the country.

Unit of Selection and Utilization:

- Nurses and Midwives would come from 1 of 10 areas to form Area Training Teams
- Teams would be composed of four different skill sets: Theater skills, Infection prevention, Family Planning, Midwifery and Essential Life Saving Skills

Selection criteria for members of the Area Training Team (Master Trainer):

1. Registered Nurse or Registered Midwife
2. Clinically competent in certain areas
3. Has an active practice
4. Active member of her/his professional association (UPMA, UNMA)
5. Interested and committed to training others
6. Be an innovator (think out of the box)

Role: To train others (MOH staff) in the areas of clinical skills, supervision, monitoring and evaluation of services provided.

Next Steps:

Have a meeting with HRDD (Dr. Charles Isabirye, Dr. Naomi Kyobutungi), Reproductive Health Advisor, Capacity Project, UHOLD, UPMA, UNMA, Dr. Paul Kiwanuka to discuss feasibility and how to proceed and specific next steps.

Agreed that need to organize learning and a curriculum that focuses on:

- Adult learning – participant learning methodology’
- Facilitative Supervisory/mentoring skills
- Data analysis and using data for decision-making
- Business skills training and accessing credit from a loan institution

Agree on criteria for selection of master trainers.

Develop interview process and include persons from outside the professional association (UPMA, UNMA) to ensure objectivity in selection of participants to be prepared as Master Trainers.

Activity 2: Developing guidelines and procedures for awarding CME.

Background: There is an Inter-Councils’ Committee – statement was made that it has not been active and there is a perceived need that it would be useful for guidelines and procedures for awarding CME to be developed.

Activity 3: UPMA would benefit by having a Training Data (Capacity is developing a HR data base and the training conducted by associations and received by members will be included in the data base.

Sustainability of UPMA: Technically, Financially, and Organizationally/Structurally

Ideas for Sustainable Development: National Association Level

1. Develop consultancy group to serve as Master Trainer and be contracted out from UPMA to Regional Area Teams

Suggested Areas that the Master Trainers would provide guidance and training in:

1. RH/FP
 2. Clinical skills training
 3. Provide guidance in business development of new or strengthening practices of midwives
 4. Conduct Research in RH/FP
 5. Small Grant development/ Management business development and small grants in related area
 6. Follow-up monitoring, supervision, OJT, onsite mentoring, evaluation
2. Link/collaborate with other Associations (Uganda Nurses and Midwives Association, Uganda Private Medical Practitioners Association) and MOH/Public Private Partnerships for Health (PPPH) for the purpose of linking with districts and contracting out to employers and MOH to provide services.

3. Items that would help in marketing UPMA:

- Brochure describing services
- Website describing services and members and how to contact

Ideas for Sustainable Development: Branch Level

Important Role:

- Data Collection
- Contracting
- Supervision
- Marketing of UPMA

Ideas for Sustainable Development: Individual Midwife's Practice Level

- Develop a Yellow Star program to indicate that the Individual Midwife has met a certifiable quality level (Need to be sure that the Yellow Star in the private sector is distinguishable from the Yellow Star used in the Public sector)
- UPMA could help develop contract between individual midwives and employers whereby individual midwife offers a package of services for employees for a particular employer and the quality of the services offered are reviewed by UPMA. This could be developed with industries, schools, and small businesses.

Annex C: Notes from Task Force for CE

Meeting: Uganda Continuing Professional Development for Health Professionals Taskforce

Date: Tuesday 15 November 2005: 9:30 – 11:30

Place: Ministry of Health: Board Room

Participants:

Councils and Associations

Mrs. Odungo-Okino, MOH/HRDD

Dr. John Ndiku, Executive Secretary, Uganda Medical & Dental Practitioners' Council (UMDPC)

Mrs. Rita Matte, Registrar, Uganda Nurses & Midwives' Council (UNMC)

Mrs. Neville Oteba Registrar, Pharmacy Council

Mr. Benjamin Udongo, Registrar, Allied Health Professionals Council

Mr. Alex Ococi Jungala, Chairman, MCE/CPD, Allied Health Professionals Council

Dr. Harold Bisase, Vice-President, Uganda Private Medical Practitioners' Association (UPMPA)

