



## Healthcare prepayments prevent impoverishment

### Welcome note

Dear partners,

It's a great pleasure to share with you our maiden edition of this SHU publication.

The publication is intended to primarily raise awareness about community health insurance (CHI) and stimulate debate on health financing including health budgeting by central and local governments, and communities.

As you may realize, the cost of accessing quality health care is steadily increasing and many Ugandans are being excluded due to poverty and other challenges such as lack of health facilities in some areas.

It is our strong belief that every citizen has a role to play to access the health services we all need. This is the reason why Save for Health Uganda (SHU) focuses on promoting CHI to reduce vulnerability and increase financial risk protection for households.

This publication will reach you once every month with updates on developments in health care financing and SHU's work at the various levels.

We welcome you to participate by sending in your articles to the addresses provided and giving feedback on the information shared. We look forward to sharing fresh, educative and interesting experiences with you.

Warm regards,

**Makaire Fredrick**  
Executive Director



← A member of a CHI scheme presents a health care access card at the payment window at Bangi maternity home in Kassanda town, Mubende district. Bangi is one of the facilities contracted to provide services to CHI scheme members in Kassanda and Bukuya sub-counties in Mubende district.

**By Proscovia Nnamulondo**

The Annual Health Sector Performance report for financial year 2014/2015 indicates that Uganda's health sector still faces numerous challenges which include increasing costs and inadequate funding especially for primary health care services. The report states that the proportion of people facing catastrophic expenditure leading to household impoverishment, especially of low income earners is high.

Households contribute up to 37 percent of health care financing, which is far above the World Health Organization's recommended maximum of 20 percent out of pocket expenditure if families are not to be pushed into impoverishment.

Harnessing the contribution of the informal sector and increasing insurance contributions are some of the ways proposed in the report to meet government's goal of universal health coverage with a minimum package of essential services.

The above proposals are also underlined in the Health Sector Development Plan for 2015/16 - 2019/20. The plan recognizes community health financing as a way to raise revenues from small farmers and the informal sector as long as there are prepayment mechanisms to protect them from catastrophic expenditure.

Thirteen years ago, SHU started working with such communities in Luwero, Nakaseke and Nakasongola districts to address the problem of catastrophic expenditure due to health care costs. Community managed self financing prepayment schemes were formed at parish level to link residents to health care facilities for quality and timely services.

SHU operations have since expanded to more districts including Mubende, Masaka, Bushenyi and Sheema where communities have been organized into CHI schemes. Scheme members contribute a small annual premium to a pool from which health care bills are paid so that family members do not make direct payments at the time of receiving services.

# 119 treated at SHU-Kitagata hospital mobile clinic



*Some of the patients waiting to receive their medicine.*

**By Suzario Ngabirano**

A total of 119 patients received treatment at a mobile clinic held at Kyeibare in Mutara sub-county, Mitooma district on 10<sup>th</sup> November 2015. A team of health workers from Kitagata hospital treated 39 male and 80 female residents of the area of various illnesses.

Kitagata hospital is one of the facilities contracted to offer services to CHI scheme members in Sheema and Mitooma districts. Kyeibare is located 16kilometers from Kitagata hospital. Access to health care services in the area is hampered by the hilly terrain which makes transport fares unaffordable.

A new CHI scheme with 405 members was recently launched in the area.

SHU supports health facilities contracted by CHI schemes to conduct outreach activities in rural areas to enable scheme members and other residents to access quality health care services without incurring transport costs.

CHI schemes pay medical bills of their members who receive treatment from mobile clinics using their health care access cards. Such clinics particularly benefit children and elderly persons who cannot walk long distances to health facilities.

## SHU trains health workers and scheme leaders in patient-centred care

**By Proscovia Nnamulondo**

A total of 144 employees of health care providers and CHI scheme members were trained in patient-centred care to strengthen partnerships among them and improve service delivery to patients.

The one-day workshops held between 10<sup>th</sup> and 19<sup>th</sup> November 2014 in four locations were intended to raise awareness of participants about patient-centered care so that it is practiced in service delivery to improve patient satisfaction and health care outcomes.

Participants came from CHI schemes formed by SHU and health care facilities

serving scheme members in the districts of Luwero, Nakaseke, Nakasongola, Mubende, Bushenyi, Sheema and Masaka. Health workers, administrators of health facilities and CHI scheme leaders were trained.



*Some of the participants during the training workshop held in Luwero.*

## Mushanga Health centre comes on board

**By Kenneth Waiswa**

Mushanga HCIII is the latest to join the list of health care providers serving members of CHI schemes in Bushenyi and Sheema districts in western Uganda.

The health centre under Mbarara Arch Diocese has been contracted to provide health care services to members of Rutooma scheme in Bushenyi, Kareera South, Kyamulari and Isingiro schemes in Sheema District.

The centre offers general health care and outreach services.

## Scheme members' corner



**Flora Mubangizi**

My name is Flora Mubangizi. I belong to Kyamulari CHI scheme in Sheema district. I joined the scheme in 2011. Before then, I used to fall sick frequently and faced challenges such as delaying to seek treatment and failing to complete the prescribed dose due to lack of money. When I joined the scheme, I went to hospital and told the doctor all my health problems. Since then, I have been feeling better and I rarely fall sick.

In our scheme, we recently started saving money in a box so that we are able to pay premium in time and continue to access services. Each family pays shs60, 000 to access health care services for a year.



*Scheme leaders, SHU Project Coordinator for Bushenyi and administrators of Mushanga health centre at the signing of a service contract in October.*