



SAVE FOR HEALTH UGANDA (SHU)

“Community solidarity for quality health”

ANNUAL REPORT 2017

SHU/2017/N°8

May 2018

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CHF	Community Health Financing
CHI	Community Health Insurance
CRA	Customer Relations Assistant
IPC	In-patient care
MBUSO	Munno mu Bulwadde Union of Schemes Organization
MSCOM	Mubende Schemes Cooperation Mechanism
NHIS	National Health Insurance Scheme
OPC	Out-patient care
PNFP	Private-not-for-Profit
SHU	Save for Health Uganda
WATSA	Western Ankore Tweragurize Schemes Association
HC	Health Centre
UGX	Uganda Shilling

Save for Health Uganda (SHU) was born in 2002 out of conviction and concern for the people of greater Luwero who faced real healthcare financing challenges. Some community members were dying at home because the health care services were expensive, while many who dared to go suffered catastrophic expenses. As coping strategies on both the demand and supply sides, some patients would escape from health care facilities without paying while health care facilities often detained defaulters after discharge until the outstanding bills were cleared. To help address these challenges, SHU introduced a community healthcare prepayment scheme intervention and started educating communities and promoting the initiative with the aim to: 1) improve relationship between the service providers and the service users; 2) empower the communities on how to generate resources to finance their health care needs; and 3) organize the communities into community health prepayment schemes to improve people's access to health care services of reasonable quality.

SHU is currently implementing its five-year strategic plan (2016-2020) which has five core areas of work: 1) Community health financing (CHF); 2) Women empowerment for health; 3) Livelihood improvement; 4) Quality healthcare services delivery; and 5) SHU Institutional development.

SHU envisions healthier families with simplified access to quality health care. Our mission is to improve the quality of health of Ugandans through community health financing (CHF) approaches. The goal is to contribute to the reduction of the disease burden in the targeted districts through viable, affordable and sustainable community health financing approaches.

We are currently implementing projects in 10 Districts of: Luwero, Nakaseke, Nakasongola, Bushenyi, Sheema, Mitooma, Mubende, Mityana, Masaka and Kampala the location of our Head office.

We can be contacted on the following addresses:

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Twitter: @SHUorg



"Community solidarity for quality health"

CHI SCHEMES



CHI SCHEMES' NETWORKS

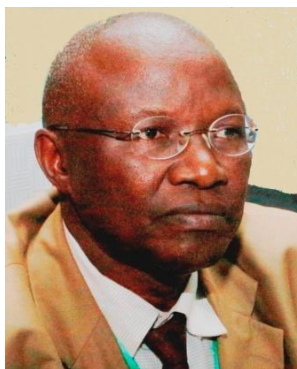


1. Munno Mu Bulwade Union of Schemes Organization- Luwero area

2. Western Ankore Tweragurize Schemes Association (WATSA) - Bushenyi area

3. Munno Mu Bulwade Mubende Schemes Cooperation Mechanism (MSCOM) - Mubende area

4. Save for Health Uganda – CHI Managed Schemes Network (SHU-CHI) – Urban areas



We are glad that we continued to register remarkable progress in all 5 program areas of our work during the year 2017. In this report, you are going to read about the achievements registered in each target District, the challenges we encountered, and our 2018 plans.

The results on the community health financing (CHF) program continued to improve. New community health insurance (CHI) schemes were successfully formed leading to an increase in their total number in



the nine target districts from 93 covering 31,869 individuals in 2016 to 113 covering 33,333 individuals in 2017. Also, and thanks to our continuous and simplified health insurance education campaigns, all the remaining 37 mixed credit and insurance schemes resolved and started running as pure insurance schemes in December 2017. We are proud and happy for these communities because this decision indicates increased solidarity and higher appreciation of the insurance concept.

The schemes pooled enough funds in 2017 enabling them to cover and pay 100% obligated healthcare bills of 9,849 outpatient and 2,459 inpatient cases worth UGX 406,407,639. Services were accessed from 18 contracted health care providers, 6 of which are hospitals, 3 health centre HCIVs, 8 HCIIs and one clinic. To further improve access and reduce referrals to far places, we supported Mushanga HCII in Sheema District to acquire a haematology analyzer, and St. Matia Mulumba HCII in Luwero District to acquire a microscope.

We continued to empower women with skills to improve household incomes and participate in decision making. In total, 1,132 (847 female) scheme members were trained and acquired skills in making bar and laundry soap, body jelly, candles and basic financial management. Another 1,328 scheme members accessed low interest loans from partner microfinance institutions to finance household income generating activities among other needs.

Through our advocacy work, we mobilised more partners and key stakeholders for the second national community health financing conference held in Kampala. The momentum built by distinguished guests redefined our work and gave us a fresh sense of direction in working with government entities and communities as we advocate for universal health insurance coverage.

We are sincerely grateful to our funding partners especially Bread for the World, the government ministries particularly the Ministry of Health and Ministry of Gender, Labour and Social Development for supporting our work in various ways. We are also grateful to the local governments of Luwero, Nakaseke, Nakasongola, Bushenyi, Sheema, Mitooma, Mubende, Mityana and Masaka where we work, partner healthcare providers, civil society organisations and the SHU team for the great work done. Thank you very much.



Zakaria Kasirye Muwanga
Board Chairperson



Fredrick Makaire
Executive Director

1. Community Health Financing

We gave health insurance education to families in rural and urban areas, and encouraged them to voluntarily enrol into community health financing (CHF) schemes to be able to access quality health care services without facing financial hardships. The schemes continued to operate under networks which enabled them to pool risks and resources



MBUSO Technical Manager giving health insurance education in a new scheme in Wabinyonyi sub-county.

in order to enjoy more benefits. The four networks of schemes are: (1) Munno Mu Bulwadde Union of Schemes Organisation (MBUSO) for Luwero, Nakaseke and Nakasongola districts; (2) Western Ankore



Some members of Rushozi community health insurance scheme in Sheema district after receiving their healthcare access cards.

Tweragurize Schemes Association (WATSA) for Bushenyi, Sheema and Mitooma districts; (3) Munno mu Bulwadde Mubende Schemes Cooperation Mechanism (MSCOM) for Mubende and Mityana districts; and (4) SHU-CHI for corporate groups and urban families in Masaka, Luwero and Nakasongola districts. We supported the networks to work with scheme agents, collect

premiums, contract healthcare providers, and pay medical bills. The schemes worked with 18 health care providers through formal contracts signed through the networks. We accredited more healthcare providers for contracting and created schemes in



Mr. Muhangi Collins from Kitagata Hospital conducting a health education meeting for Mahwizi scheme members in Mahwizi Parish.

new areas where SHU had not reached before. At national level, we continued to advocate for introduction of a fair national health insurance scheme that covers every citizen, with special focus on

2. Household livelihood improvement

We strive to enable families where we work to improve their income so as to afford healthcare costs and other needs. During the year 2017, we organized training sessions for scheme members in making body jelly, candles, liquid and bar laundry soap. In addition, we linked them to our partner



Candles made by scheme members during a training session in Luwero district.

microfinance institutions which gave them low-interest loans for premium, business start-ups and expansion, and other family investments. A new savings scheme was started in Luwero to enable members save money for future needs.



Scheme members taking part in making liquid laundry soap during a training session at Kalanamu in Kalagala sub-county, Luwero District.



Mr. Bakale Ben a member of Kamuli scheme, one of the beneficiaries of the Business loans acquired from Butaba Company, in his retail shop.

3. Women Empowerment for Health

We aim at empowering women and girls to actively participate in making decisions regarding health care services delivery and management, and access to sexual and reproductive health care especially maternal and child health services. We do this through enhancing women's capacity for leadership and supporting them to acquire skills for improving their families' welfare. During the year, we provided health insurance education that encouraged women to enrol in CHI schemes and utilise healthcare services. We organised vocational skills training sessions, advocated for women to take up leadership positions in CHF schemes, and supported schemes to incorporate clauses in their constitutions reserving half of the leadership positions for women.



The Chairperson of Degeya Scheme in Luwero district talking about CHI benefits.

4. Quality Healthcare Services Delivery



Training health workers in patient rights at Mushanga HCIII in Sheema district.

