



SAVE FOR HEALTH UGANDA (SHU)

"Community solidarity for quality health"

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SAVE FOR HEALTH UGANDA (SHU)

Community solidarity for quality health

Vision:

Healthier families with simplified access to quality health care

Goal:

To contribute to: the reduction of the disease burden in Uganda: and the achievement of Uganda's millenium development goals (MDG) 4 and 5 commitments.

Mission:

To improve the quality of health of Ugandans through self managed health financing approaches.

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ANC	Antenatal Care
BftW	Bread for the World -Protestant Development Service
CHF	Community Healthcare Financing
CORDAID	Catholic Organization for Relief and Development Aid
HCP	Healthcare Provider
IAH	Ishaka Adventist hospital
ITN	Insecticide treated Net
MBUSO	Munno Mu Bulwade Union of Schemes' Organization
MOH	Ministry of health
NGO	Non Governmental Organization
BCAH	Bishop C. Asili hospital
JLMCF	Just like my child foundation
PACE	Program for Accessible health, Communication and Education
PNC	Postnatal Care
PNFP	Private not for profit
PSI	Population Services International
SHU	Save for Health Uganda
UCBHFA	Uganda Community Based Health Financing Association
WATA	West Ankole Tweragurize Association



Greetings to you esteemed readers. We are again happy to share with you our 2013 annual report. In it, you will read about us, the work we have done during the year, the challenges we have faced, and what we have been able to achieve.

Board Chairperson



Executive Director

Guided by our vision, mission and values, we are proud to report that Save for Health Uganda (SHU) a local nongovernmental organization formed in 2002, has grown and is delivering satisfying services to its beneficiaries. Mandated to operate country-wide in 2012, and with the support from BftW, Cordaid and PSI/ PACE, SHU has continued to promote, create and support the community health financing (CHF) schemes in the original 5 districts of Luwero, Nakaseke, Nakasongola, Bushenyi and Sheema, and has in 2013 extended its services to two other districts of Masaka and Mubende.

Focused on improving the quality of health of Ugandans, we performed a number of activities during the year resulting into 74 CHF schemes running and providing health care cover to 33,368 individuals. The families, from which the covered individuals come, no longer worry about health care bills, they no longer suffer catastrophic health care expenses, and they utilize the health care facilities early.

The health care facilities that serve the CHF schemes are benefiting too! They recover costs from scheme patients in full and with ease, they are talking to the services users in a much more organized and formal manner because of the channels opened up between the health care facilities and the schemes, and are receiving schemes patients earlier and managing their cases better.

We are proud of the achievements and thank very much our development partners: BftW, Cordaid, and PSI for the financial and technical support which has made working on the challenging issue of CHF possible for SHU.

We acknowledge and thank the other partners especially the local authorities in the 7 Districts, the health care facilities, and the schemes leaders for their support in promoting the CHF schemes. We as well appreciate the commitment displayed by our Board of Directors, and our staff. Their tireless efforts are the reasons beneficiaries are enjoying the SHU projects services.

Thank you

Sr. Ernestine Akulu
Board Chairperson

Mr. Fredrick Makaire
Executive Director

Save for Health Uganda (SHU) founded in 2002 is a local Non Governmental Organization(NGO)in Uganda mandated to operate country-wide.

Vision: Healthier families with simplified access to quality health care.

Mission: To improve the quality of health of Ugandans through self managed health financing approaches.

Goal: To contribute to the reduction of the disease burden in Uganda.

Services:

1. Health education
2. Health insurance education
3. Community health financing (CHF) schemes formation, promotion and accompaniment
4. Capacity building for managing Community health financing (CHF) schemes.
5. Local-level/ grass root lobbying and advocacy
6. Community health financing (CHF) schemes representation
7. Formation and management of CHF schemes Unions/ networks
8. Patient Centered Care facilities set up support and education
9. Formal relations creation between: (1) health care service users and a health care service provider for service provision; and (2) health care service providers and schemes for service provision in a referral arrangement.
10. CHF schemes coordination and networking

Objectives:

- a) To improve access to health care services by expanding and extending well managed health micro-prepayment schemes to target communities.
- b) To improve the health status of women in the target areas by: reducing maternal and child morbidity and mortality arising from preventable causes; and increasing their role in leadership.
- c) To improve incomes of families in the target communities to meet their health financing needs.
- d) To Improve health care service delivery to the targeted communities
- e) To strengthen institutional and organizational development of SHU to effectively and efficiently plan and implement programs and projects to improve the quality of health of Ugandans.

Core values:

- Team Work
- Client focused
- Integrity
- Professionalism
- Ownership
- Trust in God
- Economically oriented
- Respect

Programming principles

- Working in Partnerships
- Empowerment
- Capacity Building
- Learning and sharing
- Social Accountability and Answerability
- Gender responsiveness

Board members

The SHU board sits quarterly and the office bearers for the year 2013 were: Dr. Lorna B. Muhirwe -Chairperson; Sr. Ernestine Akulu- Vice chairperson; Dr. Joseph Baguma- Treasurer; Mr. Fredrick Makaire- Secretary; Mr. Zakariya Kasirye M- Member; and Ms Rachael Kisakye-Member. Towards the end of the year, Dr. Muhirwe and Dr. Baguma's terms expired and they both retired. Sr. Ernestine Akulu is the new board chairperson. Dr. Victor D. Valenzuela is a new member on the board.

The executive team

The SHU team is composed of 4 senior management members: the Executive Director Mr. Fredrick Makaire; the Programs Officer Ms. Juliet Nazibanja; the Monitoring and Evaluation Officer Mr. Eria Mugisa Kumaraki; and a Finance and Administration officer Ms. Veronica Asio. The team meets once every two months, works on all SHU projects and is full time. The others are: 3 management staff, 12 field staff, and 9 support staff.

Key partners

- | | |
|--------------------------------------|---|
| 1. Bread for the World (BftW) | Financial & technical partner |
| 2. CORDAID | Financial Partner |
| 3. PSI / PACE | Financial & co-implementing partner |
| 4. Ministry of Health | Line ministry & policy guidance |
| 5. UCBHFA | National umbrella for CHF schemes promoters |
| 6. CIDR | Technical support |
| 7. Just Like My Child Foundation | Livelihood project partner in Luwero District |
| 8. Contracted health care facilities | CHF schemes service providers & co-promoters |

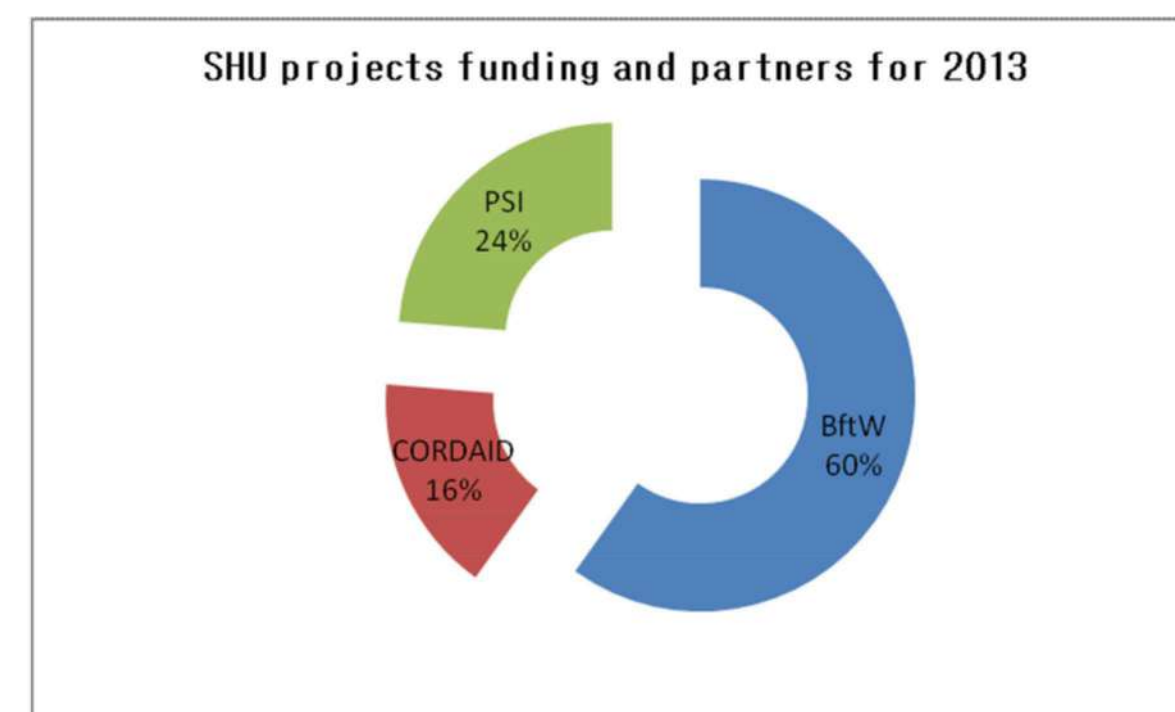
1. Funding of projects**The projects**

SHU has implemented three projects in 7 Districts during the year. The projects and their funding partners are:

1. Reducing barriers to accessing quality health care services by the rural poor project. The project is funded by Bread for the World (BftW) and is implemented in the 5 districts of Luwero, Nakasongola, Nakaseke, Masaka and Bushenyi.
2. Maternal, infant and Reproductive Health insurance project. It is funded by the Catholic Organization for Relief and Development Aid (Cordaid) and is being implemented in Sheema district.
3. Community health prepayment schemes intervention to improve maternal health. The project is funded by Population Services International (PSI) and is being implemented in Mubende district.

