

Improving Access to Maternal Health Care: Strengthening Service Delivery Networks Through Public-Private Partnerships

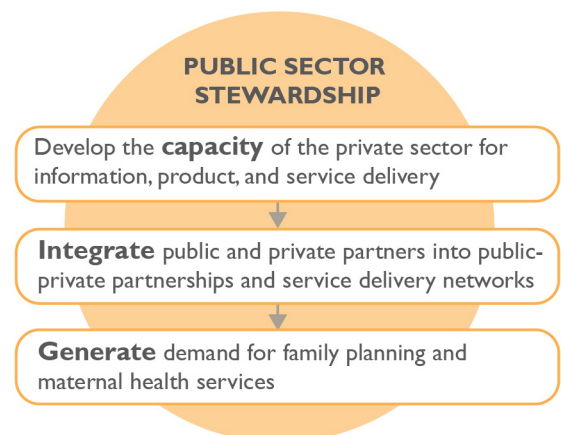
Improvements in the maternal health situation in the Philippines have stagnated during the past 10 years. Women continue to suffer from preventable causes of death, primarily due to challenges with access throughout the maternal continuum: from pre-pregnancy to pregnancy to labor to delivery and into the post-partum period, including family planning and emergency maternal care.



Public-Private Partnerships to Reduce Maternal Mortality. Recognizing the need to address problems of maternal mortality, in 2011 the Department of Health developed a strategy to establish coordinated local service delivery networks of public and private health providers and facilities. There had been little interaction, let alone coordination, between the public and private sectors, further denying women access to the services they needed. Through a framework of “capacitate-integrate-generate,” USAID’s Private Sector Mobilization for Family Health – Phase 2 (PRISM2) project set out to strengthen service delivery networks in project sites by increasing the number of private sector health facilities and providers that become integral partners in these networks.

Building Public and Private Sector Capacity

The project took a two-pronged approach to building partners’ capacities: one for the public sector, another for the private sector. For the public sector, the main capacity building was on exercising stewardship over private sector health providers and facilities. By working with the public sector in mobilizing the private sector on family planning and maternal health, the project met the government’s need for technical assistance in assuming its stewardship role and addressed government partners’ apprehension over its inexperience in engaging, mobilizing, and making the private sector an official partner in the service delivery networks. Private health providers received technical assistance on clinical and non-clinical aspects of information, product, and service provision. Focusing on

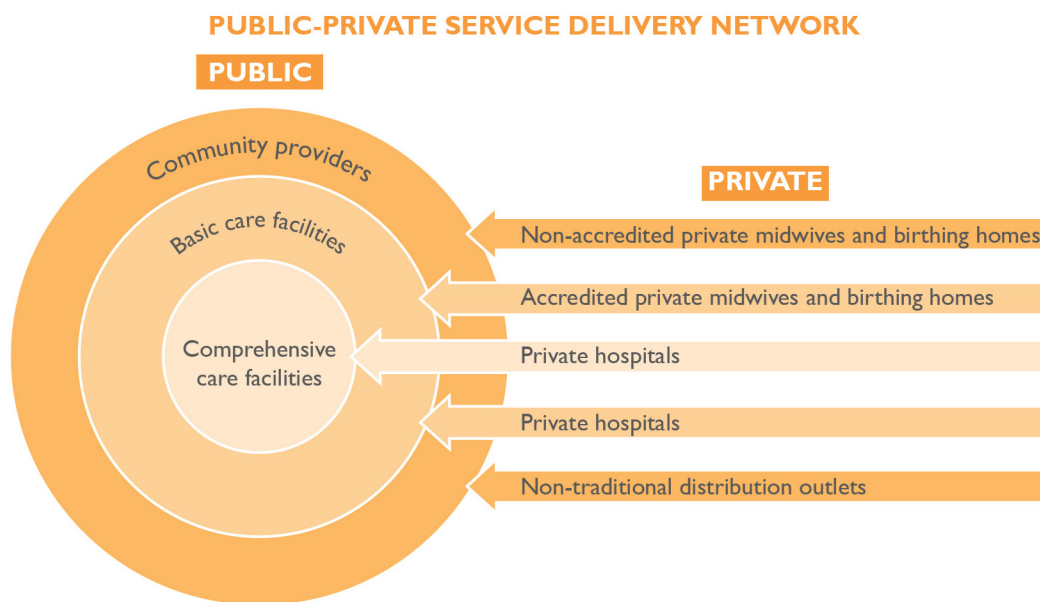


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private practicing midwives, private hospitals, and non-traditional distribution points for commodities, PRISM2 developed the capacity of the private sector to provide high-quality, affordable family planning and maternal health services.

Integrating the Private Sector into Public Service Delivery Networks

Having built the capacity of public partners in working with private sector agencies and updated private sector partners on public sector standards, PRISM2 worked with the Department of Health Regional Office and local government units to integrate these private providers and facilities into the local service delivery networks. A significant challenge was recognized in this process; local public sector partners had not yet established public sector-only service delivery networks. PRISM2 therefore worked with public stewards to create these networks and integrate the private sector. Formal public-private partnerships went beyond the service delivery networks of health care providers and facilities to establish links with other important stakeholders. To encourage the public sector to sustain its stewardship role and private sector commitment, PRISM2 facilitated formation of empowered multi-sectoral service delivery network management teams and developed their capacity to lead continuing quality improvement initiatives.



Generating Demand for Services

With the service delivery networks strengthened, target beneficiaries were influenced to improve health-seeking behaviors leading to increased use of good-quality family planning and maternal health information, products, and services through the networks. The project developed the *Usapan* (or “conversations”) approach, to bridge the gap between awareness and actual use of services. *Usapan* was designed as a social marketing tool, as well as a tool to increase the client base of the private practitioners.

KEY FINDINGS

With PRISM2’s technical assistance, 50 service delivery networks were created in 36 provinces and independent cities. All of these networks are partnerships between the public and private sectors, with more than 750 private providers and facilities formally integrated with about 1,200 from the public sector. With the public health sector’s official recognition and partnership with the private health sector, the project facilitated realization of the government’s stewardship over the private

“Adopting the PPP approach as a means to expand [family planning and maternal health] service coverage in the city has helped catalyze and solidify the city’s partnership with the private sector.”

— City Health Officer, Lapu-Lapu city

sector. These networks, and the stewardship and management structures that support them, have the potential to sustain and further strengthen access to and the quality of family planning and maternal health services.