



SAVE FOR HEALTH UGANDA (SHU)

“Community solidarity for quality health”

ANNUAL REPORT 2018

SHU/2018/N°9

March 2018

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SAVE FOR HEALTH UGANDA (SHU)

“Community solidarity for quality health”

Save for Health Uganda (SHU) is a local NGO formed in 2002 to rationalize health seeking behaviours; protect families from vulnerability resulting from catastrophic health spending; and improve the quality of health care services provided.

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

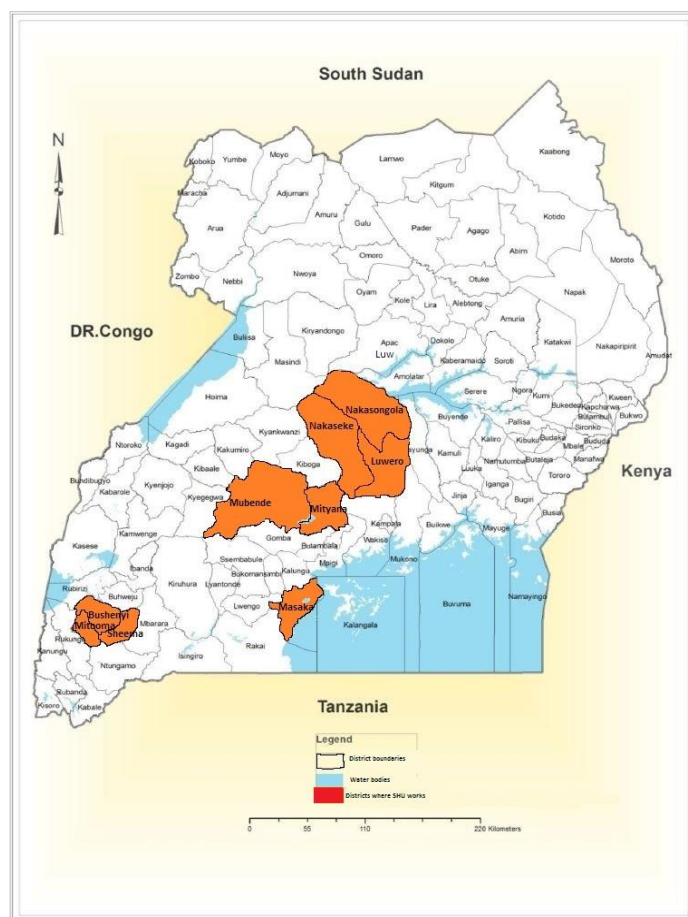
Mission: To improve the quality of health of Ugandans through community health financing approaches.

Goal: To contribute to the reduction of the disease burden in the targeted districts through viable, affordable and sustainable community health financing approaches.

What we do:

SHU's work focuses on four program areas:

1. **Community Health Financing:** The aim is to get as many people as possible into health insurance schemes based at local, district and national level.
2. **Household Livelihood Improvement:** The objective is to improve households' capacity to pay for basic needs including health insurance premiums.
3. **Women Empowerment for Health:** We support women to actively participate in making decisions especially those related to easing access to health care services.
4. **Healthcare Services Delivery:** The aim is to support partner health care facilities to deliver health care services of quality to their clients; and to empower users to demand for quality services.
5. **Institutional Development:** The aim is to build SHU's capacity to deliver on its mandate to the satisfaction of beneficiaries, partners and stakeholders.



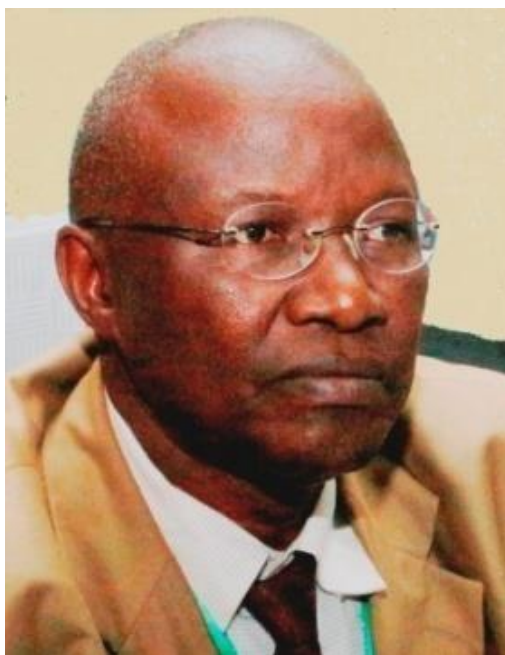
Where we are operating:

SHU is currently working in 10 districts namely: Kampala, Luwero, Nakaseke, Nakasongola, Masaka, Mityana, Mubende, Bushenyi, Sheema, and Mitooma. Activities are coordinated through the head office in Kampala and four field offices in Luwero and Wobulenzi Town Councils for Luwero, Nakaseke and Nakasongola districts; Mityana Municipality for Mityana and Mubende districts; and Ishaka Municipality for Bushenyi, Sheema and Mitooma districts.

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BftW	Bread for the World
CHF	Community Health Financing
CHI	Community Health Insurance
CRD	Client Relations Desk
IPC	In-patient care
MBUSO	Munno mu Bulwadde Union of Schemes Organization
MSCOM	Mubende Munno mu Bulwadde Schemes Cooperation Mechanism
NHIS	National Health Insurance Scheme
OPC	Out-patient care
PCC	Patient-Centred Care
PNFP	Private-not-for-Profit
SHU	Save for Health Uganda
UHC	Universal Health Coverage
WATSA	Western Ankore Tweragurize Schemes Association
WHO	World Health Organisation

Mr. Kasirye Muwanga Zakaria, Chairperson Board of Directors



It is a pleasure to share with you Save for Health Uganda's annual report for 2018.

On behalf of the Board, I would like to thank the SHU team and partners for successfully implementing the second year of our strategic plan which we launched in July 2016, and the first year of our new three-year project '*Access to quality healthcare services for rural and urban families in Uganda*' funded by Bread for the World (BftW) and implemented in nine districts of Luwero, Nakaseke, Nakasongola, Masaka, Mityana, Mubende, Bushenyi, Sheema, and Mitooma. We thank BftW for the continued support towards SHU's work.

SHU's focus on enabling families in target communities to access quality health care services with ease is driven by the financial challenges ordinary Ugandans face when illness strikes. Any delay to seek healthcare due to lack of cash can result into serious negative consequences for the individual, family and community at large. Our desire is to see everybody accessing quality healthcare

services at the time of need.

SHU continued to make progress in all the five program areas. Overall, we witnessed a 32 percent increase in the amount of funds mobilized from partners and CHI schemes through their networks. We also registered an increase in the number of partners who participated and supported our activities. This enabled smooth implementation of all planned activities and full payment of all medical bills of scheme members. The community health insurance (CHI) program reached more communities in the districts of operation targeting both rural and urban families. Although some families dropped out due to failure to pay premiums, understanding of health insurance continued to increase.

Efforts made by healthcare providers serving schemes to improve the quality of services are commendable. The client relations desks established and institutionalized with SHU's support will make a contribution to the satisfaction of service users at these facilities and lead to better health.

The livelihood of families and participation of women in healthcare decision making remained crucial components of SHU's work. Women and men accessed healthcare services, benefitted from leadership and skills training for income generation, and accessed low interest loans from our partners to improve family livelihood.

We sincerely thank every individual and institution that made a contribution towards the achievements you are going to read about. Thank you very much!



Mr. Opio Douglas
Treasurer



Mr. Waigolo Paul
Member



Ms. Nakimuli Leticia
Member



Mr. Makaire Fredrick
Secretary

Mr. Makaire Fredrick, Executive Director



We started 2018 with much enthusiasm since it marked the beginning of implementation of a new three-year project entitled '*Access to quality healthcare services for rural and urban families in Uganda*' funded by Bread for the World. We set targets and strategies to guide our work for the period in the five programs areas.

Under CHI program, the key activities we implemented included educating communities and local leaders about health insurance; supporting communities to create community health insurance (CHI) schemes; training scheme leaders in managing their schemes; and accrediting and contracting healthcare providers. We organised and participated in events and meetings to advocate for quality health services and universal health insurance. Major events included the 3rd national community health financing (CHF) conference, World Health Day national event held in Luwero district, and launching the new financial year for schemes. By the end of the year, Luwero district had passed an ordinance to

create one District CHI scheme and various stakeholders committed to support CHI through legislation and expansion to other parts of the country.

