



SAVE FOR HEALTH UGANDA (SHU)

“Community solidarity for quality health”

ANNUAL REPORT 2014

SHU/2014/No5

April 2015

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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 the targeted districts through viable, affordable and sustainable community health financing approaches.

Mission:

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

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LIST OF ABBREVIATIONS

BAH	Bishop C. Asili hospital
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
IPC	In-Patient Care
JLMCF	Just Like My Child Foundation
MBUSO	Munno Mu Bulwade Union of Schemes' Organization
MOH	Ministry of health
NGO	Non Governmental Organization
NHIS	National Health Insurance Scheme
OPC	Out-Patient Care
PACE	Program for Accessible health, Communication and Education
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

MESSAGE FROM THE BOARD OF DIRECTORS



Chairperson

Welcome and warm greetings from us at Save for Health Uganda (SHU). This is our 2014 report where 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.



Executive Director

Guided by our vision, mission and values, and with the support from our partners BftW, Cordaid and PSI/ PACE, we continued to: educate the target publics about health and health insurance; promote community health financing (CHF) schemes; empower women to utilize health care services and participate in decision making; support households improve their incomes; and strengthen SHU as an institution. We have implemented the activities in the 7 target districts with Kampala as the hub for coordination and national level advocacy.

As a result of the work we did in 2014, a lot has been achieved and impact felt. We supported 92 CHF schemes and 62 of them covered 27,238 individuals for medical care. The schemes collected Ugx 213,907,650, covered 5,932 cases and paid to service providers Ugx 202,087,670. Our efforts have seen 581 women take up leadership positions in the schemes and are now able to participate in decision making at that level. Through our work with partners, 161 hybrid dairy goats have been passed on as gifts to new families, and a total of 3,331 people were able to access health insurance through the micro finance deduction arrangement. During the year, we made a significant contribution towards the development of the proposed NHIS by presenting a position paper to the Minister of Health. Low household incomes, long distances to the healthcare facilities, absence of a law providing for CHF promotion and operations continued as the biggest challenges to our work.

We are very grateful to our partners BftW, Cordaid, and PSI for the financial and technical support given. We acknowledge and thank the other partners particularly the local authorities in the 8 Districts, the health care facilities, and the schemes leaders for their support in promoting CHF schemes. We as well appreciate the commitment displayed by our Board of Directors, and the entire SHU team. The tireless efforts by all of us are the reasons beneficiaries are enjoying the benefits of SHU projects.

Thank you

A handwritten signature in blue ink, appearing to read 'Sr. Ernestine Akulu'.

Sr. Ernestine Akulu
Board Chairperson

A handwritten signature in blue ink, appearing to read 'Mr. Fredrick Makaire'.

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 the targeted districts through viable, affordable and sustainable community health financing approaches.

Services:

1. Health education
2. Health insurance education
3. Incomes improvement support for households
4. Community health financing (CHF) schemes formation, promotion and accompaniment
5. Capacity building for managing CHF schemes and providing quality health care
6. Lobbying and advocacy for CHI, quality health care services, and an all inclusive National Health Insurance Scheme (NHIS)
7. Contracting and purchasing health care services for CHF schemes.
8. CHF schemes coordination and networking
9. Empowering women to access health care services and participate in leadership.

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 2014 were: Sr. Ernestine Akulu -Chairperson; Mr. Zakariya M. Kasirye -Treasurer; Mr. Fredrick Makaire-Secretary; Ms Rachael Kisakye -Member; Mr. Paul Michael Waigolo - Member; and Mr. Ernest Kaddu - Member.

The executive team

By the end of December 2014, the SHU executive team was totalling 29 staff members, 25 of them skilled, 16 male and 13 female. The senior management team is composed of the following 5 staff members: the Executive Director Mr. Fredrick Makaire; the Programs Officer Ms. Juliet Nazibanja; the Monitoring and Evaluation Officer Mr. Eria Mugisa Kumaraki; the Finance and Administration officer Ms. Veronica Asio; and the Communications and Advocacy Officer Ms. Proscovia Nnamulondo. The senior management team meets once every two months. Weekly meetings are held at every SHU office and attended by all team members.

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. Just Like My Child Foundation	Livelihood project partner in Luwero District
7. Partner health care facilities	CHF schemes service providers & co-promoters
8. SHU Finance Ltd	Micro loaning to CHF schemes members

1. Funding projects

1.1. The projects SHU implemented and the partners who funded them

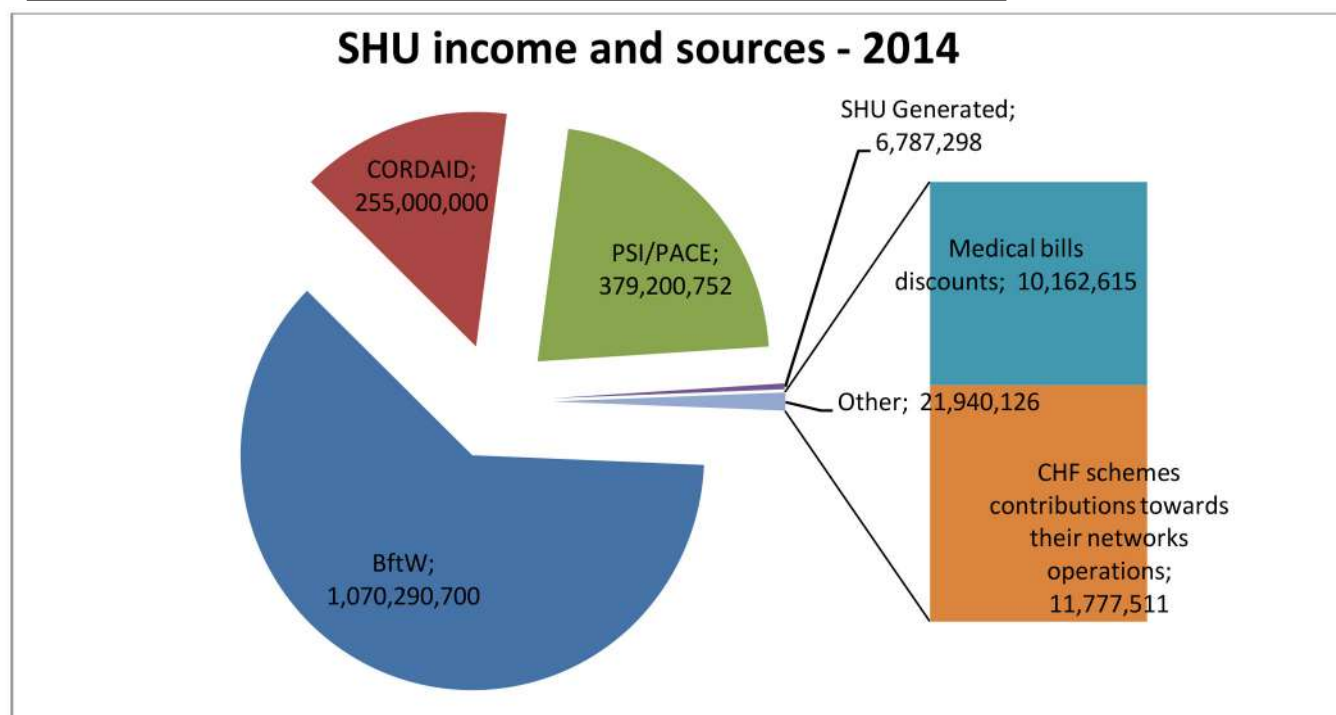
During the year 2014, SHU received project grants from three partners: Bread for the World (BftW); Catholic Organization for Relief and Development Aid (Cordaid); and Population Services International (PSI). Two projects were funded by BftW, while Cordaid and PSI/ PACE funded one project each. The projects and their details are listed below:

1. Reducing barriers to accessing quality health care services by the rural poor project. The project was concluded and closed at the end of September 2014. The project was funded by BftW and was implemented in five districts of Luwero, Nakasongola, Nakaseke, Masaka and Bushenyi.
2. Maternal, infant and Reproductive Health insurance project. It is funded by the Cordaid and implemented in Sheema district. This is a three year project due to end in December 2015.
3. Community health prepayment schemes intervention to improve maternal health. The project is funded by PSI and is being implemented in Mubende district. The project has been implemented since July 2013 and will be concluded in August 2015.
4. Reducing barriers to utilizing quality health care services by the rural and urban poor in Uganda. The project is running from October 2014 - September 2017, funded by BftW and implemented in the five districts of Luwero, Nakasongola, Nakaseke, Masaka and Bushenyi.

1.2. Funds received during the year

In total, SHU received UGX 1,733,218,876 for the year 2014. Donor project grants totalled UGX 1,704,491,452 and the other sources generated UGX 28,727,424. The figure below shows details of sources.

Figure N°1: Showing SHU income and sources for 2014



2. Linking projects to SHU's activities

2.1. Bishop Asili Hospital livelihood project

Bishop C. Asili Hospital (BAH) and Just Like My Child Foundation (JLMCF) are implementing a livelihood project in Luwero District. In this project, beneficiaries are given training in vegetable gardening and they receive hybrid dairy goats. The project aims at improving family nutrition and household incomes. JLMC and BAH decided to tie this livelihood project to the community health financing (CHF) schemes located in Luwero District and supported by SHU. For a family to benefit, one condition must be satisfied; the family must be a member of a CHF scheme. Vulnerable households not yet members of the CHF schemes are advised to enrol before receiving the goats and vegetable growing trainings.

2.2. SHU Finance's micro credit project

SHU Finance Ltd (SHUF) lends low interest money to rural and semi-urban families. SHUF has entered into a formal arrangement with SHU and the schemes in Luwero, Nakaseke and Nakasongola through their umbrella network called Munno Mu Bulwade Union of Schemes Organization (MBUSO) to provide scheme member families with low interest loans for: 1) emergency transport to hospital, 2) paying premiums/ contributions to the scheme, 3) acquiring/ increasing working capital for income generation, 4) purchasing business assets; 5) financing agriculture, and 6) paying school fees. Through this partnership, non-scheme members who wish to borrow from SHUF become CHF scheme members mandatorily by

loading the premiums to the loan applied for. In 2014, a total of 666 families accessed the low interest loans.

3. Extending services to SHU target communities / CHF schemes

Four partner health care facilities extended health education and outreaches/ mobile clinics to a number of schemes during the year. The communities which benefited from these activities are presented in the table below:

Table N°1: Beneficiaries and health care facilities which conducted health education and mobile clinics

Health care facility	N° of scheme-based health education sessions	N° of scheme-based outreaches / mobile clinics	Communities which benefited	District
1. Ishaka Adventist Hospital	24	14	1. Karugorora 2. Kasaana West 3. Kasaana East 4. Kyeihara 5. Kyamulari 6. Buraro 7. Kashekuro 8. Kyeibanga East 9. Kyeibanga West 10. Muhito	Sheema
2. Kitagata Hospital	28	26	11. Isingiro 12. Kareera South 13. Kyempisi 14. Six secondary schools in Kasaana, Kitagata and Kashozi sub-counties	
3. Hope Medical Center	32	30	15. Kanyebero	Bushenyi
4. Bishop C. Asili Hospital	0	20	16. Ngogolo 17. Bukambagga 18. Kakabala 19. Kakinzi	Luwero

			20.Nsabweteka 21.Katuugo-Luwero 22.Kyawangabi 23.Kikube 24.Kagugo 25.Nakikoota 26.Kasaala 27.Bamugolodde 28.Kigombe 29.Buyuki 30.Bwaziba	
Total	84	90		

4. Cash Discounts given to CHF schemes as support

Kiwoko hospital and Ishaka Adventist Hospital continued to support the CHF schemes by giving a discount of 10% and 5% respectively on every bill issued. Through this channel, a total of Ugx 10,162,615 was received by CHF schemes to boost operations. As a breakdown of the total received, Kiwoko hospital gave Ugx. 8,976,100 while Ishaka Adventist Hospital gave Ugx. 1,186,515.

5. Other cash contributions towards SHU activities

Table N°2: SHU own generated incomes and the sources

Source of funds	Amount
SHU Staff contributions	4,335,360
Sale of obsolete assets	554,000
Vehicle rent to projects	640,000
Interest on reserve account	1,257,938
Total	6,787,298

6. Schemes beneficiaries contributions towards the networks

Luwero area schemes contributed directly as part of their premiums UGX 7,463,000 towards their network called Munno Mu Bulwadde Union of Schemes Organization (MBUSO) while Bushenyi area schemes contributed UGX 4,314,511 towards supporting their network called Western Ankole Tweragurize Schemes Association (WATA).

HOW THE FUNDS RECEIVED FOR 2014 WERE UTILIZED

Up to 94.6% of the funds received during the year were utilized. As shown in the table below, most of the funds were used in promoting community health financing (CHF) schemes, improving women's health and participation in decision making, and coordinating activities and partners.