The funding and source

In total, SHU received a grant of UGX 1,556,124,762 (USD 622,450) to implement all project activities during the year. The figure below shows the share of the contributions by each partner.



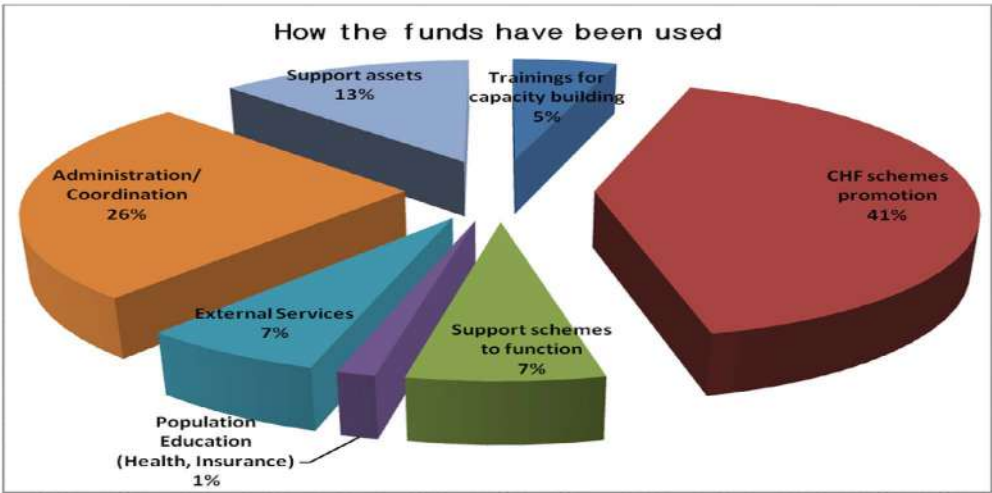
The funded projects’ intended direct beneficiaries

The direct projects beneficiaries are categorised into five:

- 1. Target communities/parishes¹ spread in all 7 districts of project implementation. The target communities were 84 in total out of which, 74 have CHF schemes running. The running schemes were covering a total of 33,368 individuals at the end of December 2013.
- 2. Union of schemes networks. They are 2 in total, one located in Luwero district and the other in Bushenyi district. The Luwero union which brings together 39 schemes has a functional secretariat in place.
- 3. Health care facilities. They are 17 in total of which 10 are already contracted as schemes service providers.
- 4. Pregnant women and new born babies in the CHF schemes of Sheema District. They received subsidies to enable the schemes contract Boda-boda(motor bikes) transporters to transport pregnant scheme members to contracted health care facilities. They are 20 transporters in total and 18 of them still have active contracts.
- 5. Individuals with a leadership role in the CHF schemes and/ or the union of schemes networks.They are 1,131leaders (511Women, and 620 (Men) in total during the year. They received various capacity building trainings and support during the year.

How the funds were utilized

A total of UGX 1,368,410,415 (USD 547,364,166) was utilized. The figure below shows how the funds were spent.



2. Promoting the CHF schemes

Partner healthcare facilities

The healthcare providers have promoted the schemes in various ways:

A. Cash discounts on medical bills to schemes.

Provider Name	Discount earned
Kiwoko Hospital	11,715,022
Ishaka Adventist Hospital	1,908,501
Hope Medical Centre – Bugongi	1,501,750
Total	15,125,273

B. Advertising the schemes at their premises



² Aparish is an administrative unit made up of 7 villages on average

C. Carried out outreach activities



Hope Medical Centre Clinical Officer during an outreach activity in Bushenyi

D. Conducted health education in schemes



Ishaka Adventist Hospital (IAH) Staff at a Health Education and Mobile clinic meeting in one of the schemes.

E. Attended/ participated to schemes activities.

The health care providers attended some of the schemes new year launching meetings. The meetings took place in each scheme in March for the Luwero area schemes and in August for the Bushenyi area schemes. The attendance by senior managers of the health care facilities has helped built trust in the schemes by the families.

Authorities

National and District-level authorities have been gracing and attending CHF schemes activities where they have strongly encouraged people to enrol into the schemes. Authorities have also played a key role in building peoples' trust in the schemes and in SHU. The pictures show some of the authorities at scheme functions/ activities



Hon. Rapheal Magyezi Member of Parliament for Igara west constituency talking to members at the katunga scheme inauguration ceremony in 2013



The Bushenyi District Local Council V Chairperson Mr. Wills Bashsha issuing out medical care access ID cards to members of Rushinya scheme at the schemes' inauguration in June 2013

3. Enhancing SHU team capacities

UCBHFA

Uganda community based health financing association (UCBHFA) organized two capacity building and CHF schemes sharing of experiences workshops during the year to which SHU and the schemes participated. UCBHFA is the national umbrella body for all CHF schemes and CHF promoters in Uganda.

Local Support Services - BftW/ DIS

Development Initiatives Services (DIS) the local support services (funded by BftW) provider trained and equipped SHU field staff with Training of Trainers skills.

4. Improving household livelihoods

Just Like My Child Foundation / Bishop C. Asili Hospital

Just Like My Child (JLMC) Foundation together with Bishop C. Asili Hospital (BCAH) have introduced a household livelihood project whose beneficiaries are CHF schemes members. As a pre-condition, non schemes member families eligible to get a hybrid dairy goat and training in vegetable gardening must first enrol into the CHF scheme in their area. The other pre-condition is that the first kid must be passed on to another scheme member family in another location outside the scheme. A total of 328 families in six schemes of Luwero District have received 445 goats. 249 families received goats directly from JLMC and BCAH while 79 families received 79 kids passed on from families that received first.

Bread for the World (BftW)

BftW provided funds for training families to acquire skills that would enable such families implement activities for income generation. During the year, some CHF schemes member families in Luwero, Nakaseke and Nakasongola Districts were trained in soap making.

Families that had received training in 2012 were followed up and some given support in procuring raw materials, in production and others in marketing soap.

The Luwero area schemes

The schemes in Luwero, Nakasongola and Nakaseke Districts under their union (MBUSO) have decided to avail low interest loans for emergency transport and Income Generating Activities to member families using the built up reserve funds. In 2013, 106 loans were given out using this fund and the recovery rate is 100%.

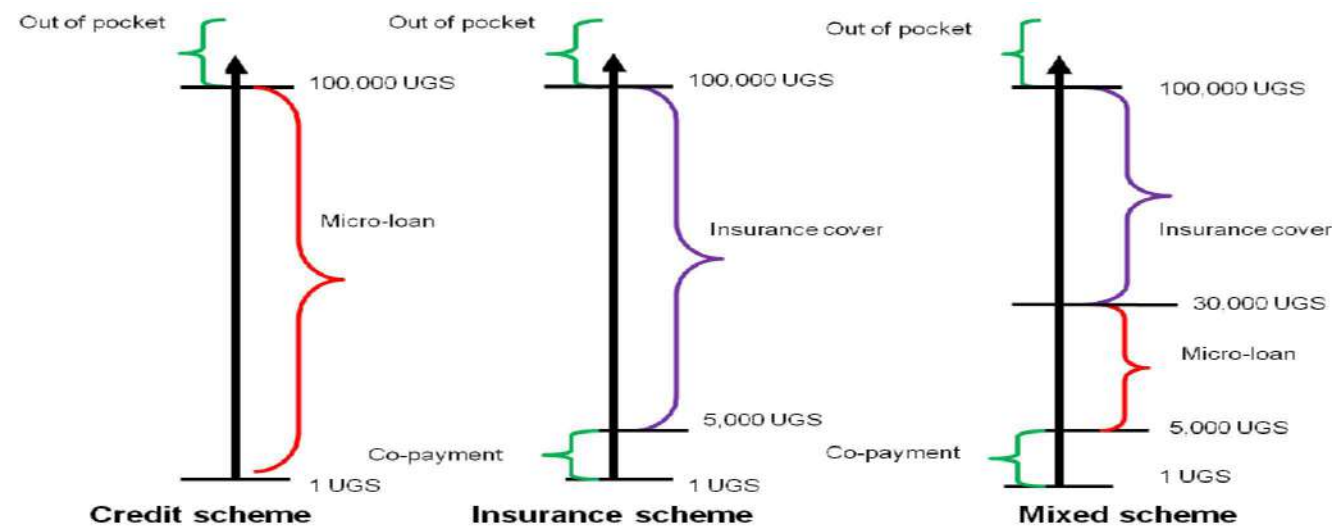
To achieve the mission and with the valuable support from her partners, SHU has organized its activities around 5 prioritized programmatic issues:

1. Promoting Community healthcare financing (CHF) Schemes
2. Empowering Women and improving their health
3. Improving family Livelihoods
4. Improving Health care services delivery
5. Strengthening SHU as an institution

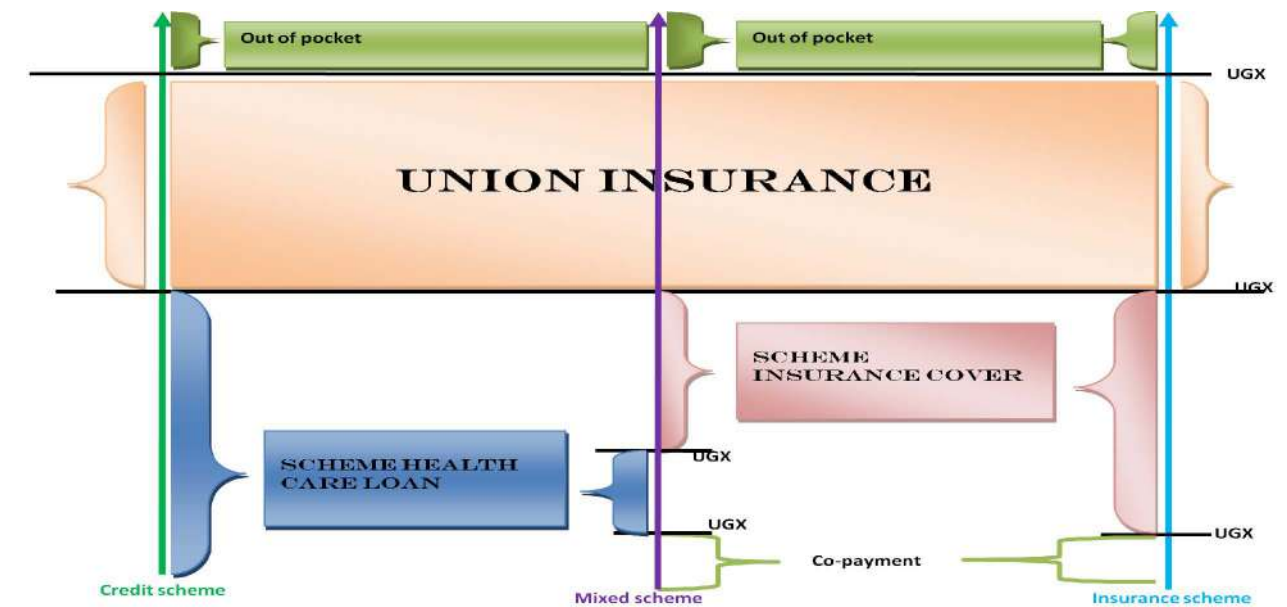
1. Promoting CHF schemes

1.1. Focus of activities

- a) Improving access to quality health care facilities and services. SHU is using three mechanisms/ scheme types to ease financial access to quality health care services. The mechanisms which are also illustrated in the figure below are: Pure Insurance Schemes; Pure Credit Schemes; and Mixed Insurance and Credit Schemes



- b) Protecting families from catastrophic health expenditures. According to SHU design (see figure below), the protection of families is at two levels:
 1. Scheme level: At this level, the scheme covers a patient up-to an agreed amount(ceiling) per episode of illness.
 2. Union of schemes (network) level: At this level, the union covers a patient for the bill amount above the scheme ceiling up-to an agreed amount (ceiling) per episode. This is only applicable if the bill exceeds the amount covered at scheme level.



1.2. Activities performed to improve access

- a) Organized communities into formal groups operating at a parish level. Each group sets up structures and elects leaders to run the new structure. Through this structure, families meet to discuss issues related to their disease burden, health care services availability, organization and quality.
- b) Sensitized communities about saving for health care.
- c) Trained schemes and union leaders and the General Assemblies to enhance their capacities for self management.



Scheme leaders in the newly created schemes in Mubende attending a basic book keeping training



Scheme leaders in Sheema attending a coaching session on basic book keeping and records keeping

1.3. Activities performed to protect families from catastrophic health expenditures.

- Educated families about health related risks, diseases, and how to manage cases of illness. This we did through health education meetings and radio talk shows.
- Educated families about health insurance principles and schemes. This we did through conducting health insurance education meetings.



An SHU staff conducting a health insurance education session in Bushenyi

- Supported communities to create and run community health insurance schemes. Through the schemes, families reduce out-of-pocket payments at the point of service. For this, we did social marketing campaigns and capacity building for active participation in managing the insurance schemes.

1.4. Results

1.4.1. Number, types and location of running schemes

A. Running schemes - General

Year	Running Schemes	Beneficiaries in running schemes
2013/2014	74	33,369
2012/2013	68	29,547
2011/2012	53	26,566

B. Running schemes - Type/ Mechanism

Year	Pure Credit	Mixed credit & Insurance	Pure Insurance
2013/2014	8	28	38
2012/2013	10	27	31
2011/2012	16	19	18

C. Running schemes - District of location

Target Districts	2013/2014	2012/2013	2011/2012
1. Sheema	9	10	5
2. Bushenyi	24	17	11
3. Luwero	18	18	16
4. Nakasongola	6	6	6
5. Nakaseke	15	17	15
6. Masaka	2	0	0
7. Mubende	0	0	0
Total	74	68	53

1.4.2. Number of people benefiting from schemes: per District, scheme type and per policy.

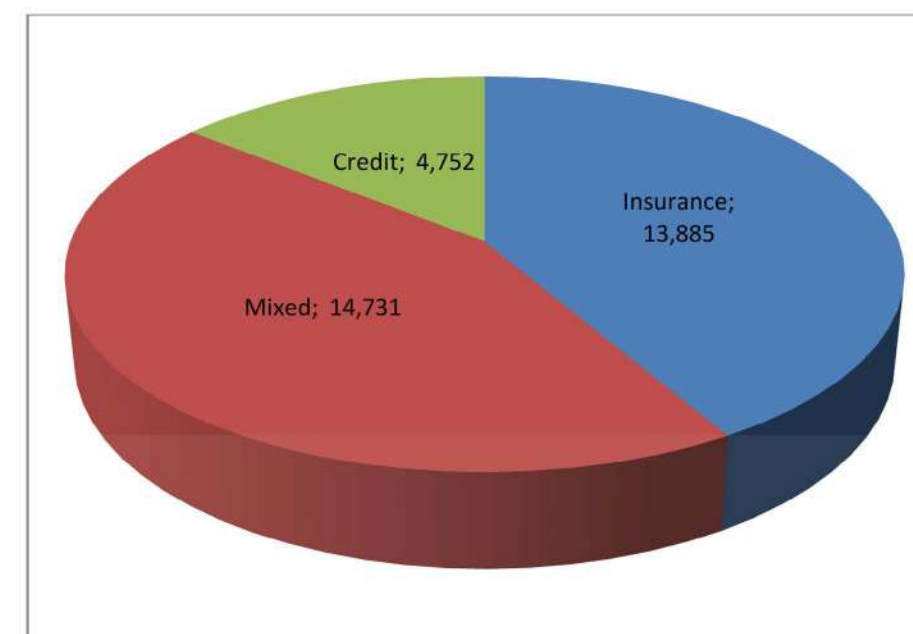
A. CHF schemes beneficiaries by schemes and Districts

