BTC

BELGIAN DEVELOPMENT AGENCY

An integrated approach to SRHR

Joint meeting of Dutch – Belgian SRHR Platforms

DGD, Brussels, 8th of June 2016

Outline

1. Context of governmental cooperation
2. Key principles of the BTC approach to SRHR in the health sector
3. Case: Ambulances in Uganda
4. In the meantime
5. Conclusions

1. Context of Belgian governmental cooperation

- **Belgian governmental cooperation programmes are basically the result of a political decision**
- **BTC executes**

- **Belgian Embassy:**
  - Political dialogue with the partner country

    -> Cooperation Programme

    -> priority sectors and sub-sectors of intervention

- **Embassy/BTC:**

  -> Identification file

  -> objectives, expected results

- **BTC:**

  -> formulation, implementation, M&E, etc.

  -> focus on support of governmental stakeholders (national and local)

- **Cross cutting issues:**
  - Legal: Gender, environment
  - BTC: gender/HIV/SRHR, environment,
  - BTC: HDP: LGBTI

- **Reality:**
  - SRHR related MDGs/SDGs often mentioned but not translated into concrete commitments in the Cooperation Agreement
- **Main reasons:**
  - Ownership of partner country
  - Harmonisation and division of labour
  - Limited SRHR competences at political level

2. Key principles of the BTC approach to SRHR in the health sector

1. **Alignment with partner policy and priorities (NHDP)**
   - Focus on **health systems strengthening**

     -> WHO building blocks
   - SRHR related MDG/SDG included in national strategies, policies, programmes, Health Performance Indicators, etc.

     -> maternal and child health (incl. EmOC, PMTCT), ASRH, family planning, STI/HIV, SGBV

2. Integrated approach

- SRHR embedded in the BTC health programme approach

3. Systemic approach

- SRHR as part of a complex health system
- Identification of critical entry points for sustainable results
- « Double anchorage »

Main concern

Where and how can we make a difference in a sustainable and non-disruptive way

3. Example: ambulance systems. The case of Uganda

Context

- **Reduction of maternal and child key priority in NHDP**

Indicator	1995	2001	2006	2011
MMR	506	505	435	438
NMR	27	33	29	27
IMR	81	88	76	54
U5MR	147	152	137	90

- **Quality referral/counter-referral key**

Factors underlying maternal & child mortality

	Underlying Factors		No	
A	Perinatal Family Women factor	Delay of women seeking help	112	=164
		Lack of partner support	15	
		Herbal medications	17	
		Refusal of treatment or admission	6	
		Refused transfer to higher facility	6	
B	Logistical systems	Lack of transport from home to Health facilities	13	
		Lack of transport betwen facilities	11	
C	Health Services	Health service communication breakdown	54	= 134
		Lack of blood products, supplies & consumables	68	
D	Health personnel problems	Staff non-action	62	=194
		Staff oversight	60	
		Staff misguided action	32	
		Staff lack of experience	22	
		Absence of critical human resource	11	
		Inadequate number of staff	7	

Source: MPDR Audit report 2009-2011

Factors underlying perinatal death:

Underlying Factor		Frequency
Attendant/Family	Delay of women seeking help	16
	Refusal of treatment/admission/transfer	2
	Lack of partner support	4
Logistics system	Lack of transport from home to facility	4
	Lack of transport between facilities	3
Health service factors	Communication breakdown	2
	Lack of blood products, supplies and consumables	6
Health personnel factors	Absence of critical human resources	18
	Inadequate number of staff	105
	Staff lack experience	20
	Staff misguided actions	36
	Staff non-action	29
	Staff oversight	6

Source: MPDR Audit report 2009-2011

BTC – Institutional Capacity Building Programme-I (2009-2014)

- **Partner: MoH-Department of Planning**
- **General objective:**
  - To improve effective delivery of an integrated Uganda National Minimum Health Care Package.
- **Specific objective:**
  - The strengthening of the Planning, Leadership and Management capacities of the health staff at national level and local government levels.

- **Results:**
  - At level of MoH, health district and sub-district, regional referral hospitals.
  - One of the R7 indicators: policy paper on referral systems refined and approved
- **Location:**
  - Fort Portal and Arua

Moyo & West-Nile experiences from the past

1999	Boat ambulance under DHSSP
2002	Bicycle ambulance under UNICEF&
2003	Others
2003	Rationing by Convenient Point of Collection concept at HCs
2006	Management & operating costs swifted to S/county to be financed by community contribution
2007	Stopped moving dead in ambulance
2008	UNHCR ambulance with fuel
2009	Rationed to obstetric and severe illness mostly at night-community responded????
May 2012	Community ambulance financing
2013	BTC/ICB –I

Ambulance service

- **Key** aspect of referral/counter-referral
- Not a vehicle or patient transport but **pre-hospital emergency care**
- Requires **specialised** emergency health care services at all levels
- Is a **community indicator** of functionality and responsiveness of the health care system
- Can easily be included in **risk-sharing financial schemes**