Table N°3: Activities implemented in 2014 and amounts spent

Activities carried out during the year 2014	Total amount (UGX)	Share
1. Procured projects implementation support assets including motor bikes for promotion and sensitization, computer systems and furniture.	35,969,800	2.2%
2. Promoted CHF schemes in all the 7 target districts of Luwero, Nakaseke, Nakasongola, Masaka, Mubende, Bushenyi and Sheema.	597,039,323	36.4%
3. Promoted women's health and participation in decision making	348,431,070	21.3%
4. Partnered with JLMCF, BAH and SHUF and boosted household incomes in some schemes in order to ease access to healthcare services	2,064,750	0.1%
5. Supported partner healthcare facilities to deliver quality services	33,518,640	2.0%
6. Lobbied and Advocated for: CHF schemes support at local, district and national levels; and an all inclusive NHIS for Uganda	70,502,996	4.3%
7. Coordinated activities and partners in all 7 target districts, and Kampala.	388,775,455	23.7%
8. Built internal capacities to strengthened SHU as an Institution	134,198,687	8.2%
9. Fundraised and did some consultancies to build SHU reserves	6,787,298	0.4%
10. Negotiated and renewed MOUs with partner health care facilities to provide medical services at a discount to help CHF schemes finance their administrative and promotional mandates.	10,162,615	0.6%
11. Advocated for direct funding of the CHF schemes networks by the beneficiaries (families) themselves, so that the networks would perform their supplementary functions as mandated.	11,777,511	0.7%
Total	1,639,228,145	100%

ACHIEVEMENTS OF THE YEAR

1. Easing access to health care and empowering women to utilize health care services and participate in decision making

1.1. Sold a total of 48,491 medical insurance policies in 62 CHF schemes

In total, 92 CHF schemes have been supported by SHU during the year 2014. Out of the 92 CHF schemes, 62 of them (67%) run and provided medical cover to beneficiaries for the entire year. The other 30 CHF schemes run only during the first half of the year and failed or delayed to raise the minimum membership required to operate during the second half. The CHF schemes were of three types: pure-insurance schemes¹ (were 52 in total); pure-credit scheme² (was only one); and mixed-insurance and credit schemes³ (were 39). In terms of coverage, a total of 48,491 policies were bought. The beneficiaries were 27,238 individuals (12,369 male and 14,899 female) from 4,590 households. The table below gives more details.

Table N°4: CHF schemes supported by SHU in 2014

Schemes			Location			Beneficiaries			Sex composition			
n°	Scheme name	Year of creation	Mechanisms	District	Sub-county	Parish	Parish population	Households	Policy holders-Scheme level (100 – 80,000)	Policy holders-Network level (80,100-200,000)	Male	female
1	Ngogolo	2002	Mixed	Luwero	Butuntumula	Ngogolo	6,533	49	346	346	158	188
2	Bukambagga	2010	Mixed	Luwero	Butuntumula	Bukambagga	3,702	52	352	352	172	180
3	Kakabala	2001	Mixed	Luwero	Butuntumula	Kakabala	7,810	204	1,342	1,342	601	741
4	Kakinzi	2002	Mixed	Luwero	Butuntumula	Kakinzi	4,917	72	538	538	242	296
5	Nsabweteka	2004	Mixed	Luwero	Luwero	Bweyeyo	3,911	126	750	750	338	413
6	Katuugo Luwero	2010	Mixed	Luwero	Luwero	Katuugo Luwero	3,746	83	540	540	249	291

¹ A policy holder is covered by the scheme for a period of one year. The scheme takes care of all the medical bills within the limits agreed upon.

² A policy holder is given an interest free medical care loan equivalent to the issued bill to be refunded back to the scheme within a maximum of 3 months after discharge.

³ A policy holder is covered for part of the medical bill and loaned the other part of the bill. The loan amount is refunded within a maximum of 3 months after discharge.

7	Kyawangabi	2006	Mixed	Luwero	Butuntumula	Kyawangabi	5,597	77	520	520	237	283
8	Kikube	2010	Mixed	Luwero	Luwero	Kikube	3,195	138	893	893	402	491
9	Kagugo	2006	Mixed	Luwero	Luwero	Kagugo	3,983	86	541	541	252	289
10	Nakikoota	2011	Mixed	Luwero	Luwero	Nakikoota	3,871	134	885	885	398	487
11	Kasaala	2010	Mixed	Luwero	Luwero	Kasaala	3,489	135	866	866	390	476
12	Bamugolodde	2010	Mixed	Luwero	Butuntumula	Bamugolodde	7,444	63	425	425	191	234
13	Buyuki	2014	Mixed	Luwero	Katikamu	Buyuki	4,083	90	550	550	238	312
14	Kigombe	2005	Insurance	Luwero	Luwero	Kigombe	4,291	69	525	525	212	313
15	Bwaziba	2011	Insurance	Luwero	Luwero	Bwaziba	4,894	52	371	371	160	211
16	Kabakedi	2011	Mixed	Luwero	Luwero	Kabakedi	5,500	0	0	0	0	0
17	Kyalugondo	2012	Mixed	Luwero	Katikamu	Kyalugondo	3,500	0	0	0	0	0
18	Migadde	2006	Mixed	Luwero	Katikamu	Migadde	7,800	0	0	0	0	0
19	Katooke	2008	Credit	Nakaseke	Wakyato	Katooke	3,900	66	380	380	147	233
20	Mijumwa	2000	Mixed	Nakaseke	Wakyato	Mijumwa	2,209	93	592	592	266	326
21	Kamuli	2003	Mixed	Nakaseke	Kikamulo	Kamuli	4,312	115	859	859	381	478
22	Kapeke	2010	Mixed	Nakaseke	Kikamulo	Kapeke	3,793	124	779	779	356	423
23	Kasambya	2011	Mixed	Nakaseke	Nakaseke	Kasambya	2,552	53	346	346	161	185
24	Kasana	2010	Mixed	Nakaseke	Kikamulo	Kasana	4,388	86	526	526	240	286
25	Kibose	2010	Mixed	Nakaseke	Kikamulo	Kibose	1,918	64	350	350	167	183
26	Kikamulo	2010	Mixed	Nakaseke	Kikamulo	Kikamulo	1,647	65	338	338	154	184
27	Kito	2012	Mixed	Nakaseke	Kito	Kito	3,023	69	500	500	225	275
28	Kivumu	2012	Mixed	Nakaseke	Kito	Kivumu	3,012	57	336	336	151	185
29	Luteete	2011	Mixed	Nakaseke	Kikamulo	Luteete	2,318	108	745	745	335	410
30	Magoma	2008	Mixed	Nakaseke	Kikamulo	Magoma	5,553	137	887	887	406	481
31	Kasiso	2013	Mixed	Nakaseke	Kito	Kasiso	4,743	69	397	397	179	218
32	Bukuuku	2013	Mixed	Nakaseke	Kasangombe	Bukuuku	3,961	98	565	565	268	297
33	Wakayamba	2010	Mixed	Nakaseke	Kikamulo	Wakayamba	3,400	64	363	363	156	207
34	Kigege	2011	Mixed	Nakaseke	Nakaseke	Kigege	3,246	0	0	0	0	0
35	Nongo	2010	Mixed	Nakaseke	Kikamulo	Nongo	1,382	0	0	0	0	0
36	Nakaseeta	2011	Insurance	Nakaseke	Kasangombe	Nakaseeta	3,400	0	0	0	0	0
37	Bulyake	2014	Mixed	Nakaseke	Kasangombe	Bulyake	2,027	0	0	0	0	0
38	Katuugo	2011	Mixed	Nakasong ola	Kakooge	Katuugo	4,091	95	615	615	280	335