Mrs. Nina Shalita, Executive Director, Uganda Private Midwives Association (UPMA)

Mrs. Janel Obuni, Uganda National Association for Nurses and Midwives (UNANM)

Dr. Sam Luboga, Deputy Dean, Faculty of Medicine, Makerere University

Development Partners

Capacity Building Advisor (Dr. Pam McQuide)

Private Sector Partnerships for Better Health/PSP-*One* (Dr. Mary Segall)

PS Consulting (Dr. Paul Kiwanuka-Mukiibi)

Meeting Notes

Agenda

1. Introduction and Welcome: Greetings and welcome from Dr. Pamela McQuide (Capacity project) and Dr. Mary Segall (Private Sector Partnerships-*One* project) with apologies due to late start since the site for the meeting at Aga Khan University was closed due to disturbances in town center.

2. Background and Purpose of Meeting:

Four health councils have statutory mandates requiring mandatory continuing education for each of the health professions (medicine, allied health, pharmacy, nursing and midwifery) for re-licensure annually. The purpose of this legislation is to ensure that the workforce has a mechanism in place to continually update the knowledge and skills of its workforce. In a meeting held on Tuesday, 7 November, members of the four registrars agreed that the process currently in place to track the award of the 50 hours by means of each member keeping a log book and requesting that the lecturer sign the log book was not satisfactory. Deficits of the current system identified include: 1) no way to ensure that the course offered meets certain quality standards; 2) lack of a uniform way to award 1 CEU; and 3) no data base or way to track the awarding of the CEUs for its membership.

The purpose of today's meeting was to determine if it was feasible to establish guidelines and procedures for awarding CEUs by the four registrars and if it was agreed that it was feasible upon, decide what would the process be to establish guidelines and the procedures for such a process.

Other comments from the discussion:

Council may delegate authority for awarding CEs to the association, but this process has not been followed very carefully.

Members agreed that it is a big job to ascertain the quality of offerings and cover offerings by both the public and private sectors.

A lot of CE has happened but there is no accreditation agency for the CE offerings. Consensus of the participants was that it would be a good idea to develop guidelines and procedures for offering CE courses.

3. Determine which regulatory organizations can make decisions about awarding CE units and which organizations should be included in the discussion.

It was decided that a task force would be constituted that would include the Registrars of each of the four professional councils and members of the following professional associations (UPMA, Uganda Pharmacist Society, UPMPA, UNANM, and Allied Health Association), and representative from the MON/HRDD. Mr. Paul Kiwanuka-Mukiibi agreed to serve as Secretary.

4. Two sides of awarding Continuing Education (CE) Units

Refer to Annex A for description from American Nurses' Association of one approach for having two types of organizations decided to be 1) Approver of Organizations offering CE courses and 2) a Provider of CE courses.

One example was provided in which there are **two categories** of accreditation available:

1. Accreditation as a provider of continuing nursing education.

This accreditation is awarded to organizations that have demonstrated their capacity to provide quality continuing nursing education activities.

2. Accreditation as an approver of continuing nursing education.

This accreditation is awarded to organizations that have demonstrated their capacity to approve activities and providers.

Copies of the two books from which Annex A was abstracted were distributed to the participants and copies of the books are also with Dr. Paul Kiwanuka-Mukiibi.

5. Next Steps:

1. Obtain policy documents that have been established for Councils to regulate CE offerings and draft Guidelines for CPD developed by the MOH/Human Resource Development Department

2. **Convene a meeting of the proposed task force on Tuesday, November 22 at 9:00 am to review the documents and decide on how to proceed with establishing the guidelines and operationalizing and harmonizing procedures for reviewing course offerings and establishing a uniform way of awarding CEUs.**

Issues to be discussed include:

- What constitutes a CEU?
- What are we trying to achieve; i.e. how to determine if learning occurs?
- Need to look at the credentials of who is providing the CE course. Need to establish criteria that have to be met in order for an organization to be approved to offer a course for CEUs.
- The database being developed with assistance from the Capacity Project will include a separate component on the CE - it would be helpful if the elements of what should be included in the CE component be identified. This will address the issue of what persons have received what kinds of training so that one can plan the training needs of the workforce as well as determining how prepared the workforce is to offer certain kinds of health service programs.
- Review if other organizations have developed approaches for offering CE and what has been their experience.

