



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 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.



SHU Board and Senior Management Team members

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ANC	Antenatal Care
BftW	Bread for the World
CHF	Community Health Financing
CHI	Community Health Insurance
CRA	Customer Relations Assistant
CORDAID	Catholic Organization for Relief and Development Aid
IPC	In-patient care
JLMCF	Just Like My Child Foundation
MBUSO	Munno mu Bulwade Union of Schemes Organization
MCH	Maternal and Child Healthcare
MCRH	Maternal, Child and Reproductive Health
MSCOM	Mubende Schemes Cooperation Mechanism
NHIS	National Health Insurance Scheme
OPC	Out-patient care
PACE	Program for Accessible health, Communication and Education
PCC	Patient-centred care
PNC	Post-natal Care
PSI	Population Services International
SHU	Save for Health Uganda
UGX	Uganda Shilling
VHSLA	Village Health Saving and Loan Associations
WATSA	Western Ankore Tweragurize Association



Chairperson

It is once again a great pleasure to share with you Save for Health Uganda's report for the year 2015. In it, you will read about the work done, achievements registered and the challenges faced.

Save for Health Uganda (SHU) received funds from Bread for the World (BftW),



Executive Director

Catholic Organization for Relief and Development Aid (Cordaid) and Population Services International (PSI). With these funds, 3 projects were implemented in 8 districts. Work was also done on each of the 5 strategic program areas of: community healthcare financing (CHF); household livelihood improvement; health care services delivery improvement; women's health and empowerment; and institutional development.

A number of achievements were registered in 2015. The CHF schemes increased from 62 in 2014 to 73. The growth rate in terms of people covered (27,238 in 2014 and 24,445 in 2015) improved from -18.4% in 2014 to -10.3% in 2015. Those who paid premiums indirectly through the micro-financing arrangement were 3,499 up from 3,331 in 2014. The schemes collected UGX 181,619,000 (USD 55,036) to cover medical bills and paid UGX 159,112,355 for 4,678 claims (3,885 out-patients, 793 in-patients), registering a fund consumption rate of 87.6%. Through SHU's advocacy for: a universal national health insurance scheme; increased funding of the health sector; and support to community health insurance (CHI), the public, media, civil society organizations and policy makers began to show interest in CHI. During the year, SHU presented on CHI, NHIS and universal health coverage (UHC) at the 2015 CSO fair. At the Makerere University symposium on UHC, a documentary shot by NTV featuring SHU's Luwero district schemes was shown and formed the basis for some of the discussions. The Private Sector Foundation Uganda partnered with SHU to strengthen further its position on the NHIS Bill that was presented to the NHIS Task force. We attended two workshops organized by the Private Health Support Program on Health as a Business where CHI was being discussed to become one of the financing innovations for private for profit health facilities. CHI also featured quite a bit in the media this year: the three leading daily newspapers Daily Monitor, New Vision and Bukedde all run articles about CHI. WBS TV, Radio One, Simba FM and Musana FM also run news stories about SHU's CHI activities.

We wish to sincerely thank BftW, Cordaid, and PSI for the financial support. We thank all other partners for the support which made implementation of activities successful. In a special way, we thank those who stood with us and aided our recovery after unknown people broke into two SHU offices and stole assets worth hundreds of millions.

Thank you.



Mr. Zakaria Kasirye Muwanga
Board Chairperson



Mr. Fredrick Makaire
Executive Director

SHU is a national NGO founded in 2002 to improve the quality of health of Ugandans through self-managed CHF approaches. To achieve its mission, SHU advocates to Government, and works with low-income families in 8 districts to: (1) form CHF schemes to improve access to health care services; (2) micro-finance income generating activities to improve household livelihoods; (3) empower women to participate in making decisions and access health care services with ease; (4) consider health care financing reforms that introduce an all-inclusive NHIS and increase government funding of the health sector.

SHU has its head office in Rubaga division, Kampala city and four regional field offices in the districts of Luwero, Masaka, Mityana and Bushenyi.

On the CHF intervention, SHU works at grassroots through individual schemes formed at parish level. Each scheme is established with a constitution and leaders at both parish and village level. All SHU supported schemes use the same logo

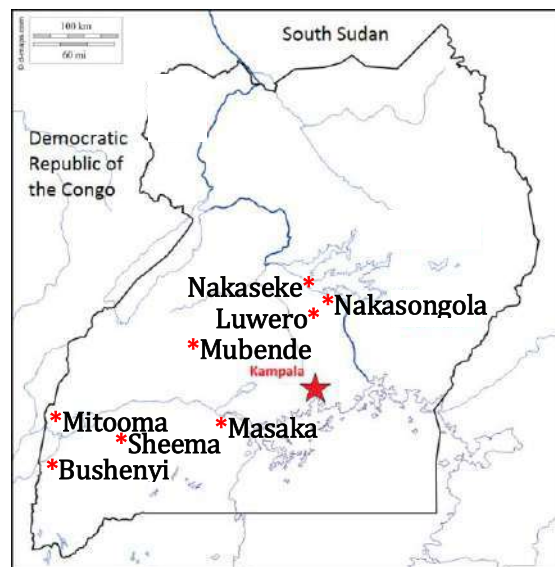
Networks of schemes have been formed in each of the four regions to implement the technical roles like contracting service providers, purchasing care, issuing identification cards, and managing schemes funds. An example is the Luwero region network called Munno Mu Bulwade Union of Schemes Organization (MBUSO). The others are Western Ankore Tweragurize Association (WATSA), Mubende Schemes Cooperation Mechanism (MSCOM) and SHU-CHI

SHU governance and management members

The board members in 2015 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 senior management team members were: Mr. Makaire Fredrick - Executive Director; Mrs. Nazibanja Juliet Kibirige - Programs Officer; Mrs. Asio Veronica Oromwait - Finance and Administration Officer; Mr. Kumaraki Eria Mugisa - M&E Officer; and Ms. Nnamulondo Proscovia - Communications and Advocacy Officer. The current SHU team totals 29 staff members.

SHU has partnerships with each of the 8 target districts. SHU also partners with 16 health care facilities and is a member to 3 civil society networks.