39	Kakooge	2001	Mixed	Nakasong ola	Kakooge	Kakooge	5,609	101	634	634	279	355
40	Kyabutaika	2002	Mixed	Nakasong ola	Kakooge	Kyabutaika	3,870	86	517	517	233	284
41	Kyambugo	2011	Mixed	Nakasong ola	Kakooge	Kyambugo	4,884	112	772	772	347	425
42	Kyankonwa	2011	Mixed	Nakasong ola	Kakooge	Kyankonwa	3,125	81	533	533	244	289
43	Kyeyindula	2002	Mixed	Nakasong ola	Kakooge	Kyeyindula	3,627	115	775	775	355	420
44	SHU CHI	2011	Insurance	Luwero Area	Luwero	Luweero	35,572	95	303		137	166
		2013	Insurance	Masaka Area	Masaka	Masaka	81,672	159	257		126	131
45	Namiringa	2014	Insurance	Mubende	Kassanda	Namiringa	4,161	98	362		154	208
46	Namiryango	2014	Insurance	Mubende	Bukuya	Namiryango	4,812	53	160		75	85
47	Namabale	2014	Insurance	Mubende	Kassanda	Namabale	3,543	92	335		153	182
48	Kizibawo	2014	Insurance	Mubende	Bukuya	Kizibawo	4,272	64	205		106	99
49	Kitongo	2014	Insurance	Mubende	Kassanda	Kitongo	1,834	113	371		170	201
50	Muhito	2010	Insurance	Sheema	Kitagata	Muhito	5,302	22	146		66	96
51	Kasaana East	2010	Insurance	Sheema	Kasaana	Kasaana East	4,288	18	151		76	97
52	Kasaana west	2011	Insurance	Sheema	Kasaana	Kasaana west	5,359	30	247		92	123
53	Kashékuro	2012	Insurance	Sheema	Kasaana	Kashékuro	4,971	37	277		126	151
54	Kyeihara	2012	Insurance	Sheema	Kasaana	Kyeihara	1,581	33	245		139	106
55	Kyamurari	2011	Insurance	Sheema	Bugongi	Kyamurari	6,708	33	253		117	133
56	Kyeibanga East	2012	Insurance	Sheema	Kitagata	Kyeibanga West	3,031	11	76		39	36
57	Isingiro	2014	Insurance	Sheema	Bugongi	Isingiro	5,268	43	322		167	183
58	Karera South	2014	Insurance	Sheema	Kashozi	Karera	4,673	42	300		141	159
59	Karugorora	2011	Insurance	Sheema	Kasaana	Karugorora	1,493	0	0		0	0
60	Kyeibanga west	2012	Insurance	Sheema	Kitagata	Kyeibanga East	2,870	0	0		0	0
61	Bitooma	2014	Insurance	Bushenyi	Bitooma	Bitooma	7,400	44	238		114	124
62	Bitooma- Katenga	2013	Insurance	Bushenyi	Katenga	Bitooma - Katenga	4,711	47	273		131	142
63	Buyanja	2011	Insurance	Bushenyi	Kyeizoooba	Buyanja	4,316	12	65		31	33
64	Bwera	2010	Insurance	Bushenyi	Kyeizoooba	Bweera	3,882	13	67		32	35

65	Kanyegyero	2013	Insurance	Bushenyi	Nyabubaare	Kanyegyero	5812	23	121		58	63	
66	Kiyaga	2008	Insurance	Bushenyi	Bumbaare	Kiyaga	4,195	42	231		111	120	
67	Nyarugote	2012	Insurance	Bushenyi	Nyabubaare	Nyarugote	9,070	21	107		51	56	
68	Ruharo	2009	Insurance	Bushenyi	Ishaka Div	Ruharo	5,227	58	349		168	181	
69	Ryeishe	2007	Insurance	Bushenyi	Ibaare	Ryeishe	5,474	24	132		63	69	
70	Kahungye	2013	Insurance	Bushenyi	Nyabubaare	Kahungye	6400	0	0		0	0	
71	Kakanju	2013	Insurance	Bushenyi	Kakanju	Kakanju	5100	0	0		0	0	
72	Katunga	2013	Insurance	Bushenyi	Kakanju	Katunga	6000	0	0		0	0	
73	Kibaare	2010	Insurance	Bushenyi	Bumbaare	Kibaare	4800	0	0		0	0	
74	Kizinda	2012	Insurance	Bushenyi	Nyabubaare	Kizinda	5100	0	0		0	0	
75	Ngorora	2013	Insurance	Bushenyi	Bitooma	Ngorora	5034	0	0		0	0	
76	Nyabubaare	2013	Insurance	Bushenyi	Nyabubaare	Nyabubaare	9700	0	0		0	0	
77	Rushinya	2013	Insurance	Bushenyi	Kakanju	Rushinya	4500	0	0		0	0	
78	Kainamo	2011	Insurance	Bushenyi	Ibaare	Kainamo	6300	0	0		0	0	
79	Kararo	2009	Insurance	Bushenyi	Kyeizooba	Kararo	5100	0	0		0	0	
80	Kigoma	2012	Insurance	Bushenyi	Nyabubaare	Kigoma	7700	0	0		0	0	
81	Kitagata	2010	Insurance	Bushenyi	Kyeizooba	Kitagata	5000	0	0		0	0	
82	Kitwe	2012	Insurance	Bushenyi	Kyeizooba	Kitwe	5400	0	0		0	0	
83	Numba	2012	Insurance	Bushenyi	Bumbaare	Numba	3400	0	0		0	0	
84	Nyamiyaga	2012	Insurance	Bushenyi	Kyeizooba	Nyamiyaga	2800	0	0		0	0	
85	Rutooma	2012	Insurance	Bushenyi	Kyeizooba	Rutooma	4600	0	0		0	0	
86	Binikira	2014	Insurance	Mubende	Kassanda	Binikira	1,593	0	0		0	0	
87	Kamuli	2014	Insurance	Mubende	Kassanda	Kamuli	2,097	0	0		0	0	
88	Lusaba	2014	Insurance	Mubende	Kassanda	Lusaba	1,361	0	0		0	0	
89	Nabugondo	2014	Insurance	Mubende	Kassanda	Nabugondo	2,428	0	0		0	0	
90	Lwantale	2014	Insurance	Mubende	Kassanda	Lwantale	3,156	0	0		0	0	
91	Kassanda Town Board	2014	Insurance	Mubende	Kassanda	Kassanda Town Board	6,634	0	0		0	0	
92	Nkoni	2013	Insurance	Masaka	Nkoni	Nkoni	4,000	75	365		156	236	
TOTALS							513,956	4,590	27,238		21,253	12,369	14,899