We had 111 running CHI schemes in nine districts covering 31,722 individuals (14,052 male and 17,670 female) from 5,272 households. These included 100 old schemes and 11 new ones. However, there was a reduction from 113 schemes and 33,333 individuals covered in 2017. Schemes contracted three more health facilities, bringing the number of contracted healthcare providers to 22. Scheme members presented 9,927 cases (7,802 outpatient and 2,125 inpatient) at contracted facilities which cost UGX 375,743,821 in medical bills. The schemes fully paid all their medical bills.

Under healthcare services delivery, we trained staff of healthcare providers in patient-centred care; supported contracted health facilities to establish client relations desks; and held partners' meeting for all contracted healthcare providers, scheme representatives, and other stakeholders. By the end of the year, five healthcare providers had established client relations desks while three institutionalised the desks established earlier.

For livelihood improvement, we enabled 785 individuals in Luwero, Nakaseke and Nakasongola districts and 560 in Mityana and Mubende districts to access low-interest loans for agriculture, school fees, home improvement, and business capital. Others were trained in financial literacy (138) and income generating projects (168).

Women were highly considered in all programs and encouraged to participate fully. At least 55.7 percent of scheme members were women and 42.8 percent of scheme leaders were also female. Up to 63.5 percent of cases presented at contracted facilities were by females. Women also benefitted from skills training and low interest loans.

For institutional growth, we continued to support the four networks of Munno mu Bulwade Union of Schemes Organisation (MBUSO), Mubende Schemes Cooperation Mechanism (MSCOM), Western Ankore Tweragurize Schemes Association (WATSA) and SHU-managed Corporate Scheme (SHU-CHI). The networks mobilised UGX 402,708,138 in premiums compared to UGX 331,261,980 collected in 2017. In total, SHU mobilised UGX 2,645,384,603 in 2018 compared to UGX 2,004,446,725 realised in 2017.

We are very grateful to all partners including our donors, government ministries and departments, members of Parliament, local government leaders and civil society actors who supported us during the year.

Thank you very much.

1.1 Trainings

We conducted various training sessions on different subjects to enhance capacity of scheme members, leaders and partners to perform their duties.

For CHI schemes: community meetings were organized in all new schemes to train all elected leaders from village to parish levels on their roles, responsibilities and use of the scheme management tools like the scheme cash books, family registration forms, scheme register, local deposit slips and other management tools. Secondly, we partnered with St. Lawrence University (SLAU) and extended training on financial literacy to 138 residents of Luwero and Bamunaanika sub-counties. After the training, participants were invited to attend a grand graduation ceremony at SLAU campus where each one of them was issued with a certificate of participation; Also, trainings in patient centered care (PCC) were organized for healthcare provider staff and scheme members. The trainings covered rights of patients; responsibilities of patients; and the various legal avenues available to a patient whose rights are abused. The beneficiaries of the training joined hundreds of others SHU has trained over the years.

For the contracted health care providers: We trained all customer care officers at the partner facilities. The training focused on clients relations and care at the health facility and CHI.



SHU's Program Officer, Ms Juliet Nazibanja, training customer care officers from health facilities contracted by CHI schemes.

For SHU team: several members benefited from both centralised and office based trainings. Administrative assistants were trained in office operations, the management team was trained in advocacy while board members were trained in organizational development.

Table 1: Beneficiaries of training activities conducted in 2018

Area of training	Number of people trained	Location of beneficiaries
Income generating activities	168	Bushenyi, Sheema, Mitooma
Financial literacy	138	Luwero district
Patient centred care	81	Luwero, Nakaseke, Nakasongola, Bushenyi, Sheema, Mitooma, Mubende
Client relations and CHI	9	Kitovu hospital, Kiwoko hospital, Kitagata hospital, Bishop Caesar Asili hospital, Ishaka Adventist Hospital, Hope Medical centre, Mushanga Health centre, Franciscan HCIV, St. Gabriel Mirembe Maria HCIII

1.2 Health insurance education and sensitization

To penetrate new areas with CHI and maintain members in CHI schemes, SHU educated community members and leaders about health insurance and operations of the schemes. This was done through community meetings, workshops for elected leaders, distribution of information materials and holding radio programs. During the year, health insurance education sessions were held for the general public in 20 parishes (14 in Luwero district and 6 in Mitooma district) and for 300 elected scheme leaders in the two districts. To sensitize the public about the CHI program, a weekly radio programme was ran on Musana FM in Nakaseke for six months. In addition, sensitization meetings were held in all schemes across the nine districts. The sensitization meetings in