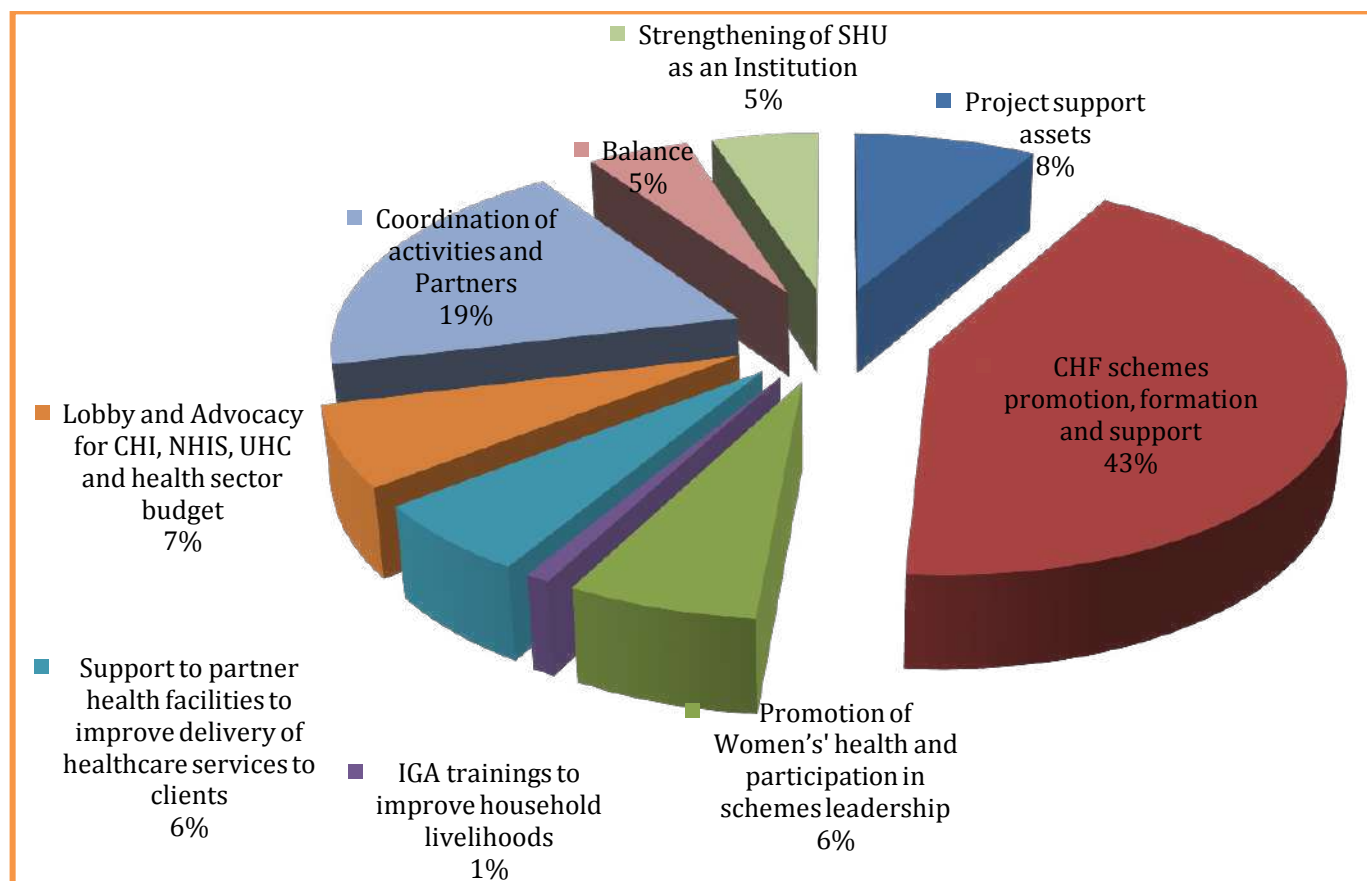
SHU's areas of operation



The projects we implemented in 2015

Projects	Districts where it was implemented	Grant amount (UGX)	Funding partner
1. Reducing barriers to utilizing quality health care services by the rural and urban poor in Uganda.	1. Luwero 2. Nakasongola 3. Nakaseke 4. Masaka 5. Bushenyi 6. Mitooma	1,504,501,875	BftW
2. Maternal, Infant and Reproductive Health insurance project in Sheema District.	1. Sheema 2. Mitooma	211,276,800	Cordaid
3. Interventions to improve maternal health in Mubende District through community health prepayment schemes.	1. Mubende	147,366,340	PSI

How the projects funds were utilized



Started off with operational planning

The year started off with the team defining the year's goals, activities and targets.



The meeting took place in Masaka and was attended by all team members

Program	Goal	Methodology	Objectives/ targets of the year
CHF	Improve access to quality healthcare services and protect families from catastrophic health expenditure.	Organize communities into formal CHF schemes and connect them to health care service providers	1. To increase CHF schemes from 61 to 95 2. To increase beneficiaries from 27,238 to 42,500 3. To increase the contracted health care facilities from 15 to 16. 4. To cover and pay all genuine medical claims. 5. To support both the schemes and health care providers to perform their contractual obligations. 6. To support each of the 4 networks of schemes to fulfil their mandate. 7. To lobby and advocate for: the recognition of CHI in the NHIS bill, support and promotion of CHI at all levels as a viable approach to easing people's access to health care services.
Livelihood	Improve families' incomes to meet their financial obligations to	Partner with other organizations to deliver services to target	1. To support at least 1,000 families access low interest loans from partner microfinance institutions (MFIs) 2. To facilitate the transfer of 429 dairy goats to 429 families as gifts from families that received in 2014. 3. To conduct candle, soap and Vaseline

	satisfy their healthcare needs	communities	making trainings in 40 CHF schemes.
Health care services delivery	Support partner health care facilities to provide quality services to their clients	Link schemes and healthcare providers and support both parties to sign healthcare services contracts	1. To provide updated service contracts to schemes for proposing to health care facilities. 2. To support 6 partner health care facilities establish customer relations desks at their reception areas. 3. To conduct 4 regional patient-centered care trainings for health workers in partner health care facilities and leaders in all running schemes. 4. To train the top managers of all contracted health care facilities in community health insurance principles and schemes operations.
Women's health and empowerment	Empower women in CHF schemes to participate in decision making and utilise maternal, child and reproductive health care services	Organize communities into formal CHF schemes and connect them to health care service providers	1. To lobby and advocate in schemes for women to occupy at least 50% of all leadership positions. 2. Pregnant women in the schemes to complete all 4 ANC visits and deliver from health care facilities.
SHU institutional development	Strengthen the capacity of SHU to implement activities and fulfil its mission	Keep up-to-date policies, guidelines and procedures to guide all actions	1. To review the current strategic plan and draw a road map to develop a new strategic plan in 2016 2. To grow the SHU reserves by 60% 3. To hold 4 board meetings, 8 management meetings and 4 joint team meetings 4. To employ the QuickBooks accounting system in all 5 SHU offices. 5. To develop SHU's advocacy strategy for the period 2015 - 2017 6. To facilitate team members to attend relevant meetings, trainings, conferences and workshops. 7. To prepare reports and disseminate them to stakeholders in time.