Our major objective in promoting CHF is to enable families to access quality healthcare services and live healthy lives. This cannot be achieved without building meaningful relationships between communities and healthcare service providers. We advocate for improved health services delivery and work with healthcare providers to make the

experience of their clients satisfactory so that patients are encouraged to seek timely healthcare. In 2017, we supported some contracted healthcare providers to acquire laboratory equipment, maintain client relations desks and operate under a referral

The in-charge of Mulajje HCIII, Sr. Margaret Nangendo, SHU's Program Officer Ms. Juliet Nazibanja Kibirige and the Assistant Program Officer, Mr. Robert Kabaale watch the laboratory technician as he tests functions of the new microscope



Administrators of St. Luke H/C IV Namaliga Bombo in Luwero district with representatives of MBUSO after signing a service contract.

arrangement to improve satisfaction of their clients.

5. Institutional Growth and Strengthening

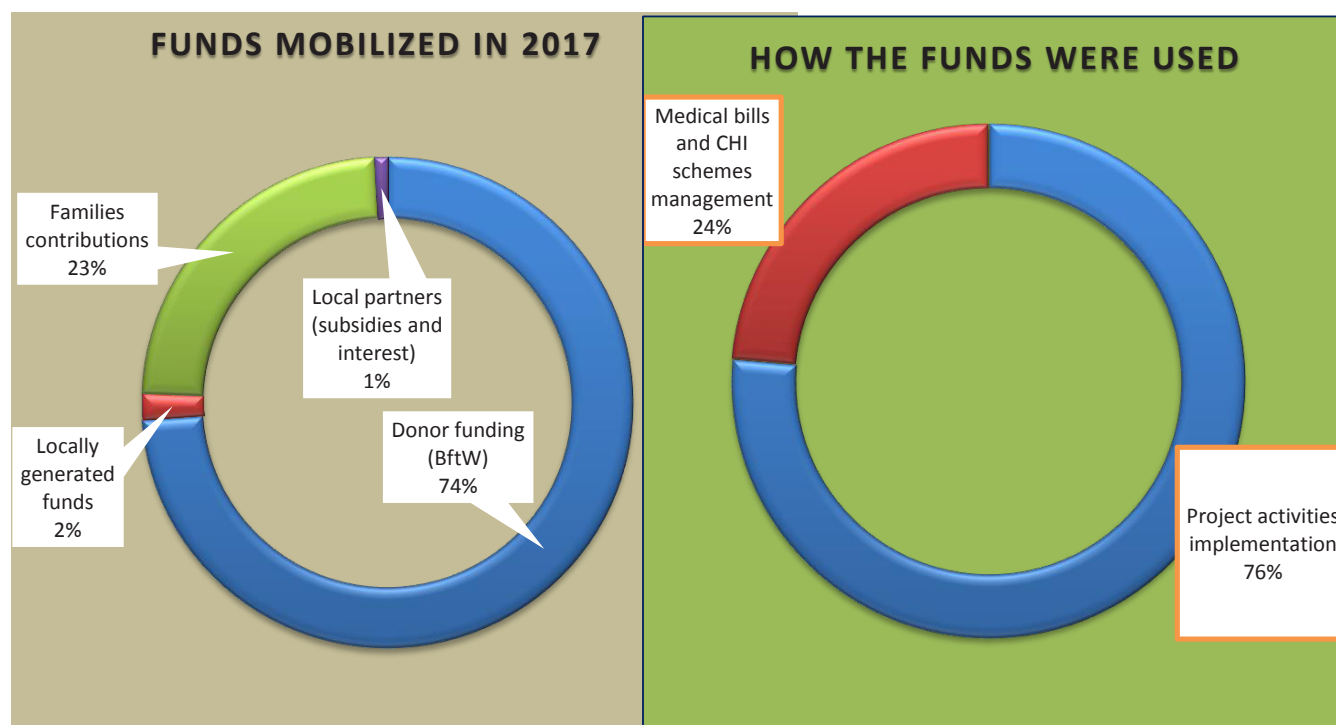
We want to strengthen our capacity to mobilise resources for program implementation, comply with legal requirements, enhance governance structures and systems, and empower staff for effective and efficient performance of the organization. We held quarterly joint team meetings to promote sharing and learning about work at the four field offices and head office. In addition, we had a five-day workshop for each office to set targets for guiding implementation of activities. The SHU management team held a three-day workshop to develop a new project which was successful. We also shared information with institutions that sought to learn about CHI and responded to all legal compliance requirements for our operations at national and local government levels.



Team members from Luwero office setting their annual targets and strategies during a joint planning workshop.

Funds

During the year, a total of UGX 2,004,446,725 (USD 556,791) was mobilized to support the program. The figure below shows the various sources and their contributions.



Humans

We served with a strong team comprised of 27 staff members and a board of directors.

Table 1: Members of the SHU Board

Name	Role
Mr. Kasirye Zakaria Muwanga	Board Chairperson
Mr. Kaddu Ernest	Board Treasurer
Mr. Makaire Fredrick	Board Secretary
Mrs Nakimuli Leticia Irumba	Board Member
Mr. Waigolo Paul Michael	Board Member

Table 2: The SHU Management Team Members

Name	Role
Mr. Makaire Fredrick	Executive Director
Mrs. Nazibanja Juliet Kibirige	Programs Officer
Ms. Asio E. Veronica	Finance and Administration Officer
Ms. Proscovia Nnamulondo	Communication and Advocacy Officer
Mr. Kabaale Robert	Assistant Programs Officer – Monitoring and Evaluation
Mr. Waiswa Kenneth	Assistant Programs Officer – Marketing and Promotion
Mr. Kitenda Samuel	Team Leader – Luwero Area
Mr. Friday Moses	Team Leader – Bushenyi Area

1. New communities embraced and formed CHI schemes

We created 32 new schemes in seven districts. This was the first time SHU created the biggest number of schemes in a single year since its establishment. These schemes covered 8,529 individuals from 1,612 households. The biggest number of schemes (21) was formed in Luwero district where our target is to cover the entire district by the end of next year. We also expanded operations to Mityana district where we created one scheme in the Municipality. With the new schemes on board, SHU ended the year with a total of 113 CHI schemes under our umbrella.

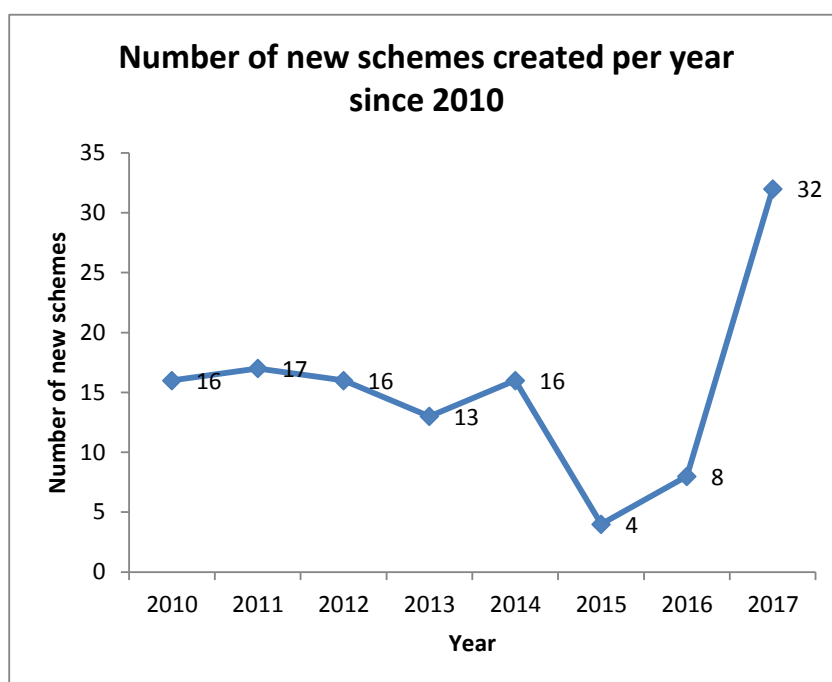
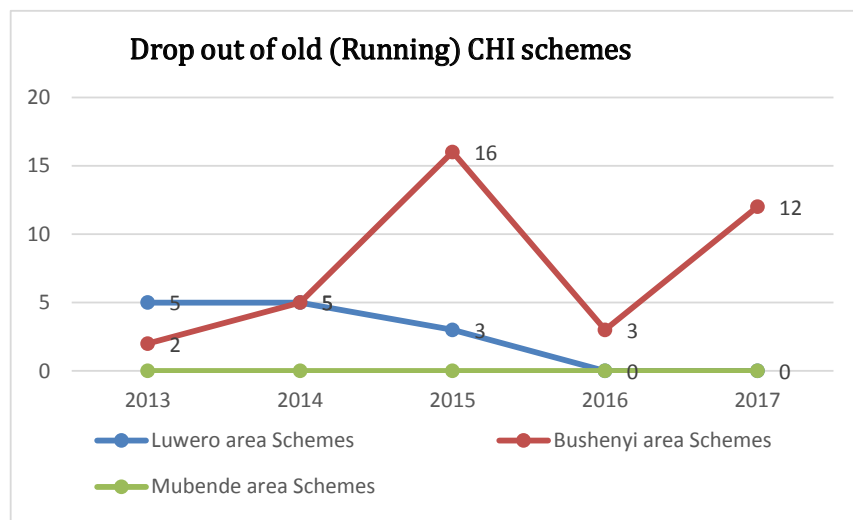