1.2. Three networks of CHF schemes; MBUSO, WATA and SMS became more functional in 2014.

With SHU's support, four networks of CHF schemes have been developed to supplement the efforts of the individual CHF schemes in each SHU target region. The two older ones: Munno Mu Bulwadda Union of Schemes Organization (MBUSO) brings together and coordinates all the CHF schemes in Luwero, Nakaseke and Nakasongola Districts while the Western Ankole Tweragurize Schemes Association (WATA) brings together and coordinates all the CHF schemes in Bushenyi and Sheema Districts. In 2014, two new networks have been formed to coordinate the CHF schemes in Mubende District and Masaka District. The newly proposed network for the CHF schemes in Mubende District is called the Mubende Schemes Cooperation Mechanism (MSCOM) while the one for urban CHF schemes in Masaka and Luwero is called the SHU-CHI Managed Scheme (SMS). As shown in the table below, the networks mobilized a total of UGX 213,907,650 from families and contracted a total of 15 health care facilities to provide health care services.

Table N°5: Showing networks of CHF schemes and their attained levels of capacity

Network name	What the network can do autonomously	Number of member CHF schemes	Number of policies sold in 2014	Total contributions collected and managed (Ugx)	Number of health care facilities contracted
1. MBUSO	- Collecting on a central bank account and managing the schemes contributions - Negotiating with and contracting health care providers - Purchasing health care services - Collecting and using member data to design and issue beneficiary identification cards - Organizing and managing meetings of members at network and scheme levels.	44	42,506	109,435,250	4 (3 hospitals and 1 health centre IV)

2. WATA	- Collecting on a central bank account the schemes contributions - Contracting health care providers - Verifying and paying for health care services consumed	34	3,602	35,710,800	5 (2 hospitals, 2 HC III and 1 HC II)
3. SMS	- Collecting on a central bank account and managing the schemes contributions - Negotiating with and contracting health care providers - Purchasing health care services - Collecting and using member data to design and issue beneficiary identification cards - Organizing and managing meetings of members at network and scheme levels. - Developing products - Developing management tools	2	560 + 392	38,086,600 + 5,010,000	2 (1 hospital and 1 HC III)
4. MSCOM	- None (just finalized the design)	11	1,433	25,665,000	4 (1 HC IV, 1HC III, 1 HC II and 1 maternity home)
TOTALS		91	48,491	213,907,650	15

1.3. A total of 5,932 medical cases costing UGX 202,087,670 were covered by the schemes in 2014.

Fifteen (15) health care facilities were contracted to provide medical services to beneficiaries of the CHF schemes during the year 2014. Bitooma HC III, Nakaseke Hospital, and Laura HC II did not receive patients because the schemes for which they were contracted did not operate during the year. Nkoni HC III's contract was cancelled later in the year because the target scheme closed operations.

The CHF schemes have once more proved their relevance to the target population. In 2014 alone, 4,674 (78.8%) out-patient cases and 1,198 (21.2%) in-patient cases were covered. All (100%) the medical care bills totalling UGX 202,087,670 were cleared by the schemes. The table below provides more details about the claims at each health care facility.

Table N°6: Health care facilities contracted to provide medical services to CHF schemes and how they were utilized.

Health care provider	Cases covered and bills				Total	
	OPC	Amount	IPC	Amount	Cases	Amount
1. Kiwoko Hospital ⁴	1,090	29,297,100	598	62,381,000	1,688	91,678,100
2. Bishop C. Asili Hospital ⁵	432	15,211,500	65	7,775,400	497	22,986,900
3. Franciscan HC III ⁶	161	5,915,000	73	7,159,000	234	13,074,000
4. Bangi Maternity Home ⁷	28	86,000	9	225,000	37	311,000
5. Naluggi HC II ⁸	176	1,409,400	27	695,000	203	2,104,400
6. St. Gabriel HC III ⁹	880	9,788,200	150	5,431,000	1,030	15,219,200
7. St. Francis HC IV ¹⁰	66	1,967,000	20	1,471,000	86	3,438,000
8. Ishaka Adventist Hospital ¹¹	628	13,762,000	117	10,027,500	805	23,789,500
9. Kitagata Hospital ¹²	385	4,106,000	8	196,000	393	4,302,000
10. Hope medical center III ¹³	163	3,792,200	6	337,300	169	4,129,500
11. Kitovu Hospital ¹⁴	384	14,707,750	44	4,033,620	428	18,741,370

⁴ Church of Uganda (CoU) owned and member of the Uganda Protestant Medical Bureau (UPMB)

⁵ Catholic church owned and member of the Catholic Medical Bureau (UCMB)

⁶ Catholic church owned and member of UCMB

⁷ Privately owned

⁸ Catholic church owned and member of the Catholic Medical Bureau (UCMB)

⁹ Catholic church owned and member of the Catholic Medical Bureau (UCMB)

¹⁰ Catholic church owned and member of the Catholic Medical Bureau (UCMB)