A lot happened on the CHF program

Capacity building for better schemes management

The new MBUSO board with representatives from the schemes, contracted service providers and SHU was inaugurated and inducted on its supplementary roles to each of the MBUSO member scheme.

A total of 68 schemes were supported with bicycles to help leaders mobilize, collect premiums and communicate with members.



The Programs Officer handing over bicycles to schemes in Luwero, Nakaseke and Nakasongola districts



SHU ED inducting MBUSO Board members at their office in Luwero



Bushenyi Project Coordinator handing over a bicycle to Bitooma scheme leaders

New innovations that eased premiums payment

In Mubende, voluntary health savings and loans associations (VHSLAs) were introduced. In this arrangement, 10 – 25 families form a VHSLA and sign a memorandum of understanding (MOU) with their CHF scheme for recognition and cooperation. Among other provisions, the MOU allows members of the VHSLA who meet weekly to save and borrow, to pay their scheme premiums in weekly installments throughout the year. By the end of December 2015, 15 VHSLAs had been formed and had enabled 1,276 people to be covered.

Our other innovation introduced in 2013/2014 of providing premium loans (specifically or as part of other loans) continued to improve despite the partners' capacity limitations. This year, 3,499 people paid premiums through this arrangement.

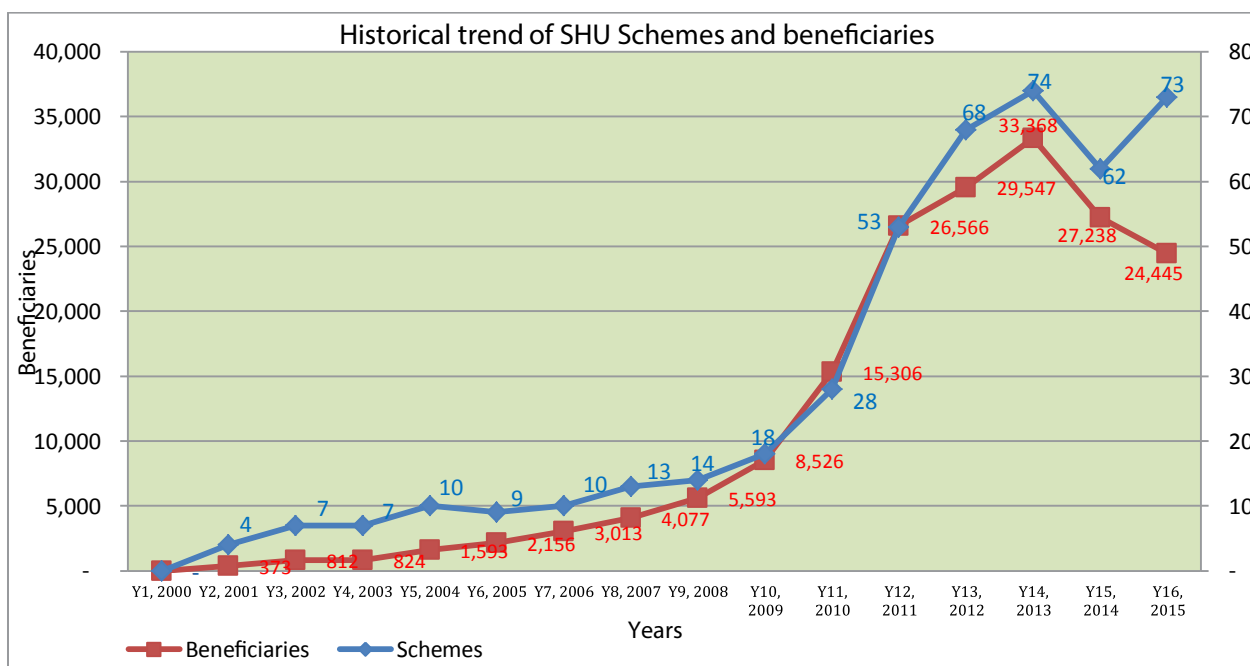
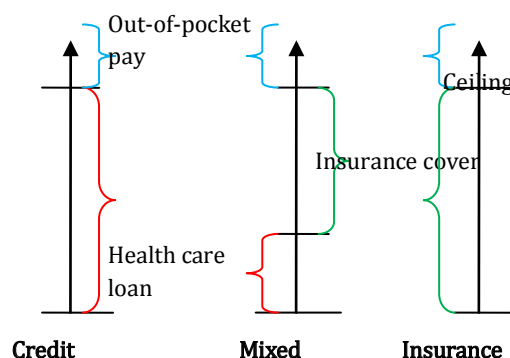


Of the 24,445 people covered in 2015, 4,775 (19.5%) of them paid their premiums through these innovations. In 2016, we will aim at extending these innovations to more schemes.

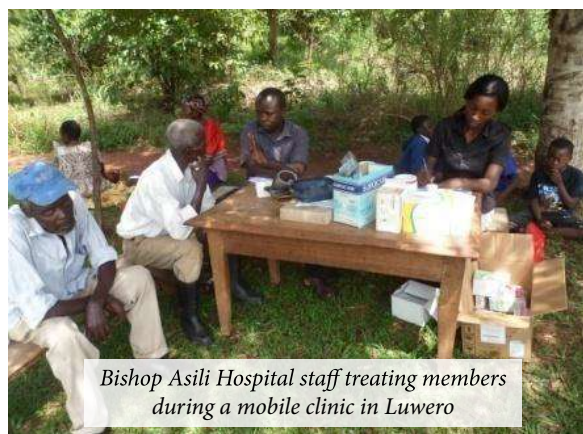
CHF schemes and people covered

33 of the 73 schemes that covered people in 2015 were mixed schemes while 40 were insurance schemes. 16 of them are in Luwero district, 14 in Nakaseke, 6 in Nakasongola, 13 in Bushenyi, 10 in Sheema, 3 in Mitooma, and 1 in Masaka. (See annex 2 for the details).

After the 2014 disaster when the CHF program experienced its worst performance since inception, the recovery process started taking root in 2015 though slowly. The efforts in 2016 shall focus on turning the trend of beneficiaries back to positive.



The contracted health care service providers and services accessed



14 service providers were contracted in 2015. Six (6) of them hospitals, 2 health centre (HC) IV, 4 HC III, one HC II, and one maternity home. Of the 6 hospitals, 2 are government owned; 2 are Catholic Church owned; 1 is owned by the Anglican Church; and 1 is for the seventh day Adventist church. 6 HCs are for the Catholic Church. The other details about location, services and cost are in the table

below. A total of 4,678 cases were covered at a cost of UGX 159,112,355 all cleared.