Table 3: New schemes created in 2017, districts where they are located and their membership

Network	District	New schemes	Number of households	Number of beneficiaries	Male members	Female members
MBUSO	Luwero	21	1,152	6,873	3020	3853
	Nakasongola	2	79	471	207	264
MSCOM	Mityana	1	139	146	39	107
	Mubende	1	39	124	52	72
WATSA	Bushenyi	1	44	210	89	121
	Sheema	5	136	605	248	357
	Mitooma	1	23	100	45	55
TOTAL		32	1,612	8,529	3,700	4,829

2. Old schemes continued to function, retaining many old families and attracting new ones

81 of the 93 old schemes which were running in 2016 continued to operate in 2017. The 81 schemes which were retained covered 24,811 individuals (11,122 male & 13,689 female) from 4,112 households. A total of 12 schemes all from Bushenyi area failed to make the required number of membership to run during the year. With the exception of the schemes in the Bushenyi area, schemes that are formed no longer



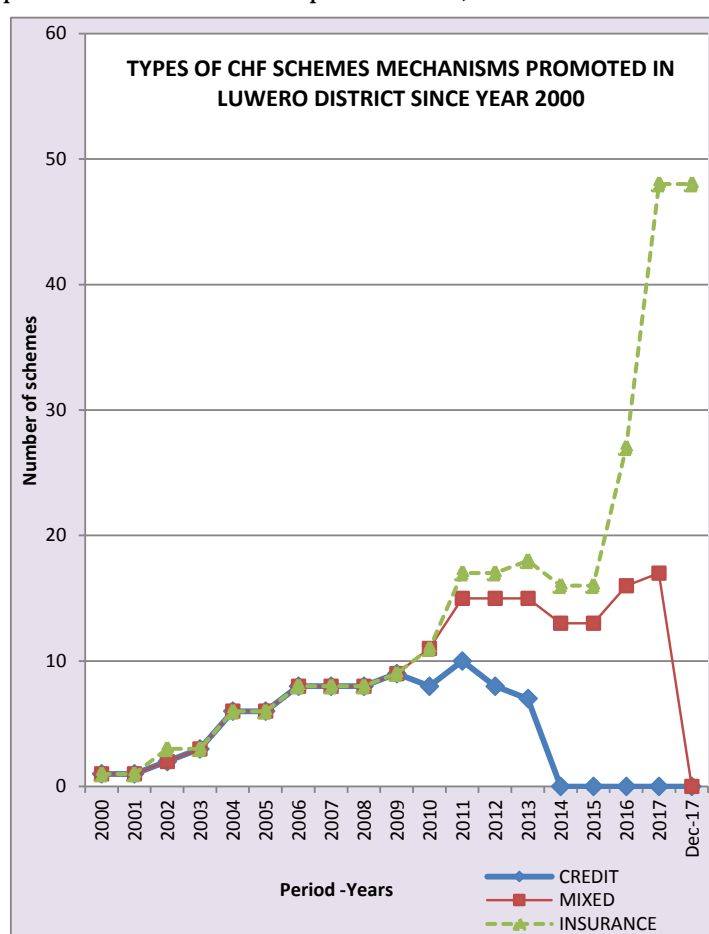
close as the figure above indicates. Drop out of families does happen in each scheme each year and it averages 7% of the families in each scheme. The drop out of members from schemes is attributable to increments in premium, long distances to the contracted healthcare facilities, and inability to afford health insurance alongside other family needs, among others. In Bushenyi area, the drop out of schemes was because of competition in the area with several CHI providers approaching the same communities. Schemes leadership conflicts and leaders not willing to volunteer time to run the schemes are the other important reasons for some schemes in this region closing down operations. SHU continues to support the schemes that failed to run so that they can mobilize the required membership and run next year.

Table 4: Old schemes per district which we supported and continued to run in 2017

Network	District	Old schemes still running	Number of households	Number of beneficiaries	Male members	Female members
MBUSO	Luwero	26	1,583	10,498	4,619	5,879
	Nakaseke	16	918	6,263	2,749	3,514
	Nakasongola	6	420	2,910	1,278	1,632
MSCOM	Mubende	10	505	2,125	1,093	1,032
SHU-CHI	Masaka	1	16	168	94	74
	Luwero	1	184	184	83	101
WATSA	Bushenyi	7	149	810	357	453
	Sheema	7	176	960	413	547
	Mitooma	7	161	893	436	457
TOTAL		81	4,112	24,811	11,122	13,689

3. All schemes that previously used the mixed credit and insurance mechanism shifted to using the pure insurance mechanism.

Since the beginning, SHU promoted three types of CHF schemes: pure credit, mixed credit and insurance, and pure insurance. The pure credit and mixed schemes had always been popular in the Districts of Luwero, Nakaseke and Nakasongola districts because of the low levels of solidarity and limited appreciation of the insurance concept in these communities. Under these two mechanisms, scheme members had to contribute to a revolving fund from which they would take loans to pay part of the health care bills in case of illness. This would leave a family with the burden of paying back the loan. In 2012 a gradual shift to pure insurance started climaxing in December 2017 when all remaining mixed credit and insurance schemes resolved and shifted to pure insurance. The shift is a good sign that communities now better understand and appreciate health insurance especially the issue of risk sharing. Solidarity levels have also improved and family incomes which had been another barrier, much better than 10 years ago. With the shift to pure health insurance, we know that families will be much better



protected. There is clear relief on the side of scheme leaders who have been struggling to recover the health care loans. The hope is that more time will now be dedicated to scheme promotion, and efficient management to attract and retain families into the schemes.

4. CHI schemes members accessed medical services and got financial protection

Scheme members presented 12,308 (9,849 outpatient and 2,459 inpatient) cases of illness at 18 contracted healthcare providers during the year. The total cost of services (bills) was UGX 425,369,809, of which the schemes paid UGX 406,407,639 representing 95.5% of the total cost. The difference was paid by beneficiaries directly out-of-pocket at the point of service as co-payments, or cash above the scheme ceiling of UGX 200,000 per episode.

Table 5: Number of cases covered per contracted health care provider and bills paid by schemes

Health care provider	OUTPATIENT CARE		INPATIENT CARE		TOTAL	
	Cases	Scheme bill	Cases	Scheme bill	Cases	Scheme bill
1. Kitovu Hospital	241	9,403,017	13	1,529,627	254	10,932,644
2. Kiwoko Hospital	1,704	58,281,470	621	71,144,400	2,325	129,425,870
3. Bishop Asili Hospital	926	35,731,100	193	21,657,000	1,119	57,388,100
4. Franciscan Community HCIV	206	10,001,000	104	11,963,000	310	21,964,000
5. Holly Cross Kikyusa HC III	916	11,251,200	272	22,206,600	1,188	33,457,800
6. St. Matia Mulumba Mulajje HC	675	10,841,000	234	8,315,000	909	19,156,000
7. Nakaseke Hospital	22	969,500	9	695,000	31	1,664,500
8. St.Luke Namaliga HC III	699	11,339,500	207	10,312,000	906	21,651,500
9. Ishaka Adventist Hospital	254	6,873,864	88	5,148,861	342	12,022,725
10. Kitagata Hospital	1,114	14,585,000	1	13,000	1,115	14,598,000
11. Mushanga HCII	431	5,908,000	131	5,870,000	562	11,778,000
12. Hope Medical Centre HC III	162	1,734,000	1	40,000	163	1,774,000
13. Bitooma HC III	46	637,000	67	1,361,000	113	1,998,000
14. St.Francis HC IV	304	21,425,000	32	4,878,000	336	26,303,000
15. St. Gabriel Mirembe Maria	1,434	17,849,000	356	12,571,000	1,790	30,420,000
16. Naluggi HC II	647	7,391,500	122	3,618,000	769	11,009,500
17. Kitokolo HC II	60	571,000	8	260,000	68	831,000
18. Bangi Maternity Home	8	33,000	-	-	8	33,000
TOTAL	9,849	218,614,707	2,459	174,152,537	12,308	406,407,639

5. Poor families accessed low interest loans and boosted household incomes.

SHU maintained relationships with two partner microfinancing institutions which extended microcredit facilities to members of CHI schemes. Butaba Company Limited (BCL) gave out 380 loans in Kassanda and Bukuya sub-counties in Mubende District and 164 in Mityana Municipality. SHU Finance Limited (SHUF), a microfinance institution in Luwero, gave out 774 loans to scheme members in Luwero, Nakaseke and Nakasongola districts. The loans were used to pay CHI premium in schemes and other family needs as shown in the table.