Target Districts	2013/2014		2012/2013		2011/2012	
	schemes	Beneficiaries	schemes	Beneficiaries	schemes	Beneficiaries
1. Sheema	9	3777	10	4,124	5	2,797
2. Bushenyi	24	6624	17	6,096	11	5,338
3. Luwero	18	10906	18	9,457	16	9,079
4. Nakasongola	6	3387	6	3,221	6	3,198
5. Nakaseke	15	7561	17	6,649	15	6,154
6. Masaka	2	1114	0	0	0	0
7. Mubende	4	0	0	0	0	0
Total	78	33,369	68	29,547	53	26,566

B. 2013/2014 CHF schemes beneficiaries by policy

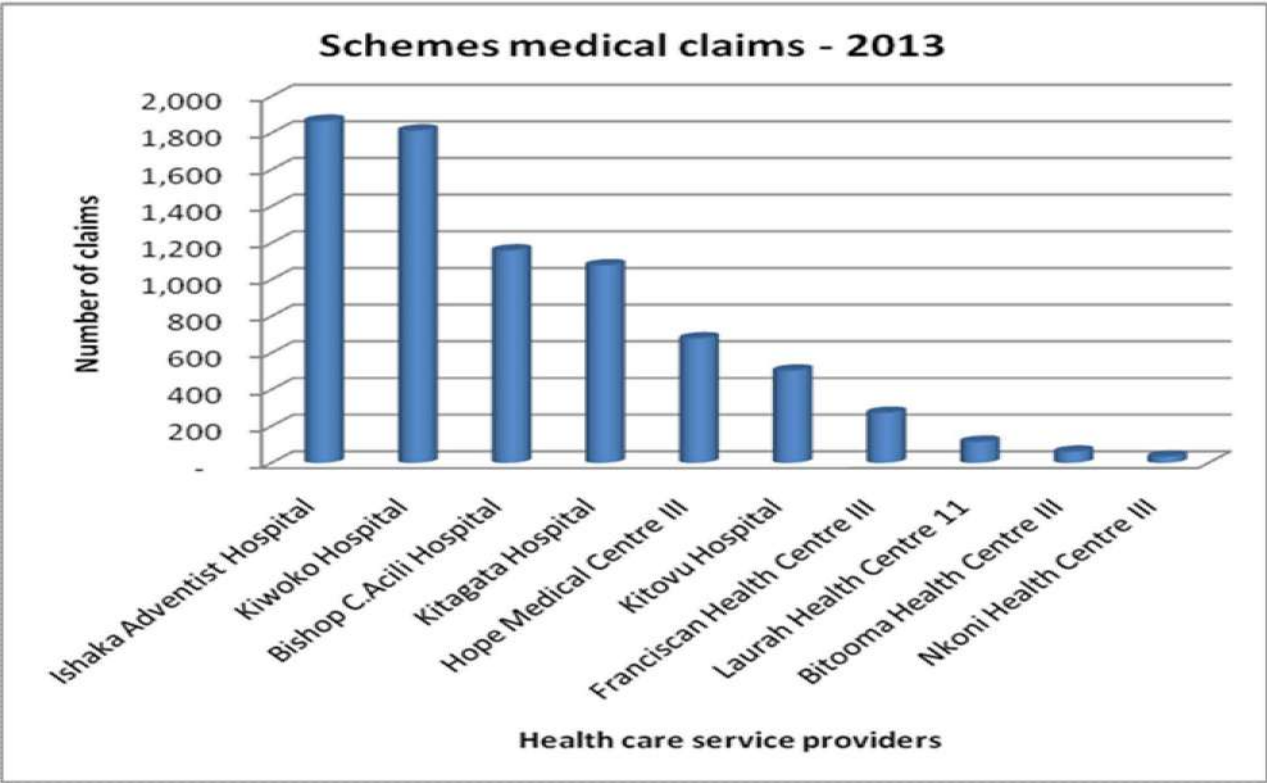
Target Districts	50 - 80,000	50 - 100,000	50 - 150,000	80,050 - 200,000	Beneficiaries
1. Sheema	0	3,777	0	0	3,777
2. Bushenyi	0	6,624	0	0	6,624
3. Luwero	10,906	0	0	10,906	21,812
4. Nakasongola	3,387	0	0	3,387	6,774
5. Nakaseke	7,561	0	0	7,561	15,122
6. Masaka	0	287	827	0	1,114
7. Mubende	0	0	0	0	0
Total	21,854	10,688	827	21,854	55,223