Name of Healthcare provider	Out-patients		In-patients		Total	
	Cases	Amount	Cases	Amount	Cases	Amount
1. Ishaka Adventist Hospital	683	23,171,600	162	15,756,000	845	38,927,600
2. Kitagata Hospital	862	9,859,000	12	247,000	874	10,106,000
3. Hope Medical Centre III	136	2,838,000	3	107,000	139	2,945,000
4. Mushanga Health Centre III	35	681,000	9	465,000	44	1,146,000
5. Bitooma Health Centre III	0	0	0	0	0	0
6. Kiwoko Hospital	799	23,909,220	413	40,043,480	1,212	63,952,700
7. Bishop Asili Hospital	351	10,258,800	49	5,362,700	400	15,621,500
8. Nakaseke Hospital	0	0	1	47,000	1	47,000
9. Kitovu Hospital	259	8,562,490	21	1,902,065	280	10,464,555
10. St. Francis Community HC IV	29	697,000	7	552,000	36	1,249,000
11. St. Gabriel Mirembe Maria HC III	524	5,526,000	71	2,367,000	595	7,893,000
12. Naluggi HC II	119	1,276,000	10	267,000	129	1,543,000
13. Bangi Maternity Home	14	44,000	3	78,000	17	122,000
14. Franciscan HC IV	74	2,337,000	32	2,758,000	106	5,095,000
Total	3,885	89,160,110	793	69,952,245	4,678	159,112,355

The advocacy activities and the state of healthcare financing

National health budget We participated in a number of meetings organized by the Civil Society Budget Advocacy Group (CSBAG) and gave views on the 2016/2017 health budget. Health sector was allocated 7% of the 2015/2016 national budget	National health insurance scheme - Organized a dialogue meeting attended by 14 organizations and resolved on coming up with a joint position to the MoH. - Trained and engaged media houses on CHI and the role it can play in the proposed NHIS. 11 media houses carried reports on the need to fast track the NHIS. The proposed NHIS bill is still a draft. It proposes the NHIS to have CHI as one of the 3 sub schemes.	Existing CHI schemes We engaged local administrative authorities and health care managers in all 8 districts. We want them to give more support to schemes. - Kiwoko hospital gives a 10% discount on each bill, Ishaka hospital gives 5% - Kakooze Sub County offered the schemes free office space.
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The livelihood improvement program

More families received dairy goats

The ongoing partnership with the Asili livelihood project in Luwero District saw more families in CHF schemes receive hybrid dairy goats. The 151 families that received goats in 2014 passed on 117 young goats (one each) to 114 new families as a project requirement. This brought the number of beneficiaries to 766 households. The families that received goats in 2013 were drinking milk and making money out of selling surplus milk and goats themselves.



SHU Board members visit one of the dairy goats' beneficiaries



The goats pass-on ceremony in Bamugolodde scheme

Families continued to access quick low interest loans

A total of 680 loans were issued to families in the CHF schemes in Luwero, Nakaseke and Nakasongola districts. The loans were mostly taken for income generating activities (IGAs). The table shows details.

Loan product	Number of loans	Number of people
1. Premium	124	124
2. Working Capital	303	287
3. Home improvement	69	66
4. Agri-Business	162	145
5. School Fees	12	12
6. Business Asset	10	10
TOTAL	680	644

More people equipped with vocational skills

404 people from 36 CHF schemes in the districts of Luwero, Nakaseke, Nakasongola and Bushenyi attended scheme-based trainings and were equipped with the following skills: soap making - 353 people; candle-making - 9 people; Jelly processing - 42 people. To put into practice the skills acquired, participants formed 32 groups through which they are to pool resources and work to put products on their local markets.



Health care providers did more to improve client's experiences

SHU carried out a number of activities in support to partner health care facilities' efforts of continuously improving the delivery of services to their clients. First, we supported both the schemes and each of the health care facilities to negotiate and sign service contracts. The contracts are explicit on sharing feedback, quality of services, and payments for quality. The contracts also established a referral system (it benefitted 21 patients in 2015) for members in each region. Secondly, we organized trainings on patient's rights and patient centered care (PCC) attended by scheme leaders and health facility managers. The participants totaled 144 at the four workshop venues in Luwero, Mityana, Masaka and Bushenyi. Thirdly, we trained health facilities managers and their scheme coordinators in CHI principles and schemes functioning. 34 attended, understood how schemes operate and committed to putting in place lacking PCC facilities like canteens, children's play areas, customer care desks, notice boards, staff nametags, price lists, and feedback mechanisms, among others. In addition, SHU continued to support the 6 health care facilities (Kitagata Hospital, Ishaka Adventist Hospital, Bitooma HC, Bishop C. Asili Hospital, and Franciscan HC, and Hope medical center) that already adopted the customer care desk concept.

SHU engaged and supported the facilities to extend services to the communities. Bishop C. Asili Hospital, Kitagata Hospital, Ishaka Adventist Hospital and Hope medical center agreed and carried out 127 outreaches and mobile clinics in 21 schemes benefiting 3,996 people.



Signing at Mushanga health center



The client relations desk set at the entrance to Franciscan HC in Kakooge, Nakasongola district

Empowering rural and semi-urban women

Women involved in active CHF schemes and schemes networks' leadership

SHU sensitized scheme members about the importance of including women in leadership. It also lobbied key scheme leaders in new schemes to include a clause providing for women to be elected in scheme leadership positions. SHU also counselled potential women leaders to present themselves or to accept to be elected leaders. To the women who became leaders, SHU Field Officers coached them, and supported them to perform their tasks. Supporting previously elected women leaders encouraged more women to come up in old schemes. 46.3% of scheme and network leaders are women as shown in the table below.

Network	Male scheme leaders	Female scheme leaders	Total	Percentage
MBUSO	108	89	197	45.1%
WATSA	285	242	527	45.9%
MSCOM	42	45	87	51.7%
Overall	435	376	811	46.3%

Women empowered to utilize health care services

Not requiring hard cash for clearing health care bills when they visit has been the greatest empowerment women in the CHF schemes have received. Because of the schemes cover, dependence on men in order for women and girls to utilize services has reduced.

Scheme beneficiaries	Male	Female
24,445	10,827	13,618
100%	44.3%	55.7%

This year, Century Bottling Company Limited (coca cola) supported the schemes in Mubende with 4 scheme ambulances. 2 ambulances are stationed in the schemes while the other 2 are at Naluggi HC and St. Gabriel Mirembe Maria HC. Pregnant women and other community members use the ambulances in emergency cases.



Health education extended to schools

This year again, we gave health education to adult women and men on especially maternal, child and reproductive health. We held community meetings, held radio talk shows and, in Mubende, the Maama, Taata Ambassadors went house to house educating family members. In addition to the above, we extended this message to school children in schools located in the same parishes as schemes.