3. The Task Force for Continuing Professional Development is to consist of the Executive Director of each of the four registrars and representatives from the following professional associations: 1) UPMA; 2) UPMPA; 3) Allied Health Association; 4) Pharmacy Association; Dr. Paul Kawanika has agreed to serve as the Secretary. Dr. McQuide and Dr. Segall will provide resources and assistance as feasible from a distance.

4. Once the mandate of this group is completed, there will be the need to conduct a stakeholders' meeting to sensitise the key stakeholders to the guidelines and ask for review of the guidelines.

Additional Notes: Prepared for Meeting with Registrar Councils: Nursing, Medical, Pharmacies, and Allied Health

General definitions from the American Nurses Credentialing Center system for accreditation of continuing nursing education is a voluntary recognition process in which an institution, organization, or agency submits to an in-depth analysis to determine the capacity of the organization to provide and/or approve **quality** continuing nursing education activities over an extended period of time.

There are **two categories** of accreditation available:

1. Accreditation as a **provider** of continuing nursing education.

This accreditation is awarded to organizations that have demonstrated their capacity to provide quality continuing nursing education activities.

2. Accreditation as an **approver** of continuing nursing education.

This accreditation is awarded to organizations that have demonstrated their capacity to approve activities and providers. Only ANA constituent member associations, federal nursing services and specialty nursing organizations are eligible to apply.

Accredited organizations wishing to continue their accredited status must submit a new application before the end of each accreditation period. The applicant must document adherence to all operational requirements and criteria. In addition, all applicants will host a site visit.

Eligibility Criteria:

1. Establishment of a Provider Unit

An organization seeking accreditation as a provider of continuing nursing education has identified a separate, defined provider unit that is administratively and operationally responsible for coordinating all aspects of continuing nursing education activities sponsored by the provider. (Institution can be multi-focused – e.g. university, health care facility, a professional association, or formed specifically for providing continuing nursing education.

2. Operation as a Provider of Continuing Nursing Education

- An organization seeking accreditation as a provider of continuing nursing education must have been operational for a minimum of six (6) months at the time of application to the Commission on Accreditation and have offered at least three (3) education activities following the specified Commission on Accreditation criteria.
- At least three different education activities must have been planned, implemented, and evaluated by the time of application. These activities may be:
 - Provider directed (e.g. workshops, lectures, teleconferences)
 - Learner directed (e.g. home studies, on-line activities)

Example of Operational Requirements for Accredited Providers

Accredited Providers will:

1. Use the Commission on Accreditation educational design criteria to plan and implement all continuing nursing education activities.
2. Maintain responsibility for the following when activities are co-provided.
 - Determination of objectives and content
 - Selection of presenters/content specialists
 - Award of contact hours
 - Record keeping
 - Evaluation
3. Maintain records for each education activity for five years in a secure and confidential manner and include the following essential information.
 - Title
 - Number of contact hours award
 - Names, titles, and expertise of persons responsible for planning the education activity and presenters/content specialists.
 - Description of needs assessment
 - Description of the target audience
 - Location and dates of the activity
 - Names and addresses of participants and number of contact hours awarded to each
 - Purpose
 - Objectives and content

- Teaching/learning strategies, including resources, materials, delivery methods, and learner feedback
- Process to verify completion of the education activity and how learners were informed of these requirements
- Sample of the certificate awarded to participants
- Copy of the evaluation tool including a summative evaluation
- Marketing/promotional materials

4. Verify participant and requirements for successful completion of all education activities and identify how learners are informed of these expectations prior to the activity.

Annex D: List of Uganda Contacts - Updated during trip by Mary Segall (Uganda Country Code 256)

CONTACT LIST - GENERAL					
Name	Title	Organization	Phone	Mobile	Email
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