Table 6: Number and type of loans accessed by schemes members in 2017

Partner MFI	District	Type of loan					Total number of loans
		Home improvement	Business asset	Agribusiness	School fees	Working capital	
BCL	Mubende	11	0	0	21	348	380
	Mityana	0	0	0	0	164	164
SHUF	Luwero	5	3	99	2	203	312
	Nakaseke	4	0	181	2	167	354
	Nakasongola	1	0	17	0	90	108

6. Awareness about CHI at National level, and its potential role in the proposed NHIS gained momentum

During the year, we used numerous media channels to share information about CHF within our areas of operation and at national level. Our delivery tools and channels included video documentaries, television news features and interviews, newspaper articles, newsletters, online platforms including website, Facebook and twitter, and presentations in meetings and conferences at district and national levels. SHU's Executive Director made a presentation on pooling resources and risks under CHI scheme networks at the second Universal Health Coverage symposium held in Kampala. At the local government level, we held meetings with leaders in six districts of Bushenyi, Sheema, Mitooma, Nakaseke, Luwero and Nakasongola where 262 leaders participated. Our key messages focused on reducing out of pocket expenditure on healthcare for low income earners and the poor; benefits of pooling health risks and resources; and fairness of the NHIS particularly health insurance coverage of the informal sector.

SHU was enlisted as a member of the Social Insurance Technical working Group by the Ministry of Gender, Labour and Social Development because of our role in promoting community health insurance. Health insurance is one of the interventions of the National Social Protection Policy approved by government in 2015. The main objective of the Social Insurance Technical working Group is to strengthen coordination framework and provide leadership for social insurance service delivery in Uganda. In addition, SHU continued to represent the CHF fraternity on the National Health Insurance Scheme (NHIS) taskforce under the Ministry of Health. SHU's focus in national level engagements is on lobbying for consideration of all population categories including the informal sector in plans to introduce the national health insurance scheme in Uganda.

On 1st -2nd November, 2017 at Imperial Royale Hotel, Kampala, under the theme, 'Building informal sector capacity to access the National Health Insurance Scheme for inclusive growth, SHU hosted the second national CHF conference. Having brought community health financing (CHF) successfully to the

2ND NATIONAL COMMUNITY HEALTH FINANCING CONFERENCE 2017

1st -2nd November 2017, Imperial Royale Hotel, Kampala

THEME: Building informal sector capacity to access the National Health Insurance Scheme for inclusive growth.

HOST: SAVE FOR HEALTH UGANDA



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limelight, SHU was able to mobilise a number of partners- shown on the banner above- to support the conference. The conference was attended by 160 participants from central government ministries, departments and agencies, Parliament, local governments, the academia, the informal sector, CHF schemes, and civil society attended the conference, which was opened by the State Minister for Primary Healthcare Dr. Joyce Moriku Kaducu and closed by the Director for Social Protection in the Ministry of Gender, Labour and Social Development, Mr. James Ebitu. Participants pledged support towards expansion of existing CHF initiatives and report on progress in the subsequent conference. After the conference, the Senior Presidential Advisor on Population and Health and former Vice President Dr. Specioza Wandira Kazibwe visited Luwero district to mobilize support for introduction of the SHU proposed Luwero District Community Health Insurance scheme.



Some of the conference participants with Hon. Dr. Joyce Moriku Kaducu after the official opening of the conference.



Hon. Dr. Joyce Moriku Kaducu, State Minister for Primary Health care officially open the conference. On her right is Dr. Olaro Charles, Director for Clinical and Community Health Services.



Prof. Francis Omaswa, Dr. Specioza Kazibwe and Dr. Kisamba Mugerwa at the conference.



Mr. James Ebitu, Director Social Protection in the Ministry of Gender, Labour and social Development closing the conference.



Hon. Koluo Joseph (MP Toroma County) and Dr. John Ssekamatte Ssebuliba from National Planning Authority.



Luwero District Speaker Mr. Dithan Mayanja Kikabi makes a submission at the conference. On his right is LCIII chairman Luwero Town Council Mr. Mukungu Paul Senyonga



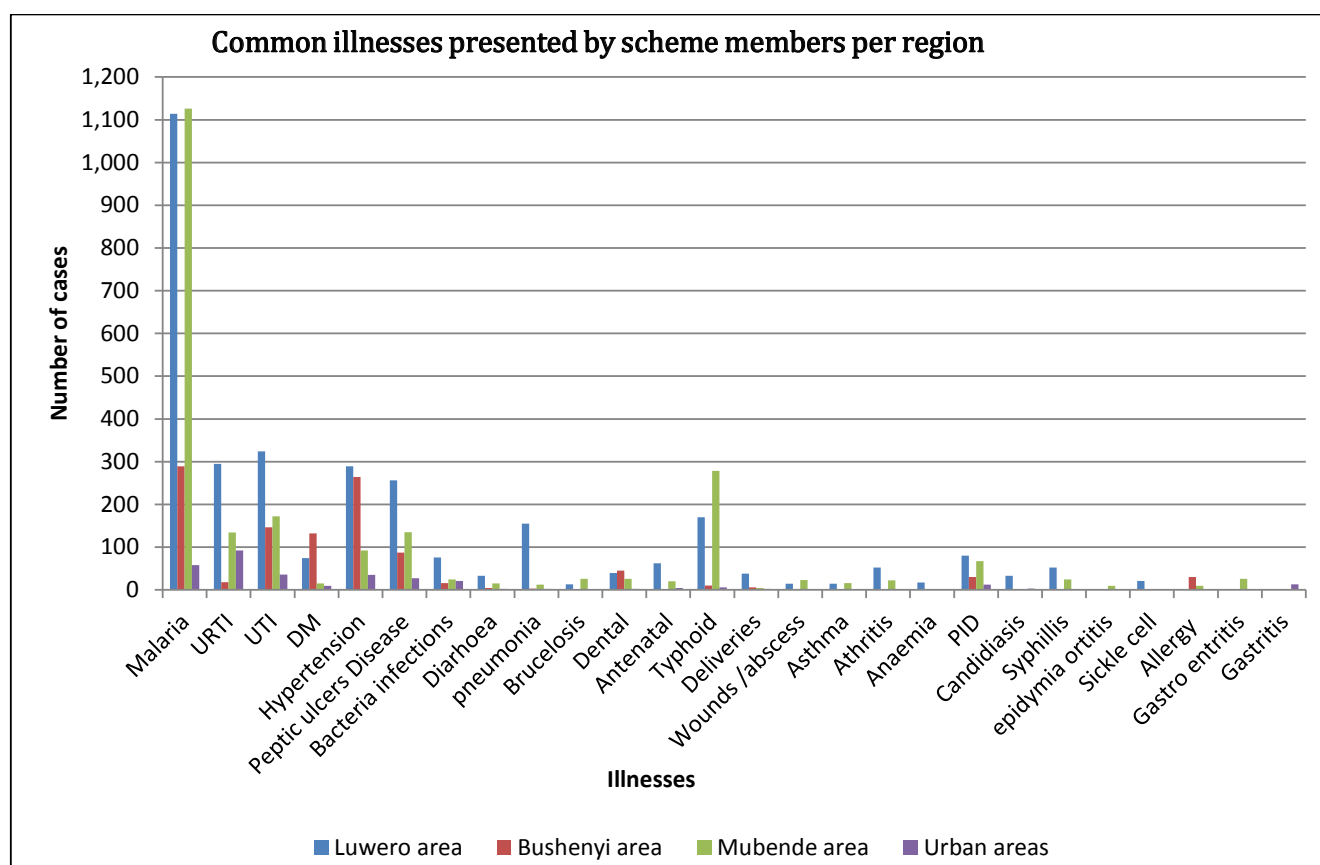
Mr. Denis Nkunda from Rwanda, Mr. Tom Aliti from Ministry of Health and Mr. Arnold Kwesiga from ISER