Luwero Town Council, as an example, reached 40 local leaders who included parish councillors, women representatives, village health team members, LC1 and LC11 chairpersons, and youth leaders. Other categories of informal sector



A community meeting held in one of the wards in Luwero Town Council to educate residents about CHI.

workers reached in the town council included truck drivers, leaders of taxi drivers, and Bodaboda riders.

1.3 Accrediting and contracting healthcare service providers

SHU conducted a mapping and accreditation exercise in search for more quality healthcare providers to be contracted by schemes. This was done to reduce distances moved by scheme members in Luwero, Nakaseke and Nakasongola Districts to the already contracted providers. Following the exercise, SHU signed memoranda of understanding with three additional health facilities listed in the table below. The partnership with these facilities gave a basis for the area umbrella network of schemes called Munno mu Bulwade Union of Schemes Organisation (MBUSO) to negotiate and sign service contracts with each of them to offer services to CHI scheme beneficiaries. The three new facilities increased the total number of health facilities contracted by schemes to 22. Majority of the scheme members can now access healthcare services under the CHI arrangements closer to their areas.

Table 2: Healthcare providers contracted by schemes in 2018

Name	Location	Ownership	Capacity
Good Samaritan – Kisule Health centre III	Katikamu sub-county, Luwero district	Catholic Church	25 beds
St. Mary's Health Centre Kasaala	Butuntumula sub-county, Luwero district	Catholic Church	37 beds
St. Francis Kijaguzo Health Centre III	Semuto Town Council, Nakaseke district	Catholic Church	17 beds

1.4 Advocacy activities and campaigns

Advocacy during the year involved developing a new three-year advocacy strategy, engaging contracted healthcare service providers to improve quality of services, and engaging national level actors to fast track tabling in parliament the draft National Health Insurance Scheme (NHIS) bill of 2014. The main objective of our new strategy is *“to contribute to the achievement of universal health coverage through influencing enactment of the national health insurance scheme bill 2014 into law.”* The engagements with healthcare service providers were both one-on-one and joint. The joint engagement was a two-day partnership meeting that brought together 53 participants from 20 healthcare providers, scheme representatives, network leaders, network secretariats, and one Ministry of Health official. In addition to sharing updates on the progress and feedback on implementation, recommendations and next plans for the CHI work, the meeting was also used to share results of the satisfaction survey and urge facilities to improve reception. At the dialogue, 19 healthcare providers committed to set up additional reception facilities;

and by end of the year a quick review of results indicated that 18 of them had



set up at least one **Representatives of healthcare providers, scheme networks and some members of SHU management team after the meeting held in Kampala.**

new reception facility. To fast track the NHIS, SHU with partners organized the 3rd National Community Health Financing Conference; we supported the MOH and WHO to organize the World Health Day national event in Luwero district; and together with partners, we developed a CHI model to be proposed for the NHIS to be all inclusive.

1.5 Monitoring and evaluation of activities

Monitoring indicators of progress and measuring our achievements was routinely done to ensure continued focus on the targets. The activities carried out included developing data collection tools, training staff and healthcare providers on using the tools and collecting data. The data collected was mainly about CHI schemes, families and individuals enrolled, contracted healthcare facilities, medical services utilization and bills payment (claims), and client relations desks. Numerous follow up meetings were held with scheme leaders and healthcare providers to ensure compliance with collaboration and service contracts signed between them. Further, all schemes networks were audited to ascertain the number of beneficiaries, premium collected, healthcare utilization rates and bills payment. We also conducted a scientific survey on the level of satisfaction of CHI scheme members with the reception at contracted health care facilities. The survey was conducted in 111 CHI schemes located in nine districts of operation and in 20 health care facilities contracted by the schemes. Results showed that the average level of satisfaction with the reception on arrival was 85%, 82% at laboratory, 84% at doctors'/clinicians'

desk, 83% at cash / discharge office and 91% on admission ward. Key recommendations made by respondents included changing attitudes of frontline staff, reducing waiting time for examination, increasing number and punctuality of doctors, and stocking enough drugs. SHU will carry out follow on surveys to measure changes along the way.