Complexity of ambulance system and service capacity strengthening framework

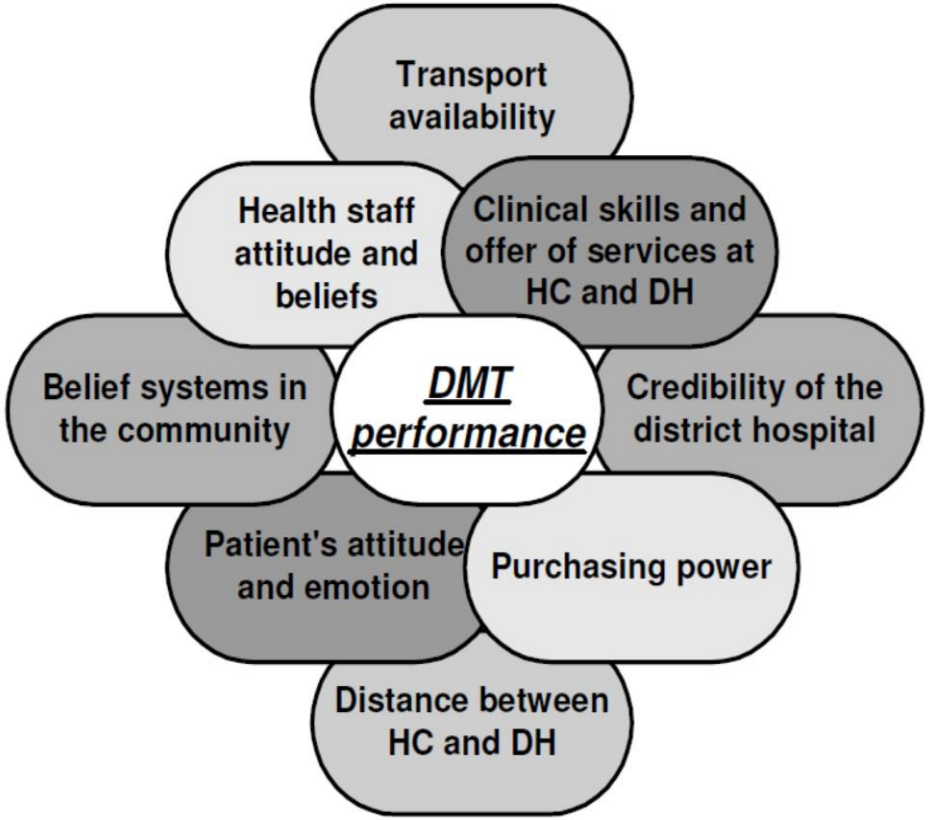
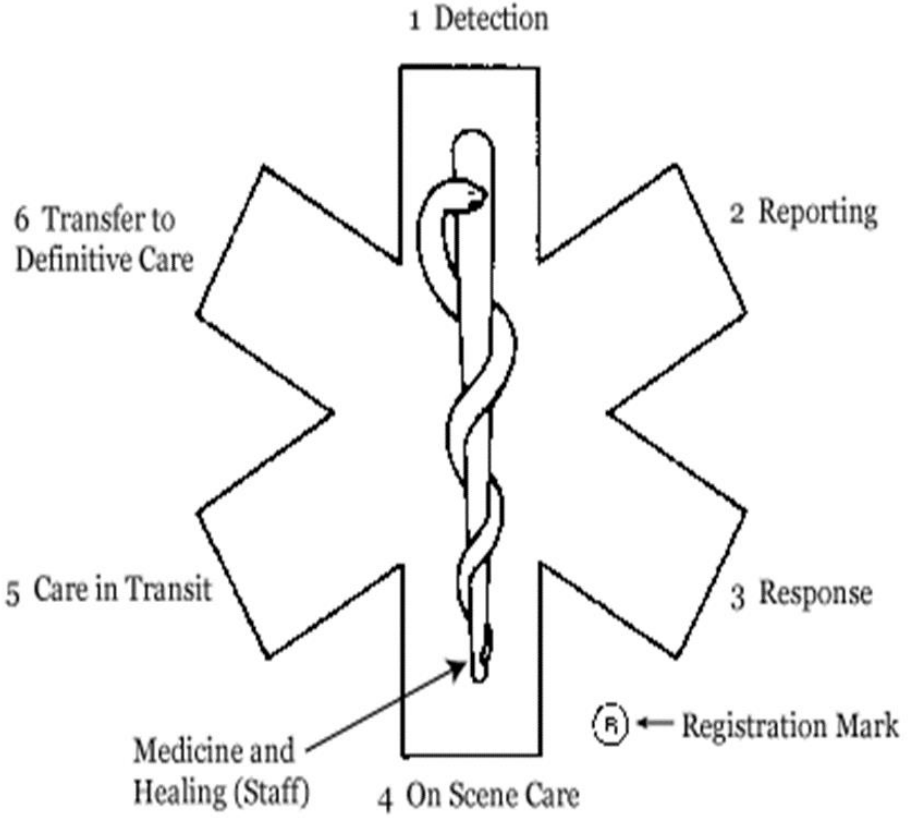
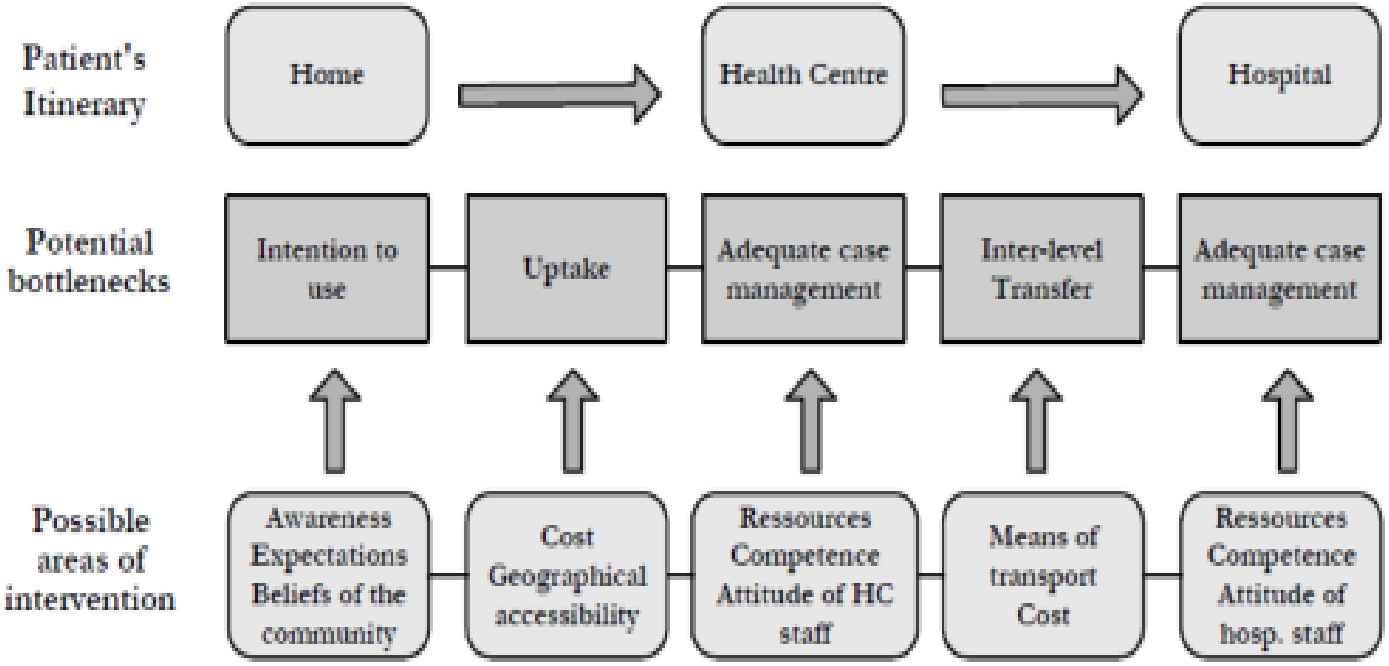