Some members of CHI schemes at the conference

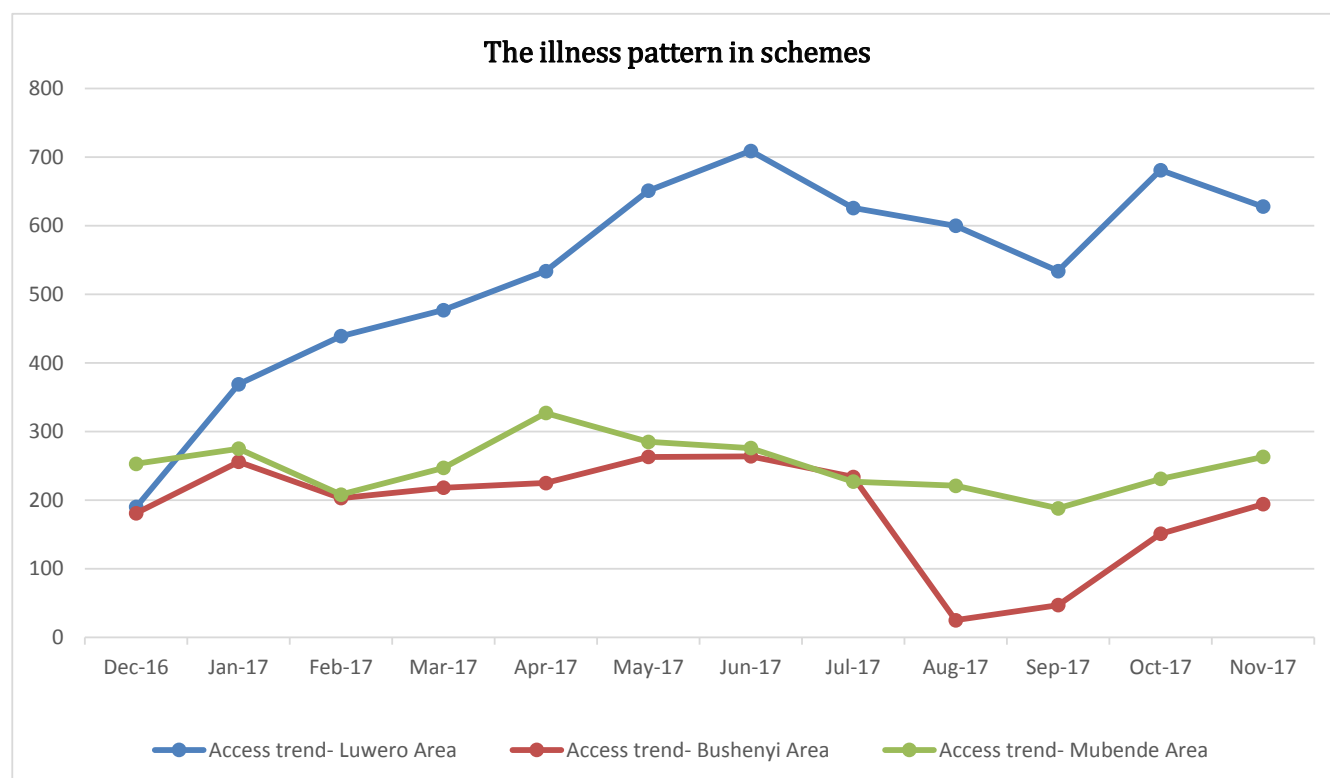


Hon. Lillian Nakate (Luwero District Woman PM), Dr. Specioza Kazibwe, Mr. Zakaria Kasirye, SHU Board Chairman, and Dr. Elizabeth Ekirapa from Makerere University

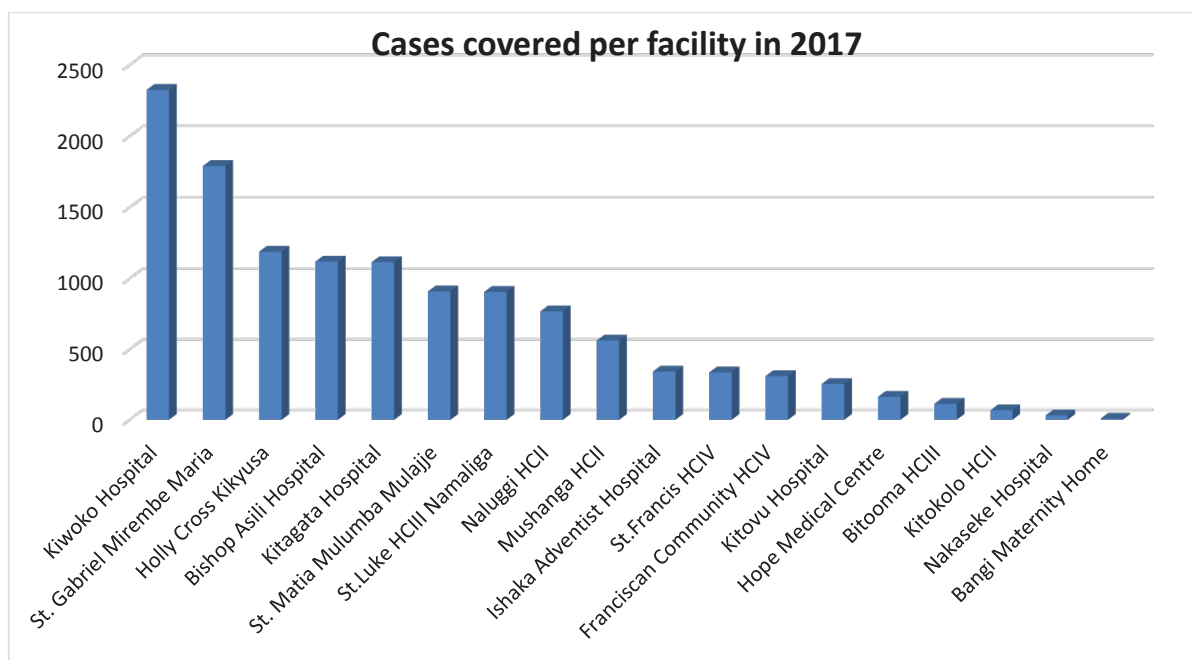
1. Just like all the previous years, malaria was the most common disease among beneficiaries.



2. The two peak illness seasons are April – June and October – November, which coincidentally are also the periods for the two rain seasons in Uganda



3. The health care facilities contracted to provide health care services to the schemes are happy and satisfied with the partnership and no facility since inception in 2000 has ever pulled out of the program. Payments are prompt and the ones that have actively promoted the schemes and continuously improve the quality of their services received more scheme patients in 2017.



4. The long awaited National Health Insurance Scheme (NHIS) for Uganda likely to delay and there is still no clear road map for its introduction.

Despite efforts by SHU and other interested parties to provide input (summarised in the illustration above) into the draft NHIS Bill for improvement, the government has not released a revised version, making it hard to tell



“National solidarity for equitable access to quality healthcare by all”

whether the proposals were embraced or not. In addition, there is still no timelines regarding the processes for introducing the NHIS in Uganda. This uncertainty continues to: (1) raise concerns about Government commitment to reforming the way health care is financed and the introduction of the NHIS; and (2) slowdown interest in the NHIS by the general public who have been debating the issue for a long time now, the development partners who have been financing the on-going CHI initiatives, and the implementers of the existing health care financing (CHF) initiatives in the country.