¹¹ Seventh day Adventist church owned and member of UPMB

¹² Government of Uganda owned

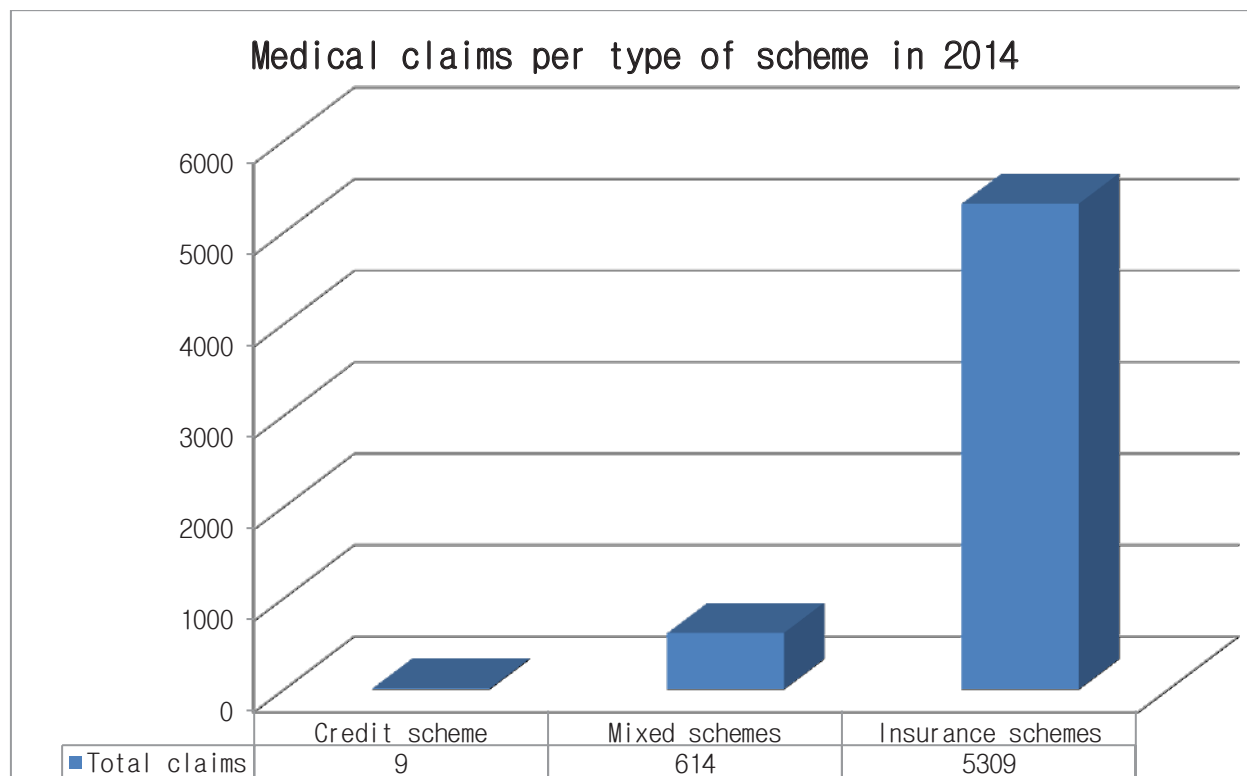
¹³ Apostolic Ministries of God church owned

¹⁴ Catholic church owned and member of the Catholic Medical Bureau (UCMB)

12.Nkoni HC III	281	1,681,400	81	632,300	362	2,313,700
13.Bitooma HC III ¹⁵	0	0	0	0	0	0
14.Nakaseke Hospital	0	0	0	0	0	0
15.Laurah HC II	0	0	0	0	0	0
Totals	4,674	101,723,550	1,198	100,364,120	5,932	202,087,670

Beneficiaries enrolled in the pure-insurance schemes as expected were responsible for 89.5% of all the medical claims followed by those in the mixed schemes at 10.4% and only 0.1% for those in the credit scheme.

Figure N°2: Showing medical claims by members of the three types of schemes



1.4. A total of 581 women held leadership positions at both CHF schemes and network levels in 2014.

Our efforts to get women access health care services and actively participate in decision making both at home and at community levels have continued to gain ground. All (100%) CHF schemes and the networks of schemes constitutions have clauses providing for women participation in the leadership of these systems. It is evident that these constitutional provisions are being respected at both levels. And as a result, out of the 1,213 people in

¹⁵ Catholic church owned and member of the Catholic Medical Bureau (UCMB)

schemes and network leadership, 581 representing 47.9% of them are women and most of them hold key decision making positions like treasurer (90%), Chairperson (5%) and others (5%).

Table N°7: The number and gender of schemes leaders

Areas	Male		Female		Total	
	Network	Scheme	Network	Scheme	Network	Scheme
Luweero area schemes	2	114	4	91	6	205
Bushenyi schemes	13	276	1	287	14	563
Sheema schemes	8	148	1	138	9	286
Mubende schemes	0	64	0	53	0	117
SMS (Masaka, Luwero)	7	0	6	0	13	0
Total	30	602	12	569	42	1171

2. Boosting household incomes to ease access to health care

2.1. CHF member families that received dairy goats in 2013 passed on 161 young goats as gifts to 151 other CHF schemes member families in 2014.

A total of 386 goats were received by 249 families in 2013. According to the arrangement, the initial recipients are expected to take very good care of the goats and once they give birth for the first time, the young goat is given as a gift to another CHF member family. The schemes members have taken good care of the goats and in 2014, a total of 151 households in seven schemes of Luwero District received goats as gifts from some of the original beneficiaries.



A member in Kakabala scheme passes on a gift to another member .The Administrator of Bishop C Asili Hospital was there to participate in the passing on ceremony.

All the 400 beneficiaries were CHF schemes members and have renewed their membership for the year 2015/2016.

Table N°8: Beneficiaries and dairy goats being reared by CHF schemes members.

Dairy Goats Beneficiaries						
Schemes	Beneficiaries -2013		New beneficiaries -2014		Total	
	Households	Goats	Households	Goats	Households	Goats
1. Kakabala	63	131	50	52	113	183
2. Kyawangabi	37	79	3	3	40	82
3. Kagugo	37	44	17	17	54	61
4. Nakikoota	21	27	11	12	32	39
5. Migadde	43	50	20	20	63	70
6. Katuugo Luwero	48	55	26	29	74	84
7. Bweyeyo	0	0	24	28	24	28
Total	249	386	151	161	400	547

2.2. A total of 3,331 individuals paid premiums/ contributions to the CHF schemes through SHUF a partner micro lending organization in 2014.