C. 2013/2014 CHF schemes beneficiaries per mechanism/ scheme type

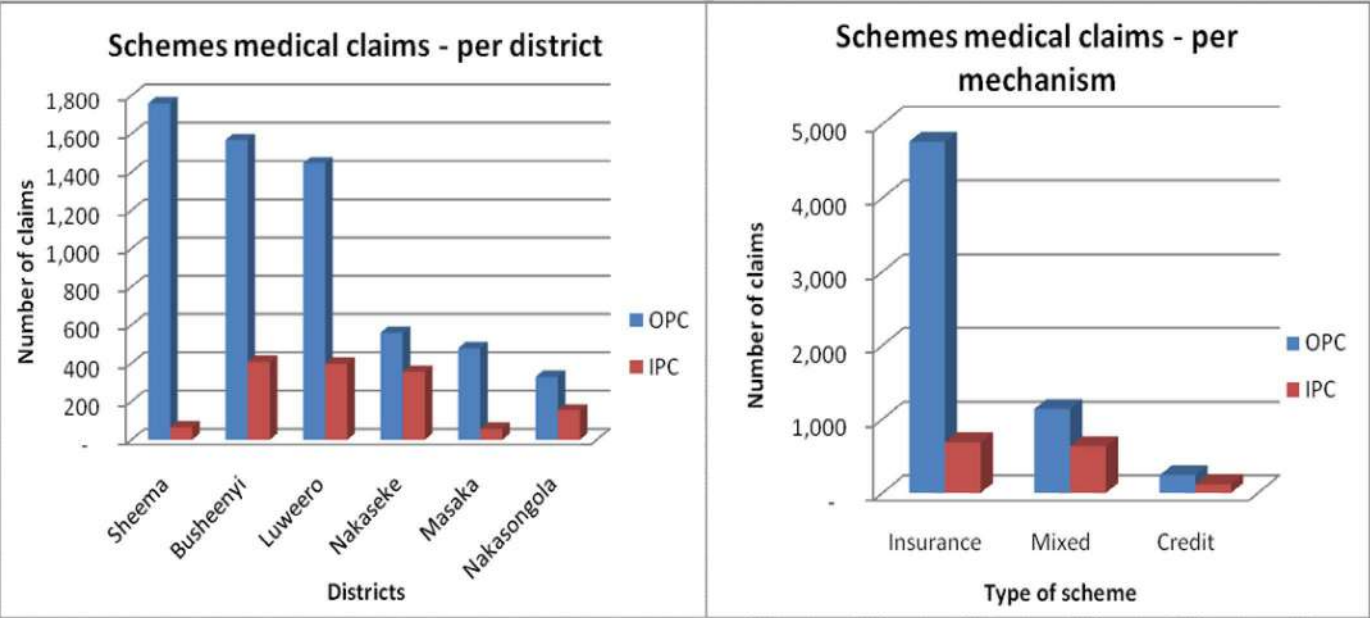


1.4.3. Number and type of medical services consumed by scheme beneficiaries

A. Number of claims at each contracted service provider

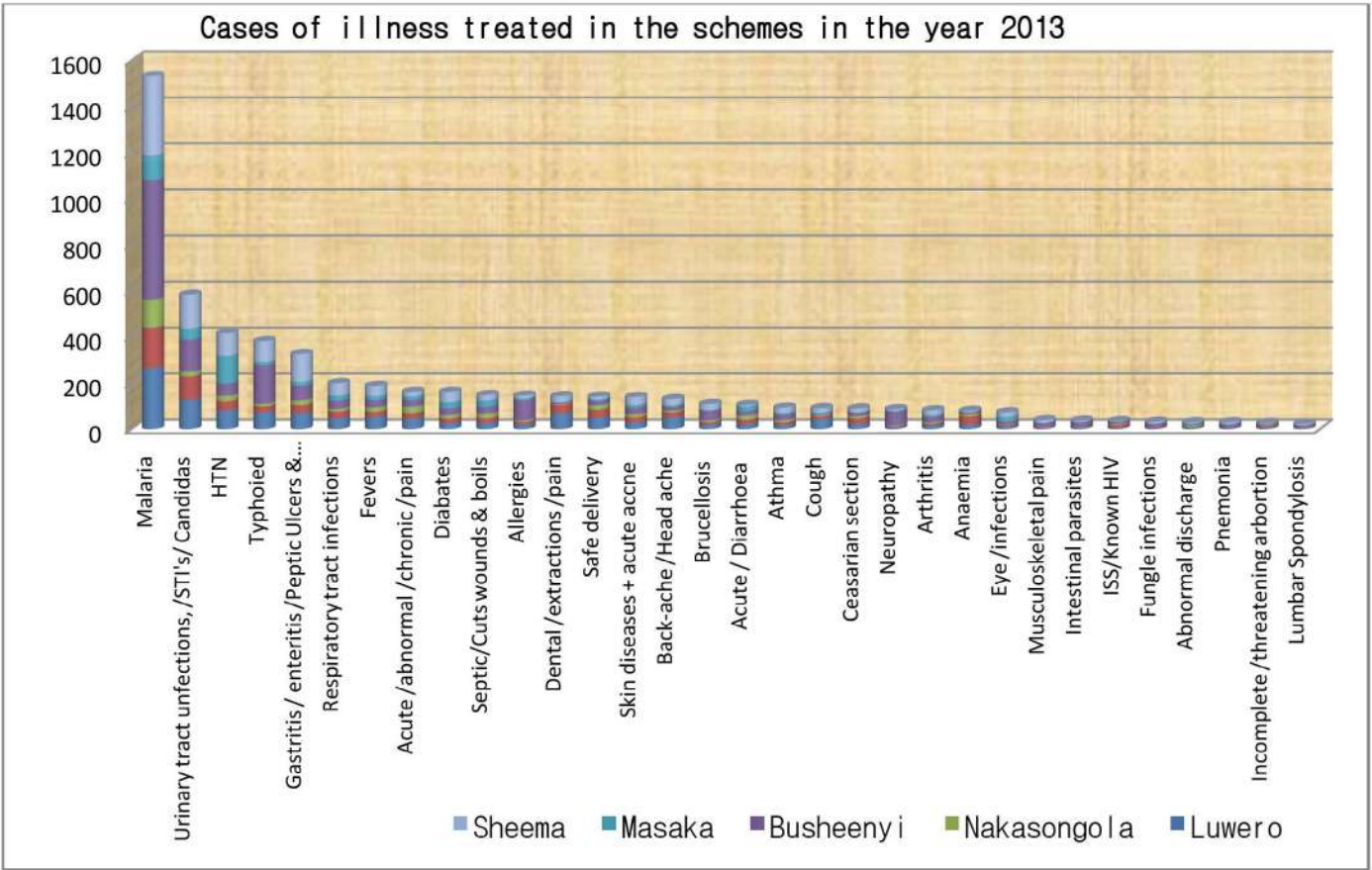


B. Number of claims per type of service, per District and per scheme type



C. The common diseases treated during the year

Malaria is still the main cause of morbidity among scheme members. The figure below shows details of the illnesses presented and treated during the year.



1.5. Challenges

There have been two major challenges for the CHF program this year. The first which is also a long standing challenge has been the low motivation of the volunteer scheme leaders.

CHF schemes being self managed, they rely heavily on the volunteer elected leaders to sensitize and enrol members, collect premiums, verify health care bills among other activities - but this is happening on a very slim scale. The second challenge has been the reduced incomes in western Uganda due to the banana wilt that has not been quickly contained. Many families could not pay into the schemes while those that paid struggled and indeed paid late.

2. Empowering Women and improving their health

2.1. Focus of activities

SHU's double focus is on: (1) getting pregnant women to attend all the 4 recommended Antenatal clinics, to deliver from a health facility and to attend post natal care clinics; (2) getting women to actively participate in decision making at home and at community level.

The strategies being employed are: Using the Community Health Financing (CHF) Schemes to achieve this objective; Affirmative action through schemes constitutional provisions; and trainings both formal and exposure trainings.

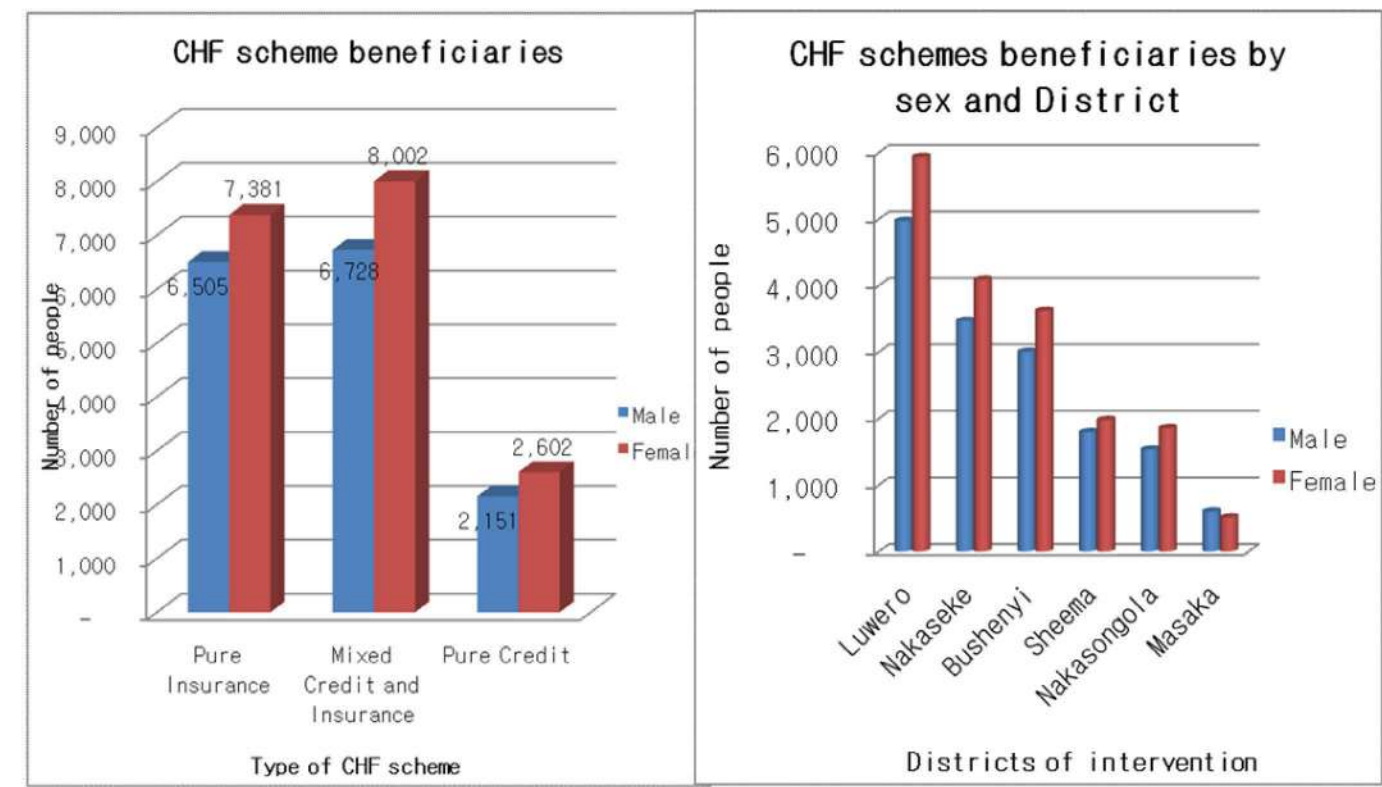
2.2. Activities performed

- a) Marketed the scheme door-to-door emphasizing the principle of family enrolment into the scheme. This activity aimed at ensuring that husbands and wives pay premiums for all members of the family because excluding some directly affects the woman in the home as she takes responsibility for caring for all patients. The family situation would be worse if the wife is the one excluded from the scheme.
- b) Advocated for the inclusion of clauses in the new schemes constitutions providing for women occupying at least 30% of the top leadership positions in the scheme.

2.3. Results

2.3.1. More women have enrolled into the CHF schemes - reduced dependence on Men.

With their scheme beneficiary identification cards, women do utilize the health care services with much ease because they do not ask from their husbands a lot of money each time. It has become even more empowering with most beneficiaries turning to pure Insurance and Mixed insurance and credit schemes as shown in the figure.



2.3.2. Women have utilized health care services more than men - eased access.

Generally, 4,940 (65%) female compared to 2,641 (35%) male scheme beneficiaries utilized health care services during the year. The table below shows more details.

Health care provider	OPC		IPC	
	Male	Female	Male	Female
Bishop C-Asili hospital	329	645	46	139
Kiwoko hospital	364	810	198	441
Franciscan health centre	67	121	33	52
Kitovu Hospital	152	298	18	35
Nkoni health centre	15	14	1	4
Ishaka Adventist hospital	592	884	144	246
Bitoma health centre	15	24	10	12
Laurah health centre	48	60	4	2
Kitagata hospital	382	670	9	17
Hope medical centre	207	444	7	22
Totals	2,171	3,970	470	970

In Sheema District where SHU has a special focus on maternal, Infant and Reproductive Health, the schemes cover pregnant women and new mothers not only for obstetrics services and child immunization, but also for boda-boda transport to and from the contracted health care facilities.