1. Luwero District

1.1. Coverage

Our operations covered nine (9) sub-counties and one town council, and they are: Bamunaanika where we support 6 schemes, Butuntumula with 7 schemes, Kamira with 7 schemes, Katikamu with 6 schemes, Kikyusa with 3 schemes, Nyimbwa with 4 schemes, Kalagala with 3 schemes, Luwero with 9 schemes, Ziobwe with 2 schemes and Luwero Town Council where we support one scheme. The 48 running schemes (21 new and 27 old) covered 17,555 individuals (7,722 male and 9,833 female) from 2,919 households.

1.2. The partner health care facilities supporting the program

We have maintained partnership with five health care facilities listed in the table below. These facilities help promote the schemes and are also contracted by the schemes' network (MBUSO) to provide health care services to schemes members in Luwero and neighbouring districts.

No	Name of healthcare provider	Location	Level	Ownership of the facility	Type of facility	Bed capacity	Year of the first contract
1	Bishop Caesar Asili Hospital	Luwero Town Council	Hospital	UCMB	PNFP	100	2007
2	St. Luke Namaliga	Bombo Town Council	HC IV	UCMB	PNFP	37	2017
3	Holy Cross Kikyusa	Kikyusa	HC III	Sisters of the Holy Cross	PNFP	25	2017
4	St Matia Mulumba Mulajje	Bamunanika	HC III	UCMB	PNFP	15	2017
5	St. Kizito Nattyoole	Kalagala	HC III	UCMB	PNFP	25	2017

1.3. The other partners directly supporting the program

SHU worked closely with two partners: SHU Finance Limited (SHUF), a microfinance institution located in Luwero Town Council, who extended low interest loans to scheme members for premium and other family needs; the other partner is Sufficiency of Scripture (SOS) which mobilized 142 families to join the scheme. We also maintained a good working relationship with the local government authorities in the district.

2. Nakaseke District

2.1. Coverage

Our operations covered five (5) sub-counties and they are Kasangombe where we support 2 schemes, Kikamulo where we support 8 schemes, Kito where we support 2 schemes, Nakaseke where we support 2 schemes and Wakyato where we support 2 schemes. The 16 schemes covered 6,263 individuals (2,749 male and 3,514 female) from 918 households.

2.2. The partner health care facilities supporting the program

We have maintained partnership with two health care facilities listed in the table below. These facilities help promote the schemes and are also contracted by the schemes' network (MBUSO) to provide health care services to schemes members in Nakaseke and neighbouring districts.

No.	Name of healthcare provider	Location	Level	Ownership of the facility	Type of facility	Bed capacity	Year of the first contract
1	Kiwoko Hospital	Kiwoko	Hospital	Church of Uganda	PNFP	250	2000
2	Nakaseke Hospital	Nakaseke	Hospital	Government	Public	150	2014

2.3. The other partners directly supporting the program

The key partner we worked with was SHUF, a microfinance institution with offices in Luwero Town Council which provided low –interest loans to scheme members. We also maintained a good working relationship with the local government authorities in the district.

3. Nakasongola District

3.1. Coverage

Our operations covered two (2) sub-counties of: Kakooge where we support 6 schemes, and Wabinyonyi where we support 2 schemes. The 8 schemes covered 3,381 individuals (1,484 male and 1,897 female) from 499 households.

3.2. The partner health care facilities supporting the program

We have maintained partnership with two health care facilities listed in the table below. These facilities help promote the schemes and are also contracted by the schemes' network (MBUSO) to provide health care services to schemes members in Nakasongola and neighbouring districts.

No.	Name of healthcare provider	Location	Level	Ownership of the facility	Type of facility	Bed capacity	Year of first contract
1	Franciscan Health Centre	Kakooge	H/C IV	UCMB	PNFP	25	2011
2	Our Lady of Lourdes	Nakasongola Town Council	H/C III	UCMB	PNFP	19	2017

3.3. The other partners directly supporting the program

The key partner we worked with was SHUF, a microfinance institution with offices in Luwero Town Council which provided low –interest loans to scheme members. We also maintained a good working relationship with the local government authorities in the district.

4. Mubende District

4.1. Coverage

Our operations covered three (3) sub-counties of: Kassanda where we support 6 schemes, Bukuya where we support 4 schemes, and Myanzi where we support 1 scheme. The 11 schemes covered 2,249 individuals (1,145 male and 1,104 female) from 544 households.

4.2. The partner health care facilities supporting the program

We have maintained partnership with three health care facilities listed in the table below. These facilities help promote the schemes and are also contracted by the schemes' network (MSCOM) to provide health care services to schemes members in Mubende and neighbouring Mityana district.

No.	Name of healthcare provider	Location	Level	Ownership of the facility	Type of facility	Bed capacity	Year of first contract
1	St. Gabriel Mirembe Maria	Kassanda	HCIH	Kiyinda Mityana Diocese	PNFP	28	2013
2	Bangi Maternity Home	Kassanda	HCIH	Individual/Private	PFP	4	2013
4	Kitokolo Health Centre	Bukuya	HCIH	Community Owned	PNFP	8	2016

4.3. The other partners directly supporting the program

The key partner we worked with was Butaba company limited (BCL), a microfinance institution with offices in Mityana Town Council which provided low –interest loans to scheme members. We also maintained a good working relationship with the local government authorities in the district.

5. Mityana District

5.1. Coverage

Our operations covered Mityana Municipality where we support 1 scheme. The scheme covered 146 individuals (39 male and 107 female) from 139 households.

5.2. The partner health care facilities supporting the program

We have maintained partnership with two health care facilities listed in the table below. These facilities help promote the schemes and are also contracted by the schemes' network (MSCOM) to provide health care services to schemes members in Mityana and neighbouring Mubende district.

No.	Name of healthcare provider	Location	Level	Ownership of the facility	Type of facility	Bed capacity	Year of first contract
1	Holy Family Naluggi Health Centre	Kalangaalo	HCIH	Catholic church	PNFP	16	2014
2	St. Francis Community health centre	Mityana Municipality	HCIH	Catholic church	PNFP		2013

5.3. The other partners directly supporting the program

The key partner we worked with was Butaba company limited (BCL), a microfinance institution with offices in Mityana Town Council which provided low –interest loans to scheme members. We also formally registered with Mityana District as an NGO and maintained a good working relationship with the authorities.

6. Masaka District

6.1. Coverage

Our operations covered Masaka municipality where we support 1 scheme. The scheme covered 168 individuals (94 male and 74 female) from corporate organizations.

6.2. The partner health care facilities supporting the program

We have maintained partnership with Kitovu hospital since 2013. This PNFP facility which belongs to the Masaka Catholic Diocese helps promote the scheme and is contracted by the urban schemes' network (SHU-CHI) to provide health care services to schemes members in Masaka district.

6.3. The other partners directly supporting the program

We have maintained a good working relationship with the authorities in the District. The corporate organizations that are part of the program include: River of Life church, Bannakarooli Brothers, St Anthony Bugya, Joanne's Children and Kitovu Hospital

7. Bushenyi District

7.1. Coverage

Our operations covered seven (7) sub-counties of: Kakanju where we supported 1 scheme, Nyabubare where we supported 2 schemes, Kyeizooba where we supported 1 scheme, Kyamuhunga where we supported 1 scheme, Ibaare where we supported 1 scheme, Bumbaire where we supported 1 scheme, and Ishaka municipality where we supported 1 scheme. The 8 schemes covered 1,020 individuals (446 male and 574 female) from 193 households.

7.2. The partner health care facilities supporting the program

We have maintained partnership with two health care facilities listed in the table below. These facilities help promote the schemes and are also contracted by the schemes' network (WATSA) to provide health care services to schemes members in Bushenyi and neighbouring districts.

No.	Name of healthcare provider	Location	Level	Ownership of the facility	Type of facility	Bed capacity	Year of the first contract
1	Ishaka Adventist Hospital	Ishaka Municipality	Hospital	Seventh day Adventist Church	PNFP	110	2007
2	Bitooma Health Centre	Bitooma Sub-county	Health Centre III	Catholic Church	PNFP	24	2013

7.3. The other partners directly supporting the program

The key partner we worked with was Western Ankore Civil Society Organizations Forum (WACSOF) which supports our advocacy activities. We also maintained a good working relationship with the district authorities.