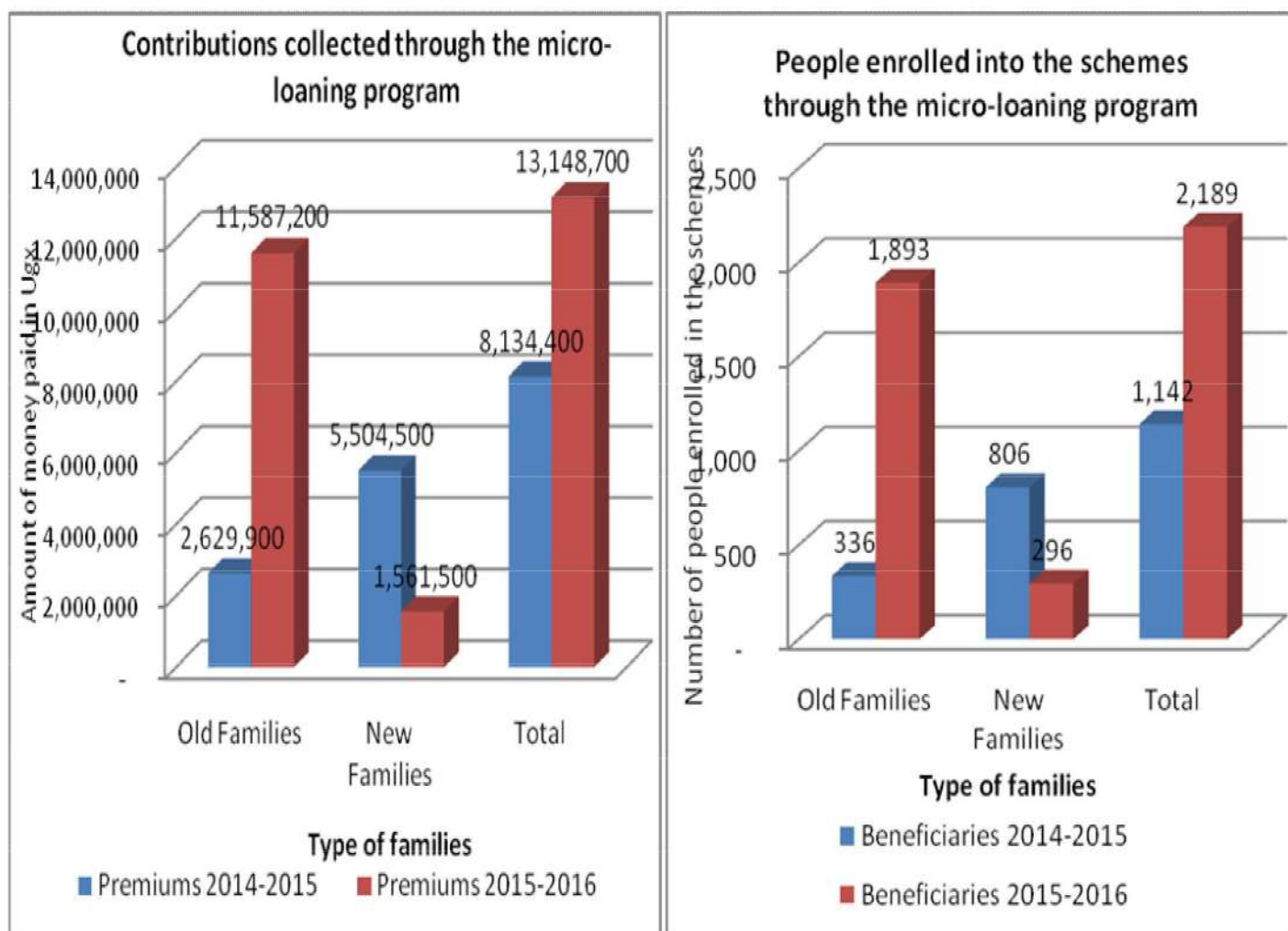
A total of 666 loans were issued to CHF scheme families during the year 2014. As shown in the table below, most families (56%) took loans for boosting household incomes. A significant number of families (11%) also borrowed to pay premiums/ contributions into the schemes.

Table N°9: Type of loans issued in 2014 and number of schemes beneficiaries

Loan type	Number of Families	Proportions of families
Working Capital	375	56%
Home Improvement	104	16%
Business Assets	15	2%
Agri -Business	80	12%
CHF schemes premiums/ contributions	70	11%
Transport to health care facility	-	0%
School fees	22	3%
Total	666	100%

Through the agreed arrangement with SHU Finance Ltd, every borrower (all the 666) pays for his/ her family premium as part of the loan. As shown in the figures below, a total of Ugx 21,283,100 was collected and transferred to the CHF schemes as premiums/ contributions. The premiums paid enabled a total of 3,331 people (beneficiaries) to receive medical insurance cover for the year 2014/ 2015 and 2015/2016.

Figure N°3: Premiums/ contributions collected on behalf of CHF schemes by SHU Finance Ltd



3. Supporting the delivery of quality health care services

3.1. All the 15 health care providers have renewed/ signed service contracts with the CHF schemes and held follow up meetings with them.

The service contracts signed and reviewed (to renew) annually have helped inform the health care facilities of the consumers' perceived quality of the services as well as of their felt needs. Both the health care facilities and the schemes through their networks of schemes have made important commitments in the service contracts to help improve services and how they are delivered.



Service contract negotiation meeting at Nakaseke hospital



The Medical Superintendent of Nakaseke Hospital talking to scheme Chairpersons before signing the service contract



St. Gabriel Staff, SHU staff and schemes' representatives after signing the service contract at St. Gabriel Mirembe Maria Health Centre III

The service contracts have also given the schemes members an important voice and platform through which they influence how the services are delivered. The service contracts provide for a mandatory review meeting between the schemes and their network leaders, and the top manager of the health care facilities. In 2014, the contracts follow up and review meetings took place at all the health care facilities.

3.2. The schemes patients continue to be served in a formalized referral arrangement by the contracted health care providers located in the same region.

All the 15 contracted health care facilities have agreed and signed on to the referral arrangement for the CHF schemes patients. Under the agreed upon referral arrangement, accessing medical services for scheme patients has been eased further. Under the arrangement, a patient pays a co-payment once at his/ her first point of admission. The arrangement has also improved communication and information sharing among the partner health care facilities; the referral system is jointly negotiated and reviewed regularly.