Young girls prepared to become future leaders

SHU partnered with Just Like My Child Foundation (JLMCF) on its Girl Power Project to train school girls attending primary schools located in the same parishes as schemes in the three districts of Luwero, Nakasongola and Nakaseke. The purpose is to make the children feel confident, take appropriate decisions whenever they have to, and participate in leadership. The schools that benefit from this project are: Kiwoko C/U,



Girl power training session at Kakooge primary school in Nakasongola district

St. Balikuddembe Lukyamu and Kakooge primary schools. SHU introduced JLMC to nine schemes where female leaders were identified for similar trainings.

Insecticide Treated Bed Nets given to pregnant women and new born babies

A total of 378 insecticide treated bed nets (ITNs) were distributed to pregnant women and new born babies in Sheema district to prevent malaria.

Improving SHU capacities

Team members trained

As part of the continuous capacity enhancement for program implementation, eight new staff members were trained in CHI while 14 members of the management team and field officers were trained in advocacy and lobbying. Three staff members attended short term trainings in project planning and management, employee management and motivation, and strategic communication for health and development. The management team routinely mentored and coached staff through support missions and supervision.

Board members met partners and beneficiaries in the field

In addition to the usual board and committee meetings held, the board visited the field to see the various projects being implemented and to get feedback from partners and beneficiaries on SHU services.



Board members visiting a livelihood project beneficiaries' garden in Luwero District

Current Board Chairman talking to scheme members of Luteete Scheme in Nakaseke District



Board members having a discussion with the members of management of Franciscan Health Center in Kakooge, Nakasongola District

A road map for developing a new strategic plan drawn

A joint meeting of senior management team and board members was held to review / evaluate the performance on the current strategic plan. The same meeting developed a road map to develop a new five-year strategic plan for 2016 - 2021.



Board members and Senior Management Team at the meeting in August 2015

Other important achievements of 2015

CHF schemes extended health care funds pooling to regional level

Schemes in each region agreed to extend their cooperation to pooling their health care funds into a single fund. The extension of pooling the health care fund from local scheme level to regional level ensured a sizeable fund that enabled all schemes to cover their members throughout the year. Schemes pooled health care funds under three networks: MBUSO; WATSA and SHU CHI Scheme. The joint insurance fund by the 35 schemes federated under MBUSO totalled UGX 47,598,600. The UGX 79,113,150 credit funds were not pooled. The schemes under the WATSA network pooled UGX 20,582,760. The SHU CHI managed scheme in Masaka and Luwero pooled together UGX 26,581,100.

CHF schemes increased contributions towards their networks expenses

Schemes under the MBUSO network increased their direct individual annual contributions towards management expenses of the network. In 2015, the MBUSO network raised UGX 21,048,400. The schemes under WATSA also started contributing towards the network's expenses and raised UGX 2,436,970. These decisions and actions raise hope that schemes will eventually sustain themselves.

SHU began to be recognized in Masaka and Luwero districts by resident corporate entities for community health insurance (CHI).

SHU started promoting CHI schemes to the urban poor/ low income earners and other groups in 2013/2014. In the urban context, unlike in the rural, SHU directly manages the CHI scheme on behalf of the members. By the end of December 2015, twelve groups had signed up into the scheme. Three of the groups are hospital staff member groups. The

others are: a SACCO, a church community, NGOs (children's homes), Catholic Church brothers, and groups formed by individual households.

Lesson learnt

Enrolling people into CHF schemes via a micro-credit arrangement is a popular and very cheap way of promoting CHF schemes. Borrowers found it easy to join and remain in schemes since they paid premiums alongside the micro loans for income generating activities. Every borrower was automatically enrolled into the CHF scheme by the partner micro lending institution.



Funders of Joanne's foundation at the Masaka office to renew children's cover for 2016

The major challenges in 2015

Capacity to pay contributions in the CHF schemes still low

Some of the target communities continued to face economic challenges due to poor agricultural seasons and diseases like the banana wilt. These impacted directly on their capacity to pay premiums since they depend heavily on agriculture as their main source of income. This affected growth of schemes and some of them stagnated at premium collection.

No policy to promote or compel people into health insurance

Absence of a national legal and policy framework to guide the promotion of CHI in Uganda continued to make community mobilisation for CHF difficult. The authorities at local government level appreciate that CHF schemes would be helpful to people but are hesitant to promote it because of lack of guidance from the central government. The process to draft the National Health Insurance law is still continuing.

Office break-ins

In July and August 2015, unknown people broke into SHU offices in Kampala and Mityana. They stole office equipment and vehicles worth over two hundred million shillings. A lot of data was also lost in the incidents. This hampered operations for a period of time. By the end of the year, the matter was still being handled by police.

1. Summary reports of the projects implemented in 2015

Project 1: Reducing barriers to utilizing quality health care services by the rural and urban poor in Uganda.

This project has a double aim: to see families in the target communities organized in well-functioning community health financing (CHF) schemes and enjoying access to quality health care services; and to see the proposed national health insurance scheme (NHIS) for Uganda foreseeing universal health coverage. The project is funded by BftW and implemented in the Districts of Luwero, Nakasongola, Nakaseke, Masaka, and Bushenyi.

The work focus during the year

The focus was on: (1) supporting existing schemes and creating new ones to grow the network to 88 running schemes covering 40,000 people; and (2) forming an SHU led advocacy coalition, and working with other advocacy coalitions to improve the NHIS bill, and increase the budget allocation to the health sector.

Major activities done during the period

A number of target communities were educated about community health insurance (CHI). In new areas of operation, communities were mobilized and supported to form new schemes. In preparation for the next financial year, new products were developed and we supported scheme leaders to collect and manage premiums. A total of 34 staff members from 15 healthcare providers and 12 journalists from 11 media houses were trained in basic CHI concepts. Also, 98 scheme leaders and 58 healthcare provider managers and staff were trained in health rights and patient centred care. The aim of these trainings was to help improve scheme members' experiences when they visit the health facilities, and on the side of journalists, to improve their understanding and interest in the CHI industry. The first SHU video documentary to sensitize the general public about CHI and its potential role in helping the country reach UHC was under development.

Results

A total of 51 CHF schemes are running covering 19,237 (8,281 male and 10,956 female) beneficiaries. During the 12 months period, 2,844 (2,166 outpatient and 678 inpatient) cases were covered, costing UGX 134,108,355. SHU gained more recognition as a leading promoter of CHI and an advocate of the informal sector inclusion in the NHIS.

Challenges

The national political elections campaigns happened during the last quarter of the year and disrupted many of the planned activities. Besides politicians engaging the target communities, some of the scheme leaders were actually candidates. Because the timing coincided with the season for premium payment, and because of the tension caused by the elections, some families dropped out of the schemes.