8. Sheema District

8.1. Coverage

Our operations covered four (4) sub-counties and five (5) town councils. They are: Kitagata where we supported 1 scheme, Kasaana where we supported 1 scheme, Bugongi where we supported 1 scheme, Kashozi where we supported 1 scheme, Sheema division where we supported 4 schemes, Bugongi town council where we supported 1 scheme, Kagango town council where we supported 1 scheme, Kakindo town council where we supported 1 scheme, and Bugongi town council where we supported 1 scheme. The 12 schemes covered 1,565 individuals (661 male and 904 female) from 312 households.

8.2. The partner health care facilities supporting the program

We have maintained partnership with three health care facilities listed in the table below. These facilities help promote the schemes and are also contracted by the schemes' network (WATSA) to provide health care services to schemes members in Bushenyi and neighbouring districts.

No.	Name of healthcare provider	Location	Level	Ownership of the facility	Type of facility	Bed capacity	Year of the first contract
1	Kitagata Hospital	Kitagata Town	Hospital	Government	Public	200	2010
2	Mushanga Health Centre	Sheema Municipality	HCIII	Catholic diocese	PNFP	28	2015
3	Hope Medical Centre	Bugongi Town Council	HCIII	Pentecostal (AMG)	PNFP	13	2012

8.3. The other partners directly supporting the program

The key partner we worked with was Western Ankore Civil Society Organizations Forum (WACSOF) which supports our advocacy activities. We also maintained a good working relationship with the district authorities.

9. Mitooma District

9.1. Coverage

Our operations covered four (4) sub-counties of: Bitereko where we supported 1 scheme, Kabira where we supported 3 schemes, Mutara where we supported 3 schemes, and Katenga where we supported 1 scheme. The 8 schemes covered 993 individuals (481 male and 512 female) from 184 households.

9.2. The partner health care facilities supporting the program

We have not yet partnered with any health care facility in this District. Schemes members access services from the facilities located in Bushenyi and Sheema districts listed above.

9.3. The other partners directly supporting the program

The key partner we worked with was Western Ankore Civil Society Organizations Forum (WACSOF) which supports our advocacy activities. We also maintained a good working relationship with the district authorities.

District	Plans
1. Luwero	1. Create 21 new schemes 2. Establish together with the District local government a Luwero District-wide community health insurance Scheme 3. Contract one additional (new) healthcare provider 4. Support 2 health care providers to adopt and institutionalize customer relations desks 5. Sensitize families and health workers in partner facilities about patients' rights and responsibilities, and client centered care. 6. Train and equip 600 families with Income Generating Activities skills 7. Host a Luwero district CHI conference
2. Nakaseke	8. Create 10 new schemes 9. Train and equip 200 families with Income Generating Activities skills 10. Support 2 health care providers to adopt and institutionalize customer relations desks
3. Nakasongola	11. Create 2 new schemes 12. Train and equip 100 families with Income Generating Activities skills 13. Sensitize families and health workers in partner facilities about patients' rights and responsibilities, and client centered care.
4. Mubende	14. Support 1 health care provider to adopt and institutionalize customer relations desks 15. Train and equip 100 families with Income Generating Activities skills
5. Mityana	16. Support 1 health care provider to adopt and institutionalize customer relations desks 17. Train and equip 100 families with Income Generating Activities skills
6. Masaka	18. Support 1 health care provider to adopt and institutionalize customer relations desks
7. Bushenyi	19. Create 5 new schemes 20. Train and equip 100 families with Income Generating Activities skills 21. Support 1 health care provider to adopt and institutionalize customer relations desks
8. Sheema	22. Create 1 new scheme 23. Support 3 health care providers to adopt and institutionalize customer relations desks 24. Train and equip 150 families with Income Generating Activities skills 25. Sensitize families and health workers in partner facilities about patients' rights and responsibilities, and client centered care.
9. Mitooma	26. Create 6 new schemes 27. Train and equip 150 families with Income Generating Activities skills 28. Sensitize families about patients' rights and responsibilities.
10. Kampala	29. Support the process of designing and passing the National Health Insurance Scheme bill into an Act. 30. Organize and host the 3rd National CHF conference

1. Schemes which run in 2017 and their details

Scheme	Year of creation	District	Sub county	Parish	Type of Mechanism	No of families	Total number of beneficiaries	Male	Female
1. Kalwe	2016	Luwero	Bamunanika	Kalwe	Insurance	85	480	211	269
2. Kibirizi	2017	Luwero	Bamunanika	Kibirizi	Insurance	38	216	95	121
3. Kiteme Baja	2016	Luwero	Bamunanika	Kiteme Baja	Insurance	81	475	209	266
4. Mpologoma	2016	Luwero	Bamunanika	Mpologoma	Insurance	58	353	155	198
5. Kyampisi	2017	Luwero	Bamunanika	Kyampisi	Insurance	22	131	58	73
6. Sekamuli	2016	Luwero	Bamunanika	Sekamuli	Insurance	60	373	164	209
7. Kabunyatta	2016	Luwero	Kamira	Kabunyatta	Insurance	70	421	173	221
8. Kamira	2017	Luwero	Kamira	Kamira	Insurance	24	147	111	141
9. kaswa	2016	Luwero	Kamira	kaswa	Insurance	60	360	512	655
10. Mabuye	2016	Luwero	Kamira	Mabuye	Insurance	61	361	248	317
11. Mazzi	2016	Luwero	Kamira	Mazzi	Insurance	63	375	212	270
12. Nambeere	2017	Luwero	Kamira	Nambeere	Insurance	38	216	126	162
13. Katagwe	2017	Luwero	Kamira	Katagwe	Insurance	35	207	46	59
14. Kikoma	2017	Luwero	Katikamu	Kikoma	Insurance	60	356	185	236
15. Bukolwa	2017	Luwero	Katikamu	Bukolwa	Insurance	27	143	65	82
16. Buyuki SOS	2014	Luwero	Katikamu	Buyuki	Insurance	142	872	158	202
17. Kireku	2017	Luwero	Kikyusa	Kireku	Insurance	65	385	158	203
18. Wankaanya	2016	Luwero	Kikyusa	Wankaanya	Insurance	59	351	165	210
19. Kiziba	2017	Luwero	Kikyusa	Kiziba	Insurance	62	366	95	121
20. Bwaziba	2011	Luwero	Luwero	Bwaziba	Insurance	49	288	91	116
21. Kigombe	2005	Luwero	Luwero	Kigombe	Insurance	24	154	49	63
22. Buvuma	2016	Luwero	Nyimbwa	Buvuma	Insurance	63	359	118	151
23. Kiyanda	2017	Luwero	Nyimbwa	Kiyanda	Insurance	67	413	115	148
24. Nakatonya	2016	Luwero	Nyimbwa	Nakatonya	Insurance	46	260	156	200
25. Bajjo	2017	Luwero	Nyimbwa	Bajjo	Insurance	69	407	63	80
26. Ddegeya	2017	Luwero	Kalagala	Ddegeya	Insurance	57	357	383	489
27. Kayindu	2017	Luwero	Kalagala	Kayindu	Insurance	58	388	169	216
28. Kalanamu	2017	Luwero	Kalagala	Kalanamu	Insurance	59	364	154	197
29. Kakakala	2017	Luwero	Zirobwe	Kakakala	Insurance	57	332	161	205
30. Vvumba	2017	Luwero	Zirobwe	Vvumba	Insurance	50	283	126	162