Contracted service provider managers of St. Gabriel HCIII, St. Francis HC IV, Nalugi HC II, Bangi Maternity home, together with scheme leaders and SHU staff at a meeting held in Mityana town.

3.3. Three (3) partner health care facilities have embraced and continued to operate Clients Relations Desks (CRD) at their out-patient sections.

Kitagata Hospital, Ishaka Adventist Hospital and Hope Medical Centre continued to run the clients relations desks (CRDs) at their facilities. The CRDs are recently proposed arrangements, and introduced by SHU as a measure to guide CHF schemes patients who come to the health care facilities for treatment and spend hours at the facilities due to ignorance about the procedures of coverage.



A Customer Relations Assistant (CRA) attends to a client at Ishaka Adventist Hospital in Bushenyi

To help operationalize these desks, SHU contributed a total of Ugx 4,320,000 in 2014 towards the facilitation costs of the CRDs at the three health care facilities. Since their introduction, a significant number of patients, both scheme and non scheme members consult with the CRA whenever they get challenges. Feedback from the schemes shows growing satisfaction with the health care providers and the schemes because most of the challenges schemes patients face are addressed right there at the facilities before being discharged. Some patients have reported that they have observed a significant reduction in the waiting

time at the three facilities when they compared before and after the introduction of the CRDs.

4. Strengthening SHU as an institution

4.1. A record number of 73 SHU stakeholders met in December 2014 and gave input into the organizations' future activities.

SHU held the 5th partners' meeting on 12th December 2014 and discussed the performance of the CHF initiatives being implemented in the seven districts of operation, shared ideas on the proposed National Health Insurance Scheme (NHIS) and explored ways to prepare the schemes and healthcare providers to operate under the NHIS once it is approved and launched. The meeting brought together 73 partners and stakeholders from the seven districts of intervention and Kampala, and they included representatives of healthcare providers, District Health Officers, District Community Development Officers and Secretaries for Health. Other participants came from the Catholic and Protestant medical bureaus, Uganda Community Based Health Financing Association (UCBHFA), networks of schemes (MBUSO and WATA), district NGO forums, other CHI actors and media houses. Mr. Walimbwa Aliyi represented the Commissioner of Planning of the Ministry of Health as the Chief Guest.



A group photograph of participants at the 5th annual partners meeting held at Silver Springs Hotel in Kampala.

Participants recommended that SHU and her partners vigorously advocate for inclusion of CHI in the NHIS and the passing of the NHIS Bill as soon as possible. They urged healthcare providers to improve the quality of services offered and asked District Health

Officers to support private providers to access free essential drugs to reduce the cost of treatment for CHI scheme members. On sustainability of CHI schemes, participants recommended increased health insurance education, linkage of members to district development programs, and supporting families to start income generating projects.

4.2. SHU recognition as a key partner in the National Health System improved in 2014.

In the first half of the year, SHU hosted a delegation led by the Special Presidential Advisor on Health who happens to be a former vice President of Uganda in the current Government. The other members of the delegation included a representative from the World Health Organisation (WHO) Kampala office, and MoH officials coordinating the development of the proposed National Health Insurance Scheme. The delegation first held a meeting with the SHU team at the Luwero office, before being taken to meet other actors in the SHU promoted CHF program. The actors met were the management of Bishop C. Asili Hospital and Kakabala scheme at a General Assembly of members.



The Special Presidential Advisor on Health, Dr. Specioza Wandira (centre in kitenge) with female members of Kakabala scheme in Luwero district.

The delegation was interested in learning about the performance of the CHF schemes being supported by SHU, how members are enrolled and their relationship with the contracted health care facilities.

In the second half of the year, SHU in collaboration with Uganda Community Based Health Financing Association (UCBHFA) and Kabale Diocese Community Health Insurance Scheme (KDCHIS) developed and presented a position paper to the Minister of Health (MoH) on the relevance of community health insurance (CHI) in Uganda and the critical need to provide for CHI as a sub-scheme of the proposed NHIS.



Participants at the SHU sponsored position paper development workshop

The paper gave proposals in response to substantial omissions in the draft NHIS Bill of December 2012 with respect to CHI, drawing lessons from other developing countries which have registered significant improvements in access to quality health care through CHI. Key proposals in the position paper include making specific provisions for Social Health Insurance (SHI), Private Commercial Health Insurance (PCHI) and CHI in the NHIS; providing for representation of CHI members to the NHIS Board, regional and district bodies; compulsorily targeting all citizens regardless of their income or employment status; and providing subsidies for the very poor citizens. SHU envisages such provisions to guarantee access to quality health care for all Ugandans hence achieving universal health care coverage.



SHU Executive Director also Chairperson UCBHFA Fredrick Makaie, presents the position paper to the Minister of Health Dr. Elioda Tumwesigye. Looking on are other members of the team from KDCHIS, UCBHFA, UCMB and SHU.

4.3. Internal capacities strengthened and all obligations fully realized in 2014.

In October 2014, a communication and advocacy department was created to bolster advocacy activities of the organisation at both national and local levels. The department is headed by a communication and advocacy officer. The officer is charged with strengthening SHU's relations with both government and non-government entities for purposes of undertaking initiatives aimed at influencing decision making processes by policy makers in regard to access to quality health care for all Ugandans. Today, SHU has a functional and multidisciplinary board of 6 members supported by 29 employees who work full time. All the necessary internal policies and guidelines are up-to-date and well known by all staff members. Because of the available capacities, the running projects' outputs for the year 2014 were to a large extent achieved. All progress (financial and program) reports for 2014 were written and submitted to the relevant partners and on time. The two project proposals submitted to donors for funding activities in 2014, 2015 and onwards were successful and the projects are now being implemented.

The most important challenge has remained the absence of a specific health insurance law providing for the promotion and regulation of community health insurance in Uganda. Because of this gap and the existence of the free health care policy in public health care facilities, Government officials are hesitant to help promote CHF schemes for fear of passing contradicting messages to the public. Because of the continued low funding of the health sector at below 10% of GDP, the quality of services in the Government health care facilities has remained poor. Because of this situation, CHF schemes mainly contract private health care facilities (faith based mainly) located far away from the users. The long distances involved make the schemes less attractive and some families who lack transport money forego services. Low household income is the other major challenge we have faced while implementing our activities. Whereas we supported 92 CHF schemes, only 62 managed to raise the required membership numbers to function throughout the year. The 30 schemes failed to mobilize sufficient collections due to poor harvests, inflation and lack of markets and run from mid 2013 to mid 2014 only.

