



CASE STUDY

Partnering with Private Hospitals to Reduce Maternal Mortality in Lagos

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Mrs. Temitope Jones chats with Mr. Tachere Urhoro, Delta Crown Admin manager and PATHS2 KM coordinator as she waits to see the doctor

Because close to 70% of health care services in Lagos are provided by private health facilities, ways need to be found for the private hospitals to reduce out-of-pocket spending by patients. PATHS2 has entered into partnership with six private health facilities (HFs) in Lagos State to provide improved pro-poor health care services at a rebate of 50% to clients. A Memorandum of Agreement (MoA) was signed in June 2012 with six HFs: Delta Crown, Yomi Convalescent, Rally, LamShalom, Barbington and First Cross Maternity.

The hospitals were selected in collaboration with the State Ministry of Health, the Association of General Private Nursing Practitioners (AGPNP), and the Association of General Private Medical Practitioners

of Nigeria (AGPMPN) to make sure to get adequate input from stakeholders.

Mr. Austin Odama, an administrative manager with Delta Crown Hospital, says that Delta Crown was already partnering with PATHS2 even before the MoA. PATHS2 had trained some of the hospital staff to use the Health Management Information System tools to record and report data collected from patients in the hospital. The programme had also trained hospital staff on internationally approved health care procedures, and conducted two Facility Community Outreaches (FCOs) between April and June 2012. The outreaches sensitised the community, especially its pregnant women, about the danger signs of pregnancy and the benefits of delivering their babies in health facilities. Some of the hospital's new patients are from the outreaches.

“The MoA is basically to facilitate high-quality, high-quantity health care delivery in this place. We were already working with PATHS2 before this, to improve the quality of our services. PATHS2 has mentored our hospital staff to use partographs to monitor labour. Although we were using partographs before, the difference is in the attention to details—that matters when a woman is in labour. Minute by minute of every hour, you see what happens and what does not happen, and then if anything goes wrong at any stage, you know it.” explains Odama.



Delta Crown private hospital, Ogudu

Delta Crown's patients are mostly women and children. The most common ailments that patients are treated for are malaria and typhoid. On the average, the hospital attends to 150 pregnant women monthly for ANC, and in the month of June 2012 they treated 114 children under five for malaria.

Under the MoA with the private hospitals PATHS2 will provide Comprehensive Emergency Obstetrics Care (CEOC) equipment valued at N9,663.62 naira and CEOC drugs at N871,392 naira. In return, the hospital will accept referrals from public and other private facilities in the PATHS2 focal clusters and will provide services at reduced cost or at no cost to poor clients. Poor clients will be identified based on specified criteria. To benefit, a client has to reside within the community where the HF is located, and be able to

show that he or she is unable to afford care at the full service charge. The patient fills in a form at intake that asks about the patient's background, income status, spouse's income status, and family ties. Armed with this information, and while the person is being treated, the hospital representative goes into the community to the client's home to ascertain whether this person can afford the bill or not. The community head is also contacted to verify the person's claims.

But why do people who know they cannot afford to pay the full price of services at a private hospital go there in the first place? Why not go to a primary health care facility?

Mr. Tachere Urhoro, also a manager with Delta Crown, explains. "Some of them still go there, but the government facility is very far away. That is why they come here, especially in emergencies, and most of the cases we get here are emergencies. Now before a patient will come for emergency care, you know that the person will have tried one or two ways to alleviate the symptoms. Most of the women patronise the Traditional Birth Attendants. If they could afford it these women would have gone straight to the hospital when they started having the symptoms, but because they can't, they end up coming to the HF after the illness develops into something worse. So with this PATHS2 training and the outreach interventions, some of them have decided to come to the hospital."

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The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six-year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKAID from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the Federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.



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