Scheme	Year of creation	District	Sub county	Parish	Type of Mechanism	No of families	Total number of beneficiaries	Male	Female
31. Nakaseeta	2011	Nakaseke	Kasangombe	Nakaseeta	Insurance	55	309	240	307
32. Bamugolodde	2010	Luwero	Butuntumula	Bamugolodde	Mixed ¹	52	394	112	142
33. Bukambagga	2010	Luwero	Butuntumula	Bukambagga	Mixed	39	252	280	358
34. Kakabala	2001	Luwero	Butuntumula	Kakabala	Mixed	159	1167	180	230
35. Kakinzi	2002	Luwero	Butuntumula	Kakinzi	Mixed	71	565	68	86
36. Kyawangabi	2006	Luwero	Butuntumula	Kyawangabi	Mixed	61	482	236	301
37. Ngogolo	2002	Luwero	Butuntumula	Ngogolo	Mixed	42	288	97	125
38. Kalwanga	2017	Luwero	Butuntumula	Kalwanga	Mixed	19	105	295	378
39. Kyalugondo	2012	Luwero	Katikamu	Kyalugondo	Mixed	20	112	158	201
40. Migadde	2006	Luwero	Katikamu	Migadde	Mixed	46	269	181	232
41. Musaale	2017	Luwero	Katikamu	Musaale	Mixed	47	263	114	146
42. Nsabweteeka	2004	Luwero	Luwero	Bweyeyo	Mixed	83	547	179	228
43. Kabakedi	2011	Luwero	Luwero	Kabakedi	Mixed	37	254	157	200
44. Kasaala	2010	Luwero	Luwero	Kasaala	Mixed	86	638	170	218
45. Katuugo -luwero	2010	Luwero	Luwero	Katuugo - luwero	Mixed	61	410	160	204
46. Kikube	2010	Luwero	Luwero	Kikube	Mixed	76	537	146	186
47. Kyesabukadde	2006	Luwero	Luwero	Kagugo	Mixed	32	222	124	159
48. Nakikoota	2011	Luwero	Luwero	Nakikoota	Mixed	95	673	130	166
49. Bukuuku	2013	Nakaseke	Kasangombe	Bukuuku	Mixed	50	296	136	173
50. Kamuli	2003	Nakaseke	Kikamulo	Kamuli	Mixed	45	414	182	232
51. Kapeke	2010	Nakaseke	Kikamulo	Kapeke	Mixed	112	860	378	482
52. Kasana	2010	Nakaseke	Kikamulo	Kasana	Mixed	63	444	195	249
53. Kibose	2010	Nakaseke	Kikamulo	Kibose	Mixed	70	420	184	236
54. Kikamulo	2010	Nakaseke	Kikamulo	Kikamulo	Mixed	22	136	60	76
55. Luteete	2011	Nakaseke	Kikamulo	Luteete	Mixed	44	363	159	204
56. Magoma	2008	Nakaseke	Kikamulo	Magoma	Mixed	101	743	326	417
57. Wakayamba	2010	Nakaseke	Kikamulo	Wakayamba	Mixed	30	171	75	96
58. Kito	2012	Nakaseke	Kito	Kito	Mixed	55	364	160	204
59. Kivumu	2012	Nakaseke	Kito	Kivumu	Mixed	37	234	103	131
60. Kasambya	2011	Nakaseke	Nakaseke	Kasambya	Mixed	38	240	105	135
61. Kiggege	2011	Nakaseke	Nakaseke	Kiggege	Mixed	77	436	191	245

¹ The mixed schemes made a resolution to shift to pure insurance beginning December 2017

Scheme	Year of creation	District	Sub county	Parish	Type of Mechanism	No of families	Total number of beneficiaries	Male	Female
62. Katooke	2008	Nakaseke	Wakyato	Katooke	Mixed	54	338	148	190
63. Mijijumwa	2000	Nakaseke	Wakyato	Mijijumwa	Mixed	65	495	217	278
64. Kakooge	2001	Nakasongola	Kakooge	Kakooge	Mixed	84	549	241	308
65. Katuugo	2011	Nakasongola	Kakooge	Katuugo	Mixed	76	536	235	301
66. Kyabutaika	2002	Nakasongola	Kakooge	Kyabutaika	Mixed	57	372	163	209
67. Kyambogo	2011	Nakasongola	Kakooge	Kyambogo	Mixed	84	557	245	312
68. Kyankonwa	2011	Nakasongola	Kakooge	Kyankonwa	Mixed	34	284	125	159
69. Kyeyindula	2002	Nakasongola	Kakooge	Kyeyindula	Mixed	85	612	269	343
70. Kamuniina	2017	Nakasongola	Wabinyonyi	Kamuniina	Mixed	33	188	83	105
71. Sassira	2016	Nakasongola	Wabinyonyi	Sassira	Mixed	46	283	124	159
72. Kakanju	2013	Bushenyi	Kakanju	Kakanju	Insurance	20	105	51	54
73. Kanyegyero	2013	Bushenyi	Nyabubare	Nkanga	Insurance	27	145	69	76
74. Rutooma	2012	Bushenyi	Kyeizooba	Rutooma	Insurance	17	100	45	55
75. Kigoma	2012	Bushenyi	Nyabubare	Kigoma	Insurance	18	100	38	62
76. Ruharo	2009	Bushenyi	Ishaka Central	Ruharo	Insurance	28	156	52	104
77. Ryeishe	2007	Bushenyi	Ibaare	Ryeishe	Insurance	20	104	47	57
78. Kiyaga	2008	Bushenyi	Bumbaire	Kiyaga	Insurance	18	100	43	57
79. Kibazi	2016	Bushenyi	Kyamuhunga	Kibazi	Insurance	44	210	89	121
80. Kitojo	2015	Sheema	Sheema Central Div	Kitojo	Insurance	25	111	45	66
81. Kyangundu	2016	Sheema	Kakindo TC	Kyangundu	Insurance	27	122	47	75
82. Kihunda	2016	Sheema	Kagango Ward	Kihunda	Insurance	28	123	59	64
83. Rushozi	2016	Sheema	Sheema Division	Rushozi	Insurance	25	108	43	65
84. Rwamujojo	2016	Sheema	Sheema Division	Rwamujojo	Insurance	31	141	64	77
85. Muhito	2010	Sheema	Kitagata	Muhito	Insurance	25	136	53	83
86. Kasaana West	2011	Sheema	Kasaana	Kasaana west	Insurance	36	184	81	103
87. Kyamurari	2011	Sheema	Bugongi	Kyamurari	Insurance	20	111	67	44
88. Karera South	2014	Sheema	Kashozi	Karere S	Insurance	21	120	66	54
89. Nyarweshama	2015	Sheema	Sheema Division	Nyarweshama	Insurance	32	175	71	104
90. Kasaana East	2010	Sheema	Kasaana	Kasaana East	Insurance	25	134	103	31
91. Isingiro	2014	Sheema	Bugongi TC	Isingiro	Insurance	17	100	42	58

Scheme	Year of creation	District	Sub county	Parish	Type of Mechanism	No of families	Total number of beneficiaries	Male	Female
92. Nyabubare-Kabira	2015	Mitooma	Kabira	Nyabubare	Insurance	28	152	70	82
93. Buharambo	2015	Mitooma	Kabira	Buharambo	Insurance	18	101	43	65
94. Bitooma-Katenga	2013	Mitooma	Katenga	Bitooma-Katenga	Insurance	40	217	113	104
95. Furuma	2015	Mitooma	Mutara	Furuma	Insurance	19	104	56	48
96. Mahwizi	2015	Mitooma	Mutara	Mahwizi	Insurance	18	100	45	55
97. Busheregyenyi	2016	Mitooma	Bitereko	Busheregyenyi	Insurance	23	100	53	47
98. Rerehe North	2015	Mitooma	Kabira	Rerehe North	Insurance	21	119	60	59
99. Kyeibare	2015	Mitooma	Mutara	Kyeibare	Insurance	18	100	46	54
100. Kitongo	2014	Mubende	Kasanda	Kitongo	Insurance	108	421	229	192
101. Kamuli	2015	Mubende	Kasanda	Kamuli	Insurance	96	426	218	207
102. Namiringa	2014	Mubende	Kasanda	Namiringa	Insurance	88	321	197	124
103. Nabugondo	2015	Mubende	Kasanda	Nabugondo	Insurance	34	159	85	74
104. Binikira	2015	Mubende	Kasanda	Binikira	Insurance	31	135	72	65
105. Lwantale	2015	Mubende	Kasanda	Lwantale	Insurance	36	162	89	73
106. Lusaba	2015	Mubende	Bukuya	Lusaba	Insurance	29	109	63	46
107. Kizibawo	2014	Mubende	Bukuya	Kizibawo	Insurance	22	103	49	54
108. Namabaale	2014	Mubende	Kasanda	Namabaale	Insurance	49	227	125	102
109. Namiryango	2014	Mubende	Bukuya	Namiryango	Insurance	12	60	31	29
110. Mityana Urban	2017	Mityana	Mityana Municipality	Mityana Town	Insurance	139	146	90	55
111. Gambwa	2017	Mubende	Myanzi	Gambwa	Insurance	40	127	72	55
112. SHU- CHI Masaka	2013	Masaka	Masaka municipality		Insurance	16	161	85	76
113. SHU- CHI Luwero	2013	Luwero	Luwer Town Council		Insurance	119	183	82	101
TOTAL						5,660	33,333	15,010	18,330