Some members of SHU's Board on a visit to a family to hear the experiences of scheme members.

1.6 Fundraising, accountability and reporting

During the year, SHU programmes mobilized UGX2,645,384,603 compared to UGX 2,004,446,725 realised in 2017. The increase in funds realised was due to a new project and more money collected by CHI schemes. The schemes under their four networks contributed UGX401,620,459 in annual premium from the nine districts. This represented a 17.5% (UGX71,446,158) increase in premium collected in 2017 which was UGX 331,261,980.

Table 3: Funds mobilized and received in 2018

Source	CHI	Household livelihoods	Quality of health care delivered	Institutional development	Total amount
Donor Funding	1,161,232,204	15,000,000	307,006,782	724,199,731	2,207,438,717
Locally Generated Funds	-	-	-	35,237,748	35,237,748
Families Contributions (Schemes Funds)	401,620,459	-	-	-	401,620,459
Total	1,562,852,663	15,000,000	307,006,782	759,437,479	2,644,296,924

Table 4: Funds mobilized by scheme networks in 2018

	Mode of payment	Households	Beneficiaries	Amount
WATSA	Out of pocket	521	2,838	38,017,200
MBUSO	Premium loan	785	4,620	45,772,550
	Savings	4	37	245,800
	Out of pocket	3,061	21,430	222,194,475
MSCOM	Premium loan	729	2,276	58,581,267
SHU - CHI	Out of pocket	30	256	10,687,500
	Employer collections	142	266	26,121,667
TOTAL		5,272	31,723	401,620,459

The table below shows how the mobilized funds were utilized.

Table 5: How funds were utilized in 2018

Work area	Amount (UGX)	Percentage
Promoting, forming and supporting CHI schemes	377,110,080	15.7
Promoting Women's' health and participation in decision making	0	0.0
Boosting household Incomes	8,266,750	0.3
Supporting the delivery of quality healthcare services	130,746,466	5.4
Advocating for universal health care coverage policies and insurance schemes	420,772,615	17.6
Coordinating activities and partners	993,617,232	41.3
Strengthening SHU as an Institution	53,346,503	2.2
Managing CHI schemes and paying medical bills	420,687,771	17.5
Total Spent	2,404,547,417	100

1.7 Operational planning for program implementation and staff capacity enhancement

At the beginning of the year, we developed a corporate strategy for implementing the new project. This followed a full day's orientation of the team on the project objectives, targets, indicators and activities. Each office came up with a project implementation strategy, defining targets and strategies for achieving results. We had quarterly joint team meetings for all staff aimed at sharing updates about work progress and setting new targets. Teams at each office also met weekly to plan for their work. Management and board meetings were held to discuss policy and operational issues. The team also supported scheme networks and individual schemes to hold scheduled meetings to discuss their operations and work their progress.

2.1 The third National Community Health Financing Conference 2018

SHU, in collaboration with the Ministry of Health, Ministry of Gender, Labour and Social Development, and other partners organised the third National Community Health Financing Conference held on 8th -9th November, 2018 at Imperial Royale Hotel in Kampala. The conference attended by 186 participants from 28 districts across the country was opened by Dr. Olaro Charles on behalf of the State Minister for Health - General Duties Hon. Sarah Opendi, and closed by Mr. Bernard Mujuni, on behalf of the State Minister for Gender and Culture Hon. Peace Mutuuzo. Dr. Babyo Fatunmbi from World Health Organisation country office delivered the keynote address. The Minister of Health pledged to support Luwero district to implement a district-wide community health insurance scheme and to present the National Health Insurance Scheme (NHIS) Bill in Parliament before the end of the financial year 2018/2019.

The five key resolutions participants made at the end of the conference are:

1. Luwero District local government will follow through the approval of the Luwero District Community Health Insurance Ordinance 2017 and commence its implementation.
2. Once Luwero District Community Health Insurance Ordinance is approved by the Attorney General, it will be made available to other districts which can use it to guide development of similar initiatives in those districts.
3. Leaders and civil society organisations in other districts will work with Save for Health Uganda to start community health financing initiatives in regions where they do not exist particularly in the north and east.
4. SHU will work with partners to set up a task team to review the progress of the current NHIS Bill and make recommendations on the most appropriate steps to take which may include continued pursuit of the current Bill until it is tabled in Parliament or preparation of a private member's bill.
5. Adapt CHI schemes to modern technology to reduce operational costs, improve efficiency and move away from expensive manual systems of running CHI.