Next year plans

The focus will be on continuing to support the running schemes and their umbrella networks, creating some 15 new schemes, and continuing with health budget and NHIS advocacy. Significant efforts shall be put on advocacy at the local level in order to improve the quality of health care delivered, get support to schemes, and empower women to participate actively in making decisions. The SHU strategic plan for 2016-2021 shall be finalized.
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Project 2: Maternal, Infant and Reproductive Health insurance project in Sheema District

December 2015 marked the end of the three-year Maternal, Infant and Reproductive Health project funded by Catholic Relief and Development Organization (CORDAID) and implemented by Save for Health Uganda (SHU) in Sheema district of western Uganda. The project goal was to increase access to timely and quality maternal, child and reproductive healthcare services. Community health insurance (CHI) schemes were the chosen vehicle through which the goal was to be reached.

Expected outputs for January 2013 – December 2015

The project had to deliver the following: (1) At least 87,385 people reached with project benefits/ services including health education, health insurance education, community health insurance cover, and mosquito bed nets for malaria prevention; (2) At least 20,527 people covered (15,380 women aged 14-49, 1,147 infants and 4,000 others) by CHI schemes; (3) At least 6,312 cases of healthcare services utilization by members of CHI schemes; (4) A total of 20 functioning CHI schemes; (5) At least four healthcare providers contracted to serve members of CHI schemes; (6) A total of 40 motorcycle transporters (two per scheme) contracted to transport pregnant and new mothers covered by schemes to and from the contracted health care facilities; (7) At least 330 outreaches and mobile clinics conducted by the contracted health care facilities in CHI schemes; (8) A total of 1,500 insecticide treated bed nets (ITN) distributed to CHI covered pregnant women and new born babies; (9) At least 269 CHI schemes leadership positions occupied by women; and (10) CHI is recognized in the proposed national universal health coverage (UHC) laws specifically the proposed national health insurance scheme (NHIS).

Specific targets for January – December 2015

Targets for the final year were: (1) To extend project services to two additional sub-counties; (2) to increase the number of people accessing project benefits to 6,706; (3) to support a total of 1,502 people enrolled into CHI schemes to utilize healthcare services through CHI schemes, outreaches and mobile clinics; (4) to create 10 new and support the existing 10 CHI schemes to continue functioning; (5) to contract one more healthcare facility to increase the number to four; (6) to support schemes to contract 40 motorbike transporters; (7) to conduct 135 mobile clinics in the CHI schemes and raise the number to 330; (8) to distribute 378 ITNs to pregnant women and new-born babies; (9) to support schemes to elect more women into scheme leadership; (10) mobilize other players for joint advocacy, gather evidence, develop and present position papers to influence policy on CHI.

Activities done between January and December 2015

Mobilized authorities and residents in new parishes; conducted health education and health insurance education; sensitized communities about CHI schemes; supported new parishes to form CHI schemes; trained members and leaders in scheme management; facilitated communities and healthcare providers to negotiate and sign service contracts; supported schemes to pay healthcare bills; facilitated healthcare providers to conduct mobile clinics; distributed ITNs to pregnant women and newborn babies to prevent malaria; supported community leaders to collect premiums; identified areas for advocacy on CHI; collected pictorials and scenarios for developing a video documentary on CHI; presented advocacy papers to the NHIS task force; developed an advocacy strategy; trained SHU staff and 21 leaders of Western Ankole Tweragurize Schemes' Association (WATSA) in advocacy; shared project results with the district leadership; collected, cleaned, analyzed data and shared reports with beneficiaries and authorities.

Results

In 2015, twelve (12) CHI schemes fully functioned covering 3,112 people. A total of 142 out of 300 (47.3%) elective leadership positions in the new schemes structure were occupied by women. The number of health care cases covered by CHI schemes was 1,057 (1,033 outpatients and 24 inpatients) and paid healthcare bills worth UGX 14,197,000. To transport pregnant women who visited 109 times, to and from health facilities, a total of UGX 1,070,000 was paid.

Challenges faced

Major challenges included: 1) the quality of health care services in the Government health facilities remained low and could not be contracted. Consequently, scheme members and non-members complained about long distances to the private health facilities that were contracted; 2) local leaders especially at sub-county and parish levels gave very limited support to the project. For example, in 2015, the team had to abandon one of the sub-counties because authorities refused to cooperate; 3) the absence of a supporting CHI policy in the country made target communities sceptical. Some communities had previously been defrauded by "fake" NGOs and were

very hesitant to join initiatives that require them to contribute funds; 4) the dropping out of the scheme by women who had benefitted from communal contributions for pregnant women to access obstetric services discouraged people from continuing with the universal maternal cover for all pregnant women in the target parishes; and 5) the low capacity of the families to pay the actual premiums to the schemes.

Conclusion

The project was largely successful in increasing access to timely and quality maternal, child and reproductive health care services in the target district. Apart from realizing numerical targets, the project made a positive and significant contribution to the health status of families through general health and health insurance education coupled with quality health care provided by contracted facilities. Local leaders and healthcare providers now appreciate the value in harnessing the potential of community members to contribute to their health care. SHU's experience in implementing CHI projects was invaluable in surmounting the challenges that threatened the project success. The capacity of both men and women built in schemes is expected to form a foundation that will sustain them in future.

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Project 3: Interventions to improve maternal health in Mubende District through community health prepayment schemes

Introduction

The aim of this project is getting pregnant women in the target communities complete all the 4 recommended ANC visits and deliver in health care facilities. The main project deliverables are: 1) 10 community health insurance (CHI) schemes covering at least 3,500 people; and 2) four health care facilities contracted as CHI schemes service providers.

The work focus in 2015

The focus was on: 1) creating six new schemes; 2) supporting the four old schemes to continue running; 3) working with all 10 schemes to enrol 3,500 beneficiaries; 4) supporting schemes and service providers to negotiate and renew service contracts; and 5) identifying appropriate ways for community members to pay premiums easily and stay in the schemes.

Major activities done during the period

We conducted several health insurance education sessions in all ten target communities. In 6 of these communities, we mobilized and worked with residents to form new schemes. The team rolled out and promoted the new innovative Village Health Saving and Loans Association (VHSLA) concept to all 10 schemes as a way of simplifying premiums payment for member families. During the last months of this period, 4 schemes were supported to form VHSLAs and formalize their relationship with the CHI schemes. We carried out a medical audit in each contracted healthcare facility. Finally, we trained 9 healthcare providers' staff and 13 scheme leaders in patients' rights and patient-centered care.