The utilization of obstetrics services in the Sheema district schemes was far better than the District and National utilization levels. The ANC 4 completion was 72%; Institutional delivery was 75.1% while PNC attendance was 11.6%.²



In addition, the schemes provided an Insecticide Treated Bed net to each pregnant scheme member and to each new born baby. In total, 1,001 bed nets were distributed to women and babies in these schemes.

² SHU monitoring is one month after delivery. The Government policy is 6 weeks after delivery

2.3.3. More women are holding leadership positions in the CHF schemes – participating in decision making.

A. Women in scheme and union of schemes leadership – General

At CHF schemes level, 45.4% of all leadership positions are occupied by Women. At the union of schemes level, women are occupying 26.4% of all the leadership positions. The table below shows this result in much more details.

District	Scheme – level		Union of schemes– level		Total
	Male	Female	Male	Female	
Luwero	39	32	10	7	88
Nakaseke	33	28	10	5	76
Nakasongola	8	15	4	2	29
Masaka	9	2			11
Mubende	45	43			88
Bushenyi	269	239	21	3	532
Sheema	197	166	8	2	373
Total	600	525	53	19	1197

B. Women in key scheme leadership – Chairpersons and Treasurers

District	Schemes	Female Chairpersons		Female Treasurers	
		Number	Proportion	Number	Proportion
Luwero	18	6	33.3%	15	83.3%
Nakaseke	15	2	13.3%	15	100%
Nakasongola	6	2	33.3%	6	100%
Masaka	2	1	50.0%	3	150%
Mubende	5	1	20.0%	5	100%
Bushenyi	24	1	4.20%	11	45.8%
Sheema	9	0	0.00%	5	55.6%
Total	79	13	16.5%	60	75.9%

3. Improving family livelihoods

3.1. Focus of activities

Through direct SHU interventions and through partnerships, the focus is on improving household incomes of CHF schemes member families through: transferring skills (trainings); providing income generating animals (dairy goats); and providing low interest loans.

3.2. Activities performed

Four major activities were performed: Additional dairy goats (kids) were distributed to new families; new families in the Luwero area were trained in soap making; low interest loans for Income Generating Activities (IGAs) were given out and recovered; and benefiting families were followed up and supported.

3.3. Results

3.3.1. Several CHF schemes families are rearing dairy goats.

In 2012, a total of 366 dairy goats were distributed to 249 families in 6 schemes all in Luwero District. During the year 2013, a number of goats gave birth. In December 2013, a total of 79 goats were passed on to other 79 families within the same schemes. The schemes and families that benefited are shown in the table below.

SCHEME	2012 Beneficiaries			2013 Beneficiaries	
	Male	Female	Total	Gifts pass on	Families
1. Kakabala	22	41	63	23	23
2. Migadde	17	27	44	8	8
3. Nakikoota	11	10	21	2	2
4. Kagugo	13	24	37	8	8
5. Kyawangabi	11	26	37	12	12
6. Katuugo Luweero	19	28	47	26	26
TOTAL	93	156	249	79	79

3.3.2. Vocational skills trainings

Trainings in soap making were given to interested families in 4 schemes – 2 in Nakaseke and 2 in Nakasongola. Some of the trained families have formed informal work groups and are producing bar and liquid soap which they sell in their villages and in neighbouring communities.

3.3.3. Loan financing of IGAs using the schemes reserves funds.

Using schemes funds on the reserves account, the Luwero area schemes were able to finance 106 borrowers (schemes members) during the year. The total amount of money loaned to the borrowers was UGX 46,714,400. Most of the loans were used to finance income generating activities while some were used to finance transport to the health care facilities.

4. Improving health care services delivery

4.1. Focus of activities

The focus is twofold: 1) On health care service providers offering quality and satisfying services to users; 2) On empowering communities (CHF schemes) to actively participate in deciding the services service providers offer and how such services should be provided.

4.2. Activities performed

- a) Facilitated contracting negotiations between health care service providers and schemes.
- b) Prepared and facilitated the formalization of the new relationship between health care service providers and the schemes.
- c) Followed up and accompanied the collaboration of service providers and schemes. SHU participated in follow up meetings to support the growth of the partnership and respect of the contracts.
- d) Provided technical support services by doing medical audits and satisfaction surveys. The findings are to be used as feedback to each party for action in areas of weaknesses.
- e) Conducted patient-centered awareness trainings to health care service provider staff and to community members.Bad reception is one of the commonest reason for low utilization.

4.3. Results

4.3.1. Schemes have contracted (formally) healthcare facilities to provide services.

Ten (10) health care facilities have been contracted as service providers to families enrolled into the schemes. Details of the contracted facilities are shown in the table.

Healthcare service provider	Health facility Level	Ownership	affiliation	District of Location
1. Kiwoko	Hospital	Anglican Church	UPMB ³	Nakaseke
2. Ishaka Adventist	Hospital	Seventh day Adventist church	UPMB	Bushenyi
3. Bishop C. Acili	Hospital	Catholic Church	UCMB ⁴	Luwero
4. Kitovu	Hospital	Catholic Church	UCMB	Masaka
5. Kitagata	Hospital	Government	MOH ⁵	Sheema
6. Hope Medical Centre	HC III ⁶	AMG ⁷ Church		Sheema
7. Franciscan	HC III	Catholic Church	UCMB	Nakasongola
8. Bitooma	HC III	Catholic Church	UCMB	Bushenyi
9. Nkoni	HC III	Catholic Church	UCMB	Masaka/ Lwengo
10.Laurah	HC II	Catholic Church	UCMB	Bushenyi

3 UPMB: Uganda Protestant Medical Bureau
4 UCMB: Uganda Catholic Medical Bureau
5 MOH: Ministry of Health
6 HC III: Health Centre Level 3
7 AMG: Apostolic Ministries of God

4.3.2. The contracted health care providers are recovering costs from scheme patients in full and with ease.

The contracted health care service providers are recovering costs with ease from scheme member patients because of the contracting arrangements between the schemes and the service providers.

All (100%) presented schemes bills have been cleared although in some cases with administrative delays. The table below shows the 2013 bills and the amount schemes have paid to the service providers. The other part of the bills is paid directly out-of-pocket because it was either a co-payment or a mount above the ceiling.

Contracted healthcare service provider	Amount charged to the patient	Amount cleared by the Schemes	Proportion of bill cleared by the schemes
Kiwoko Hospital	117,150,220	89,163,820	76%
Ishaka Adventist Hospital	49,970,030	38,170,030	76%
Bishop C.Acilli Hospital	45,220,100	38,471,100	85%
Kitovu Hospital	20,754,350	20,547,550	99%
Hope Medical Centre –Bugongi	15,017,500	11,771,500	78%
Kitagata Hospital	13,128,200	12,404,200	94%
Franciscan Health Centre III	11,233,950	10,398,950	93%
Laurah Health Centre 11	1,938,950	1,414,950	73%
Bitooma Health Centre III	1,272,500	916,500	72%
Nkoni Health Centre III	394,000	340,000	86%
Total	276,079,800	223,598,600	81%

UGX 2,500 = 1 USD

4.3.3. The contracted health care providers and their users (schemes) are: talking to each other regularly; taking and implementing some decisions together.

A. The 3 new communication channels established.

Three communication channels have been opened and are actively used by both the schemes and the health care service providers.

Channel 1: Signing service contracts and annual review meetings. Once every year, each contracted health facility sits with schemes representatives to review the service contract. At the meeting, feedback from each party is presented and discussed. Action plans are drawn to implement the resolutions.

Scheme leaders in Mubende being given a tour of St. Francis health centre IV in Mityana after signing the service contract for the year 2014/ 2015. At the centre (in a white gown) is the health facility In Charge.



Channel 2: Monthly bills presentation, verification and payment meetings. On a monthly basis, each service provider through their schemes coordinator (health facility staff) visits the union of schemes offices to present bills.

For schemes whose union does not yet handle care purchasing on their behalf, the schemes coordinator visits each individual scheme to meet with the schemes leaders. At the meetings, both parties share new feedback and reports on previous feedback.

Channel 3: Customer care desk. This is the latest introduction and has been piloted at three health care facilities so far. SHU subsidizes the health care facilities (in a regressive way) to run the desk. The health facilities are employing a full-time volunteer who mans the desk located at the out-patient department of each facility.

