

SHU brings CHI to Kampala and Wakiso

After 15 years of promoting community health insurance (CHI) in rural areas, Save for Health Uganda (SHU) is introducing the initiative in Kampala and Wakiso districts to ease access to health care for families in urban settings.

The CHI model being introduced in Kampala and Wakiso code-named SHU-CHI scheme was designed for the urban population and has been running in Luwero and Masaka districts since 2012 and 2013 respectively.

The scheme targets formally and informally organized groups such as,

market vendors, bodaboda associations farmers and savings groups, institutions as well as individual families. The scheme is directly managed by SHU at its head office in Kampala but maintains offices in Luwero and Masaka where over 525 people are already benefitting from the services.

SHU-CHI offers affordable health insurance under a non-profit prepayment arrangement. It covers inpatient and outpatient general health care services including maternity, dental and eye care services, and general surgery. The health care packages available cover chronic and non-chronic illnesses.

Scheme members in Kampala and Wakiso will receive services from major non-profit health facilities around Kampala such as Mengo, Rubaga and Nsambya hospitals. Non-profit facilities were selected to make the scheme affordable to families and groups.

Enrolment into the scheme involves payment of a membership fee by the group or family and premium for a year. Every group or family enrolled in the scheme is represented on the governing committee of the scheme through which they participate in selecting services and health care providers.

Luwero program expands to more sub-counties

SHU has opened up a satellite office in Luwero district to reach out to more areas with CHI prepayment mechanisms. The office located at Wobulenzi off the Kampala-Gulu highway started full operations in June 2016.

Activities under the office at Wobulenzi will cover eight sub-counties namely: Bamunaanika, Nyimbwa, Makulubita, Kikyusa, Kamira, Kalagala, Zirobwe and Bombo Town Council. SHU has previously worked in the three sub-counties of Luwero, Katikamu and Butuntumula.

The decision to extend services to more areas was reached following demands by community members and local leaders in sub-counties which were previously not covered. SHU plans to have CHI schemes formed in every parish in Luwero district. At least 350 residents of one parish form a scheme. SHU will also contract more healthcare providers to match the growing number of schemes.



SHU's new office at Wobulenzi in premises formerly occupied by Plan Uganda

The new schemes will join Munno Mu Bulwade Union of Schemes Organisation (MBUSO) which brings together all CHI schemes promoted by SHU in the districts of Luwero, Nakaseke and Nakasongola.

Based in Luwero Town Council, MBUSO performs technical roles such as negotiating for health services, contracting health care

providers and paying medical bills on behalf of scheme members.

It also helps schemes to pool health care funds, hence strengthening their capacity to access a big package of quality health care services.

Networking makes CHI schemes more vibrant

As community health insurance (CHI) schemes grow in numbers and reach more communities in different regions, SHU is strengthening their capacity to meet the health care needs of their members through supporting them to federate into networks.

Four networks are currently running as umbrella organizations for CHI schemes. They include: Munno Mu Bulwade Union of Schemes Organisation (MBUSO) for schemes in Luwero, Nakaseke and Nakasongola districts; Western Ankole Tweragurize Schemes Association (WATSA) for schemes in Bushenyi, Sheema and Mitooma districts; Mubende Schemes Cooperation Mechanism (MSCOM) for those in Mubende district; and SHU-CHI for all groups and families under the urban insurance scheme.

The membership of networks stands as follows: there are 40 schemes under MBUSO with 18,040 beneficiaries; WATSA has 33 schemes with 6,550 beneficiaries; MSCOM has 10 schemes with 2,821 beneficiaries; and SHU-CHI covers a total of 525 beneficiaries.



The generic logo for networks of CHI schemes promoted by SHU.

The purpose of the network is to support and strengthen the schemes through coordinating activities. The schemes are using these networks to pool funds together in order to maximize health care benefits. This enables members of individual schemes to be guaranteed of continuity of health care coverage throughout the year without any interruption. This is possible because, even with the low premiums families pay to the schemes, they are able to create one big health care fund under the



The logo of MBUSO, the umbrella organisation for CHI schemes in Luwero, Nakaseke and Nakasongola districts.

networks. Members access extra benefits beyond what individual schemes can offer.

In addition to pooling health care funds to provide a big package of services for members, networks also perform other roles on behalf of schemes: promoting the schemes, negotiating with and contracting health care providers, paying medical bills of members, managing and accounting for schemes funds, and building capacity of scheme leaders.

Scheme members' corner

My name is Kafeero Anatooli Kiriggwajjo. I live at Nabutaka village in Kyawangabi parish, Butuntumula sub-county in Luwero district. I am a member of Kyawangabi Tweyambe Tulwanyise Obulwade community health insurance (CHI) scheme.

Our scheme started in September 2006. At that time, each family paid a membership fee of UGX200 and a premium of UGX3,600 per person. That money was put in a pool for paying medical bills of members in the event of illness.

I have benefited a lot from the scheme over the years. I remember the time my wife went into labour when I did not have any money. I rushed her to Bishop Caesar Asili Hospital and presented the health care access card issued to us by our scheme. She was admitted and received all the care she needed during labour and after delivery.



Mr Kafeero Anatooli Kiriggwajjo

We did not pay money at the hospital because our scheme has an agreement with the hospital to clear medical bills of its members. Our scheme was running under a credit mechanism where the money used

by the scheme to pay a member's medical bill was considered a loan to that member's family. The family would pay back the money within one month for outpatients and three months for inpatient services respectively. I paid back the money without any worry because my wife and the child were safe. The scheme helped us to get the services we needed without delay.

I have remained a member of the scheme for 10 years because I understood how it operates. I have never regretted the decision I made to join the scheme. Some people drop out due to poverty and limited understanding of how CHI schemes work because they do not attend sensitization sessions.