Results

1) All 10 expected CHI schemes were formed. 2) Five of the 10 schemes mobilized enough premiums and were covering 2,096 individuals at 4 contracted health care facilities. 3) 25 VHSLAs had been formed with 343 members and all had signed MOUs with their schemes for transferring member premiums weekly. 4) Beneficiaries utilized schemes services as follows: 681 accessed out-patient services; 89 accessed in-patient care services; 4 attended ANC clinics; 2 delivered at the healthcare facilities; and one received family planning services. For these services, the schemes were billed UGX 10,807,000 and fully paid UGX 9,420,200. The balance of UGX 1,386,800 was still under verification by the schemes.

Challenges

Low incomes among the target communities made it hard for people to raise the charged premiums and enable the schemes to run in time.

Next plans

Our focus will be on creating 45 new VHSLAs to enable all 10 schemes not only exist but provide health insurance cover to beneficiaries. We shall also place emphasis on working with the schemes and VHSLAs to enrol at least 350 people per scheme. A significant amount of effort shall be devoted to forming a network for the 10 schemes. The network will enable cooperation, a stronger voice, and extended risk pooling which are all important for the schemes' sustainability.

Schemes			Location					Beneficiaries			Sex Composition	
NO	SCHEME NAME	Year Of creation	Mechanism	District	Sub county	Parish	Parish Population	Families	Individuals covered by scheme - Policy 1	Individuals covered by network - Policy 2	Male	Female
1	Kakabala	2001	Mixed	Luweero	Butuntumula	Kakabala	7,810	215	1,459	1459	613	846
2	Kakinzi	2002	Mixed	Luweero	Butuntumula	Kakinzi	4,917	73	505	505	233	272
3	Ngogolo	2002	Mixed	Luweero	Butuntumula	Ngogolo	6,533	48	314	314	132	182
4	Kyawangabi	2006	Mixed	Luweero	Butuntumula	Kyawangabi	5,597	67	466	466	164	302
5	Bukambagga	2010	Mixed	Luweero	Butuntumula	Bukambagga	3,702	45	274	274	102	172
6	Bamugolodde	2010	Mixed	Luweero	Butuntumula	Bamugolodde	7,444	60	406	406	187	219
7	Nsabweteka	2004	Mixed	Luweero	Luweero	Bweyeyo	3,911	102	619	619	304	315
8	Kigombe	2005	Insurance	Luweero	Luweero	Kigombe	4,291	77	493	493	208	285
9	Kyesa/ kaugo	2006	Mixed	Luweero	Luweero	Kagugo	3,983	78	503	503	242	261
10	Migadde	2006	Mixed	Luweero	Katikamu	Migadde	7,800	0	0	0	0	0
11	KatuugoLuweero	2010	Mixed	Luweero	Luweero	Katuugo	3,746	66	424	424	162	262
12	Kasaala	2010	Mixed	Luweero	Luweero	Kasaala	3,489	87	588	588	247	341
13	Kikube	2010	Mixed	Luweero	Luweero	Kikube	3,195	89	594	594	286	308
14	Nakikoota	2011	Mixed	Luweero	Luweero	Nakikoota	3,871	129	884	884	425	459
15	Bwaziba	2011	Insurance	Luweero	Luweero	Bwaziba	4,894	42	285	285	132	153
16	Kabakedi	2011	Mixed	Luweero	Luweero	Kabakedi	5,500	33	253	253	81	172
17	Kyalugondo	2012	Mixed	Luweero	Katikamu	Kyalugondo	3,500	0	0	0	0	0
18	Buyuki	2014	Mixed	Luweero	Katikamu	Buyuki	4,083	0	0	0	0	0

Schemes				Location				Beneficiaries			Sex Composition	
NO	SCHEME NAME	Year Of creation	Mechanism	District	Sub county	Parish	Parish Population	Families	Individuals covered by scheme - Policy 1	Individuals covered by network - Policy 2	Male	Female
19	Mijjumba	2000	Mixed	Nakaseke	Wakyato	Mijjumba	2,209	67	458	458	188	270
20	Katooke	2008	Mixed	Nakaseke	Wakyato	Katooke	3,900	63	367	367	114	253
21	Kamuli	2003	Mixed	Nakaseke	Kikamulo	Kamuli	4,312	69	552	552	254	298
22	Magoma	2008	Mixed	Nakaseke	Kikamulo	Magoma	5,553	90	640	640	295	345
23	Kapeke	2010	Mixed	Nakaseke	Kikamulo	Kapeke	3,793	81	550	550	221	329
24	Kibose	2010	Mixed	Nakaseke	Kikamulo	Kibose	1,918	51	300	300	144	156
25	Kasana	2010	Mixed	Nakaseke	Kikamulo	Kasana	4,388	81	524	524	231	293
26	Wakayamba	2010	Mixed	Nakaseke	Kikamulo	Wakayamba	3,400	47	264	264	111	153
27	Kikamulo	2010	Mixed	Nakaseke	Kikamulo	Kikamulo	1,647	45	271	271	85	186
28	Nongo	2010	Mixed	Nakaseke	Kikamulo	Nongo	1,382	0	0	0	0	0
29	Luteete	2011	Mixed	Nakaseke	Kikamulo	Luteete	2,318	72	534	534	257	277
30	Kasambya	2011	Mixed	Nakaseke	Nakaseke	Kasambya	2,552	43	300	300	102	198
31	Kiggege	2011	Mixed	Nakaseke	Nakaseke	Kiggege	3,246	60	374	374	165	209
32	Kito	2012	Mixed	Nakaseke	Kito	Kito	3,023	39	253	253	89	164
33	Kivumu	2012	Mixed	Nakaseke	Kito	Kivumu	3,012	44	293	293	124	169
34	Kasiiso	2013	Mixed	Nakaseke	Kito	Kasiiso	4,743	0	0	0	0	0
35	Nakaseeta	2011	Insurance	Nakaseke	Kasangombe	Nakaseeta	3,400	0	0	0	0	0
36	Bukuuku	2013	Mixed	Nakaseke	Kasangombe	Bukuuku	3,961	0	0	0	0	0
37	Bulyake	2014	Mixed	Nakaseke	Kasangombe	Bulyake	2,027	0	0	0	0	0
38	Kakooge	2001	Mixed	Nakasongola	Kakooge	Kakooge	5,609	75	504	504	157	347