The CCD officer guides patients (scheme and other patients) through the procedures of coverage as well as receiving complaints and assisting clients find solutions to any challenges they face while at the health care facility.

Patients being assisted by the customer care desk (CCD) officer at Ishaka Adventist Hospital. The CCD concept is an SHU initiative being promoted in partner health facilities



4.3.4. The contracted health care providers are talking and working with each other - A referral arrangement is being implemented.

The contracted health care service providers are known to each other and most of them participating in the implementation of the referral system for schemes. In Mubende and Mityana, the negotiations are not yet finalized. Because of this arrangement, service providers are sharing information about patients through the referral notes and feedback notes. The schemes patients too have benefited from this arrangement. A sick member enters the system once where they pay a co-payment if it applies. At the subsequent facility if referred, the patient is not received as a new case in the scheme records but rather a case on care at a different facility.

4.3.5. The contracted health care providers are offering services to schemes away from their facilities - Listening and doing for schemes.

Ishaka Adventist Hospital staff at Kasana scheme in Sheema district ready for a mobile clinic activity coordinated by the SHU.



Ishaka Adventist Hospital (IAH) staff soon after arrival for a Mobile clinic in a CHF scheme

A health worker attending to a scheme patient during the Mobile clinic

A health worker dispensing prescribed drugs to a patient during the Mobile clinic.

4.3.6. The contracted health care providers are acting professionally - Key findings of the medical audit.

Pricing: Price lists are available and not attached to contracts. There is no prior information to SHU and schemes before prices are raised. Prices of services are not based on costing. The prices of services is uniform for both scheme and non-scheme patients. There was no evidence adduced that health units charge scheme patients selectively higher than non-scheme patients or charge patients close to the ceiling set by the scheme.

Billing: Certification of bills is at three levels: scheme level, SHU and hospital more than two people. The cashiers bill scheme and non-scheme patients in the same way. The bills are sent to SHU on monthly basis and payment effected within a month. There is no record when the bills are sent to SHU and receipted. There is no time where there has been an outstanding dispute between the scheme, SHU and health providers on bills or any other issue. Scheme patient treatment records are kept along other records without any identification/stamping except for Kiwoko hospital where they are stamped to indicate that they are records from scheme patients. There was no evidence of overbilling by providers.

Referral policy: The current referral follows Uganda health sector practice. Patients who cannot be managed at lower level are referred to a higher level. There is also counter referral to lower level (HC). There is no requirement that patients in localities served by health centres first be seen at these centres because of absence of a national referral policy. The scheme and non-scheme patients are referred in the same way; there was no evidence of deliberately keeping scheme patients so as to increase the bills to the scheme.

Prescription procedure: The prescription procedure follows Uganda health sector "National Standard Treatment Guidelines". Patients do not demand for special medicines because they were sensitized during enrolment and are aware that such requests cannot be honored. All the facilities visited had Uganda national standard treatment guidelines on their desks for easy reference. The clinicians used the recommended practice therein. However, some still have old version of 2010 whereas there are two other versions of 2012 and 2013. Scheme patients stay for an average short duration during admissions and use relatively fewer medicines compared to nonscheme patients.

Anonymity of scheme patients: Patients are identified at the cashier's desk. There is no formal written identification procedure. Scheme patients have not internalized the need not to identify themselves at the paying or clinicians desk. There are challenges when the patient has to reveal whether a scheme member or not while taking a laboratory test and has to return to the clinicians desk.

Evidence of charging patients within the set ceilings/limits: The records reveal that units bill scheme patients according to cost of care incurred. There was no evidence adduced that schemes always charge close to ceiling. Both patients and clinicians are aware of the ceilings.

5. Strengthening SHU as an institutional

5.1. Focus of activities

The focus this year was mainly on improving staff capacities and using the new Information Management System. Since SHU was granted the mandate to operate country-wide last year, new partnerships were pursued and work was extended to new Districts.

5.2. Activities performed

Together with a consultant, a lot of work was done to develop an Information Management System (IMS) that aims to ease SHU's work in supporting the professional management and coordination of the CHF schemes. To enhance SHU team capacities, a number of trainings in form of lectures, conferences, and meetings were held. To extend services to new communities, new partners were brought on board.

5.3. Results

- a. The SHU field staffs were trained to be trainers. The new knowledge has enabled them to train CHF schemes and union of schemes leaders to perform their roles. One of the team members attended the international micro insurance conference in Jakarta, Indonesia. Many lessons were learnt that shall be used in planning future activities and implementing the on-going projects. The executive team met in meetings many times to share results, challenges and to formulate strategies. At each meeting, a lot is shared and learnt.

The SHU team members at the 2013 annual strategy formulation workshop held in Masaka.



- b. The new IMS has been launched is now in use at two SHU offices - Mityana office and the Head office. The roll out to the other offices is expected in 2014 after the system is fully tested.
- c. With the help of a consultant, a risk profile for the organization was developed. The board, management and staff participated in the process and measures are being taken to manage the risks.
- d. The SHU activities were extended to new Districts in 2013. With financial support from BftW, SHU entered into partnerships with Kitovu hospital, Nkoni Health Centre and the CHI schemes in the Masaka area and started direct support to the health facilities and the schemes to transform them into member managed schemes as well as grow them into viable schemes. In the same year, SHU together with Population Services International (PSI) and PACE started implementing a CHF program to improve maternal health in Mubende District.

SHU has to a great extent implemented successfully its projects/programs in 2013. The challenges highlighted in the report shall be on the organizations priority list to try and find solutions. Further partnerships shall be pursued to assist the organization implement the current projects successfully but also support the organization extend its services to other areas especially in Northern and Eastern Uganda.

We do wish to acknowledge once again the valuable support from all the partners. The support is responsible for the visible progress in SHU's work.

25	Kikamulo	2010	Mixed	Nakaseke	Kikamulo	Kikamulo	1,647	60	324	148	176
26	Kito	2012	Mixed	Nakaseke	Kito	Kito	3,023	76	488	223	265
27	Kivumu	2012	Mixed	Nakaseke	Kito	Kivumu	3,012	79	439	201	238
28	Luteete	2011	Mixed	Nakaseke	Kikamulo	Luteete	2,318	112	727	332	395
29	Magoma	2008	Mixed	Nakaseke	Kikamulo	Magoma	5,553	133	809	370	439
30	Mijumwa	2000	Credit	Nakaseke	Wakyato	Mijumwa	2,209	142	830	379	451
31	Nongo	2010	Mixed	Nakaseke	Kikamulo	Nongo	1,382	49	305	139	166
32	Kasiso	2013	Mixed	Nakaseke	Kito	Kasiso	4,743	50	281	128	153
33	Bukuku	2013	Mixed	Nakaseke	Kasangombe	Bukuku	3961	66	386	176	210
34	Kakooge	2001	Mixed	Nakasongola	Kakooge	Kakooge	5,609	105	664	292	372
35	Katuugo NSL	2011	Mixed	Nakasongola	Kakooge	Katuugo NSL	4,091	69	453	207	246
36	Kyabutaika	2002	Mixed	Nakasongola	Kakooge	Kyabutaika	3,870	73	486	219	267
37	Kyambogo	2011	Mixed	Nakasongola	Kakooge	Kyambogo	4,884	107	718	328	390
38	Kyankonwa	2011	Mixed	Nakasongola	Kakooge	Kyankonwa	3,125	75	487	223	264
39	Kyeiindula	2002	Mixed	Nakasongola	Kakooge	Kyeiindula	3,627	97	579	265	314
40	Kiyaga	2008	Insurance	Bushenyi	Bumbaire	Kiyaga	4,195	110	601	276	325
41	Ruharo	2009	Insurance	Bushenyi	Ishaka Div	Ruharo	5,227	79	457	207	250
42	Ryeishe	2007	Insurance	Bushenyi	Ibaare	Ryeishe	5,474	77	411	172	239
43	Kizinda	2012	Insurance	Bushenyi	Ishaka Div	Kizinda	7,663	88	478	217	261
44	Nyarugooto	2012	Insurance	Bushenyi	Nyabubare	Nyarugooto	9,070	67	350	159	191
45	Kakanju	2013	Insurance	Bushenyi	Kakanju	Kakanju	5,037	66	364	165	199
46	Ngorora	2013	Insurance	Bushenyi	Bitooma	Ngorora	4,017	59	350	159	191
47	Bitooma - Katenga	2013	Insurance	Bushenyi	Katenga	Bitooma - Katenga	4,711	73	405	195	210
48	Kahungye	2013	Insurance	Bushenyi	Nyabubare	Kahungye	4,520	65	365	166	199
49	Kanyeghero	2013	Insurance	Bushenyi	Nyabubare	Kanyeghero	5812	85	446	202	244
50	Rutooma	2012	Insurance	Bushenyi	Kyeizooza	Rutooma	4,579	38	201	91	110
51	Kitagata	2010	Insurance	Bushenyi	Kyeizooza	Kitagata	4,805	38	223	101	122
52	Rushinya	2013	Insurance	Bushenyi	Kakanju	Rushinya	5186	53	311	135	176
53	Kaararo	2009	Insurance	Bushenyi	Kyeizooza	Kaararo	4,899	34	191	88	103
54	Nyamiyaga	2012	Insurance	Bushenyi	Kyeizooza	Nyamiyaga	2,861	21	112	51	61
55	Kibaare	2010	Insurance	Bushenyi	Ishaka Div	Kibaare	4,266	23	105	48	57
56	Kainamo	2011	Insurance	Bushenyi	Ibaare	Kainamo	5,027	22	112	51	61