Figure 3: Some important determinants of a referral system



Patient Itinerary: Delays and Hurdles and Intervention areas



BTC – ICB areas and levels of intervention

- **Institutional level**
  - financial resource generation, stewardship, management
- **Systems level**
  - transport, equipment, HR & medicine, communicaton and mov't plans, protocols, etc.
- **Service delivery level**
  - Skills, guidelines, ethical standards, monitoring, etc;
- **Community level**
  - Community financing, early care seeking, first responders, etc.

Interventions developed under BTC/ICB-I

- Fully fit **ambulances** and equipping existing
- Ambulance **staff training** and **uniforms**
- Establishment of **Ambulance Committees** for governance and financing
- **Advocacy** for ambulance service and financing in terms of community insurance, local tax and other contributions
- **Communication** system
- Ambulance **management training and tools** like log books, insurance, regular assessments and feed back
- Ambulance operations **support** i.e. fuel contribution, tyres, insurance and basic servicing
- **Participation and collaboration** with UNAS & Saint John's Ambulances
- Provision of **theatre equipment**


OBONGI SELF-HELP
AMBULANCE
PURCHASED BY:
THE PEOPLE AND FRIENDS
OF OBONGI COUNTY
CALL: 0414660482


DONATED TO: OBONGI HEALTH CENTER IV
MOYO DISTRICT LOCAL GOVERNMENT
P.O.BOX 1, MOYO

BTC/PNFP (2013-2016)
BTC/ICB-2 (2015-2018)

Further strengthening of the ambulance system through:

- Improving monitoring and evaluation
- Sustainable financing of ambulance service through RBF system
- Expanding the scope of the ambulance system
- Health coverage plans
- Synergies between public and PNFP health sector

4. In the meantime

- **SRHR indicators mainstreamed as tracers throughout all result areas in health programmes**
- **Where relevant!**

5. Conclusion

- **High impact of health system strengthening on the *progressive realisation of the right to SRH***
- **Need for improving visibility of BTC as SRHR partner**

Thank you for your attention