Schemes				Location				Beneficiaries			Sex Composition	
NO	SCHEME NAME	Year Of creation	Mechanism	District	Sub county	Parish	Parish Population	Families	Individuals covered by scheme - Policy 1	Individuals covered by network - Policy 2	Male	Female
39	Kyabutaika	2002	Mixed	Nakasongola	Kakooge	Kyabutaika	3,870	40	284	284	108	176
40	Kyeyindula	2002	Mixed	Nakasongola	Kakooge	Kyeyindula	3,627	77	497	497	169	328
41	KatuugoNsl	2011	Mixed	Nakasongola	Kakooge	KatuugoNsl	4,091	92	661	661	232	429
42	Kyambogo	2011	Mixed	Nakasongola	Kakooge	Kyambogo	4,884	58	398	398	176	222
43	Kyankonwa	2011	Mixed	Nakasongola	Kakooge	Kyankonwa	3,125	46	313	313	98	215
44	Ryeishe	2007	Insurance	Bushenyi	Ibaare	Ryeishe	2,811	42	229	0	134	95
45	Kiyaga	2008	Insurance	Bushenyi	Bumbire	Kiyaga	3,885	36	202	0	117	85
46	Ruharo	2009	Insurance	Bushenyi	Ishaka	Ruharo	3,329	50	295	0	169	126
47	Kararo	2009	Insurance	Bushenyi	Kyeizooba	Kararo	5,100	0	0	0	0	0
48	Bwera	2010	Insurance	Bushenyi	Kyeizooba	Bwera	3,882	0	0	0	0	0
49	Buyanja	2011	Insurance	Bushenyi	Kyeizooba	Buyanja	2,546	6	100	0	10	90
50	Kitwe	2012	Insurance	Bushenyi	Kyeizooba	Kitwe	5,400	0	0	0	0	0
51	Rutooma	2012	Insurance	Bushenyi	Kyeizooba	Rutooma	4,815	19	103	0	53	50
52	Nyarugote	2012	Insurance	Bushenyi	Nyabubare	Nyarugote	9,070	17	103	0	57	46
53	Kizinda	2012	Insurance	Bushenyi	Nyabubare	Kizinda	6,105	21	109	0	65	44
54	Kigooma	2012	Insurance	Bushenyi	Nyabubare	Kigooma	6,100	24	144	0	71	73
55	Kakanju	2013	Insurance	Bushenyi	Kakanju	Kakanju	3,818	19	102	0	56	46
56	Kahungye	2013	Insurance	Bushenyi	Nyabubare	Kahungye	6,568	17	100	0	54	46
57	Kanyegero	2013	Insurance	Bushenyi	Nyabubare	Nkanga	4,210	43	235	0	123	112
58	Ngorora	2013	Insurance	Bushenyi	Bitooma	Ngorora	5,034	0	0	0	0	0

Schemes			Location					Beneficiaries			Sex Composition	
NO	SCHEME NAME	Year Of creation	Mechanism	District	Sub county	Parish	Parish Population	Families	Individuals covered by scheme - Policy 1	Individuals covered by network - Policy 2	Male	Female
59	Rushinya	2013	Insurance	Bushenyi	Kakanju	Rushinya	4,500	0	0	0	0	0
60	Nyabubare	2013	Insurance	Bushenyi	Nyabubare	Nyabubare	5,832	24	136	0	85	51
61	Katunga	2013	Insurance	Bushenyi	Kakanju	Katunga	3,610	7	100	0	20	80
62	Muhito	2010	Insurance	Sheema	Kitagata	Muhito	7,700	31	221	0	124	97
63	Kasaana east	2010	Insurance	Sheema	Kasaana	Kasaana east	4,858	44	376	0	195	181
64	Kasaana west	2011	Insurance	Sheema	Kasaana	Kasaana west	5,364	37	337	0	177	160
65	Kyamulari	2011	Insurance	Sheema	Bugongi	Kyamurari	6,708	35	267	0	150	117
66	Karugorora	2011	Insurance	Sheema	Kasaana	Karugorora	1,493	0	0	0	0	0
67	Kyeihara	2012	Insurance	Sheema	Kasaana	Kyeihara	1,581	22	167	0	75	92
68	Kashekuro	2012	Insurance	Sheema	Kitagata	Kashekuro	5,315	47	353	0	184	169
69	Kyeibanga East	2012	Insurance	Sheema	Kitagata	Kyeibanga E	3,030	0	0	0	0	0
70	Kyeibanga West	2012	Insurance	Sheema	Kitagata	Kyeibanga W	2,870	0	0	0	0	0
71	Karera South	2014	Insurance	Sheema	Kashozi	Karere s	2,064	30	202	0	109	93
72	Isingiro	2014	Insurance	Sheema	Bugongi	Isingiro	3,795	28	212	0	115	97
73	Nyarushama	2015	Insurance	Sheema	Sheema TC	Nyarushama	6,500	77	353	0	198	155
74	Kyarushakara	2015	Insurance	Sheema	Kitagata	Kyarushakara	4,500	35	234	0	120	114
75	Bitooma - Katenga	2013	Insurance	Mitooma	Katenga	Bitooma	4,711	61	350	0	172	178
76	Bitooma	2014	Insurance	Mitooma	Bitooma	Bitooma	7,400	0	0	0	0	0
77	Buharambo	2015	Insurance	Mitooma	Kabiira	Buharambo	3,450	30	208	0	106	102
78	Rurehe	2015	Insurance	Mitooma	Kabiira	Rurehe	3,400	27	182	0	96	86

Schemes				Location				Beneficiaries			Sex Composition	
NO	SCHEME NAME	Year Of creation	Mechanism	District	Sub county	Parish	Parish Population	Families	Individuals covered by scheme – Policy 1	Individuals covered by network – Policy 2	Male	Female
79	Nabugondo	2014	Insurance	Mubende	Kassanda	Nabugondo	2,428	80	400	0	184	216
80	Kamuli	2014	Insurance	Mubende	Kassanda	Kamuli	2,097	84	329	0	142	187
81	Namiringa	2013	Insurance	Mubende	Kassanda	Namiringa	4,161	72	276	0	106	170
82	Kitongo	2013	Insurance	Mubende	Kassanda	Kitongo	1,834	89	327	0	143	184
83	Namabale	2013	Insurance	Mubende	Kassanda	Namabale	5,244	59	319	0	135	184
84	Lusaba	2014	Insurance	Mubende	Kassanda	Lusaba	1,361	21	57	0	22	35
85	Binikira	2014	Insurance	Mubende	Kassanda	Binikira	1,593	16	76	0	34	42
86	Lwantale	2014	Insurance	Mubende	Kassanda	Lwantale	3,156	10	35	0	16	19
87	Kassanda townb	2014	Insurance	Mubende	Kassanda	Kassanda	6,634	0	0	0	0	0
88	Namiryango	2013	Credit	Mubende	Bukuya	Namiryango	4,812	13	45	0	17	28
89	Kizibawo	2013	Credit	Mubende	Bukuya	Kizibawo	4,272	54	232	0	98	134
90	Masaka urban	2013	Insurance	Masaka	Masaka	Masaka	81,672	86	258	0	130	128
91	Luwero urban	2014	Insurance	Luwero	Luwero	Luwero	35,572	89	267	0	127	140
TOTAL							490,446	3,953	24,445	16,404	10,827	13,618