Details of running CHF schemes

Schemes				Location				Beneficiaries		Sex composition	
NO.	Scheme name	Year of creation	Mechanisms	District	Sub- county	Parish	Parish population	Househo lds	Policy holders / individuals	Male	female
1	Bamugo lodde	2010	Mixed	Luero	Butuntumula	Bamugo lodde	7,444	68	459	207	252
2	Bukambagga	2010	Credit	Luero	Butuntumula	Bukambagga	3,702	58	377	158	219
3	Kabakedi	2011	Mixed	Luero	Luero	Kabakedi	5,478	41	262	120	142
4	Kakabala	2001	Credit	Luero	Butuntumula	Kakabala	7,810	181	1,154	527	627
5	Kakinzi	2002	Credit	Luero	Butuntumula	Kakinzi	4,917	81	567	259	309
6	Kasaala	2010	Mixed	Luero	Luero	Kasaala	3,489	129	808	369	439
7	Katuugoluwero	2010	Credit	Luero	Luero	Katuugoluwero	3,746	82	484	221	263
8	Kigombe	2005	Insurance	Luero	Luero	Kigombe	4,291	66	396	174	222
9	Kikube	2010	Mixed	Luero	Luero	Kikube	3,195	141	849	388	461
10	Kyalugondo	2012	Mixed	Luero	Katikamu	Kyalugondo	11,632	74	406	186	220
11	Kyawangabi	2006	Credit	Luero	Butuntumula	Kyawangabi	5,597	56	343	156	187
12	Kagugo	2006	Mixed	Luero	Luero	Kagugo	3,983	89	574	258	316
13	Nakikoota	2011	Mixed	Luero	Luero	Nakikoota	3,871	149	932	426	506
14	Ngogolo	2002	Credit	Luero	Butuntumula	Ngogolo	6,533	60	363	166	197
15	NSABWETKA	2004	Credit	Luero	Luero	Bweyeyo	3,911	105	634	285	349
16	Buyuki	2013	Mixed	Luero	Katikamu	Buyuki	4,083	55	324	148	176
17	Bwaziba	2011	Insurance	Luero	Luero	Bwaziba	4,894	53	400	204	196
18	Union scheme	2011	Insurance	Luero	Luero	Luweero	-	311	1574	719	855
19	Kamuli	2003	Mixed	Nakaseke	Kikamulo	Kamuli	4,312	110	760	347	413
20	Kapeke	2010	Mixed	Nakaseke	Kikamulo	Kapeke	3,793	106	639	292	347
21	Kasambya	2011	Mixed	Nakaseke	Nakaseke	Kasambya	2,552	51	324	148	176
22	Kasana	2010	Mixed	Nakaseke	Kikamulo	Kasana	4,388	84	480	219	261
23	Kibose	2010	Mixed	Nakaseke	Kikamulo	Kibose	1,918	70	395	194	201
24	Kigege	2011	Mixed	Nakaseke	Nakaseke	Kigege	3,246	54	373	175	197

Financial position of the Luwero area schemes

MBUSO union of schemes and schemes Balancesheet as on 31st December 2013

Liabilities				Assets					
Description		Amount		Description	Notes		Amount (ug shs)		
		2012	2013				2012	2013	
Revolving fund		23,619,420	29,449,476	Cash at	Kiwoko	4,000,000	5,456,000	5,456,000	
Reserve Fund	B/f	22,295,934	27,408,559	Healthcare providers	BCAH	1,000,000			
Add current year reserves	Union Schemes	1,028,992			Kasala	456,000			
Frozen fund		4,083,633	4,962,800				61,310,602	68,400,257	
Outstanding Healthcare bills	Total	46,802,690	25,491,000	Cash at Bank	Pure save		2,527,600	1,209,200	
				Discount not earned	Current account				
	Kiwoko	13,726,900		Funds loaned to Micro-lending	Kiwoko		105,700	758,870	
	BCAH	9,397,100					9,288,800	9,288,800	
Guarantee fund	Franciscan	2,367,000	4,291,407				42,026,013		
	B/f	4,018,019							
	New	273,388							
Loan insurance fund		11,695,847	18,088,847	Schemes healthcare loans unrecovered	B/f				
Heifer goat project fund		2,243,900	2,039,900		Added	62,094,680			
Private Schemes savings		6,600,000	-		Less recovered	53,845,800			
Income over expenditure		3,440,917	23,656,131						
Total liabilities		120,716,727	135,390,133	Total assets			120,716,727	135,390,133	

57	Numba	2012	Insurance	Bushenyi	Bumbaire	Numba	2,784	22	79	36	43
58	Bweera	2010	Insurance	Bushenyi	Kyeizoooba	Bweera	3,882	37	209	95	114
59	Buyanja	2011	Insurance	Bushenyi	Kyeizoooba	Buyanja	4,316	5	27	12	15
60	Kitwe	2012	Insurance	Bushenyi	Kyeizoooba	Kitwe	5,400	9	49	22	27
61	Kigoma	2012	Insurance	Bushenyi	Nyabubaare	Kigoma	5,901	45	257	117	140
62	Nyabubaare	2013	Insurance	Bushenyi	Nyabubaare	Nyabubaare	9700	47	258	117	141
63	Katunga	2013	Insurance	Bushenyi	Kakanju	Katunga	4904	49	263	124	139
64	Kitovu	2013	Insurance	Masaka	Masaka Municipality	Kitovu		330	827	455	372
65	Nkoni	2013	Insurance	Masaka	Kingo	Nkoni		49	287	149	138
66	Kasaana East	2010	Insurance	Sheema	Kasaana	Kasaana East	4,288	69	522	242	280
67	Kyamurari	2011	Insurance	Sheema	Bugongi	Kyamurari	6,708	73	563	251	312
68	Kasaana west	2011	Insurance	Sheema	Kasaana	Kasaana west	5,359	67	551	262	289
69	Karugorora	2011	Insurance	Sheema	Kasaana	Karugorora	1,493	31	215	102	113
70	Muhito	2010	Insurance	Sheema	Kitagata	Muhito	5,302	82	529	252	277
71	Kyeibanga West	2012	Insurance	Sheema	Kitagata	Kyeibanga West	3,031				
72	Kyeibanga East	2012	Insurance	Sheema	Kitagata	Kyeibanga East	2,870	76	520	262	258
73	Kyeihara	2012	Insurance	Sheema	Kasaana	Kyeihara	1,581	47	376	188	188
74	Kashékuro	2012	Insurance	Sheema	Kasaana	Kashékuro	4,971	69	501	239	263
Grand Total							321,678	5,672	33,368	15,384	17,985

Financial position of the Bushenyi area schemes

WATA union of schemes and schemes Balance sheet as on 31st December 2013

Liabilities				Assets			
Description	2012	Amount		Description Details	2012	Amount	
Union fund	7,146,253			Cash at bank			85,182,137
		HMIP	4,528,508	WATA	65,653,592		
Frozen fund	5,025,250	MCRHP	1,255,700				
		HMIP	1,335,640				
Reserves net of operating loss	4,373,127	MCRHP	2,418,275	Other schemes bank accounts	9,007,518		
		MCRHP	961,905				
Management fund	7,355,180		592,347	Discounts accrued		HMIP	920,705
healthcare fund	36,928,150		47,324,524			MCRHP	551,195
Outstanding healthcare bills				Cash at hand in schemes	4,081,000		
HMC-Hope medical centre	2,713,300		4,930,625				
Kitagata	750,000		5,145,542				
Bitoma	1,404,400		927,000				
Ishaka Adventist Hospital	13,046,450		17,233,971				
Total liabilities	78,742,110		86,654,037	Total assets	78,742,110		86,654,037