L-R: Mr. Makaire Fredrick, SHU Executive director, Dr. Babyo Fatunmbi from World Health Organisation Uganda Office, Dr. Charles Olaro, Director Clinical Services in the Ministry of Health, and Mr. Zakaria Muwanga Kasirye, SHU Board Chairman at the official opening of the 3rd National Community Health Financing Conference.



Some of the conference participants together with the Chief Guest after the opening ceremony

2.2 National event for World Health Day 2018 held in Luwero

The Ministry of Health and World Health Organization Uganda Office selected Luwero District to host the main event marking World Health Day, 2018 held on 7th April. This was in recognition of the potential of community health insurance (CHI) to contribute to universal health coverage. At the ceremony held at Bbowa in Makulubita sub-county, the Acting Director of Health Services, Dr. Henry Mwebesa, who represented the Minister of Health, hailed SHU for mobilising people in Luwero District to contribute towards their healthcare through CHI. The WHO Country Representative Dr. Yonas Tagegn Woldemaria, noted that eliminating financial barriers to accessing healthcare services is key if Uganda is to achieve Universal Health Coverage.



SHU Executive director , Mr. Fredrick Makaire, explains the work of community health insurance schemes to WHO Country Representative, Dr. Yonas Tagegn Woldemaria, Ministry of Health Acting Director General of Health Services, Dr. Henry Mwebesa, and Commissioner for Planning, Dr. Sarah Byakika, at the World Health Day event held at Bbowa in Luwero District .



CHI Scheme leaders participating in a match at the event



Some SHU staff at their exhibition stall at the event.

2.3 Mega launch of the new scheme year 2019

Every 10th December marks the beginning of a new year of insurance coverage for schemes in Luwero, Nakaseke and Nakasongola districts. Unlike previous years where each scheme organised a function to launch the year, one major event was held in 2018 to mark the day. The event attended by hundreds of residents was held in Kireku parish, Kikyusa sub-county. All families in the area and surrounding parishes which had paid premium for the year 2019 received their healthcare access cards. The event was characterised by a medical camp, entertainment, and health insurance education. A song promoting CHI which was composed by a team of local artists was also officially launched.



SHU Executive Director, Mr. Makaire Fredrick helps a scheme member to read her card before handing it over to her. Left is MBUSO Technical Manager, Mr. Kitenda Samuel.



Some of the community members waiting to receive free healthcare services offered by contracted healthcare providers at the event.

2.4 New project launched with a new focus and wider coverage

In January 2018, we launched a new three-year project named “*Access to quality healthcare services for rural and urban families in Uganda*” funded by Bread for the World (BftW) and implemented in nine districts including Luwero, Nakaseke, Nakasongola, Masaka, Mityana, Kassanda, Bushenyi, Sheema, and Mitooma. The project addresses the problem of rural families not accessing quality healthcare services with ease and exclusion of informal sector from the planned national health insurance scheme (NHIS) at local and national levels, respectively. The project aim is to see Universal health coverage achieved for all Ugandans. It specifically focuses on two areas: 1) families in the target communities accessing quality health care services with ease; and 2) the NHIS law and implementation regulations providing for all Ugandans both in the formal and informal sectors.

3.1 We maintained 100 and created 11 new schemes

A total of 111 schemes ran during the year with a membership of 31,723 individuals (14,052 male and 17,670 female) from 5,272 households. These included 100 old and eleven (11) new schemes created during the year. The number of schemes and beneficiaries reduced slightly in 2018 from 113 and 33,333 respectively recorded in 2017. This was partly due the dropout of some members in remote areas because of the long distances they used to move to access contracted health care facilities. SHU was not able to accredit and contract healthcare providers in some areas near the communities due absence of facilities which could satisfy accreditation requirements. We also created fewer schemes in 2018 (11) compared to 2017 (32) due to remoteness of some areas where target communities live. As the case was last year, majority (nine) of the new schemes were created in Luwero district as part of the grand plan by SHU to cover the entire district with CHI. The new schemes in Luwero were created in Luwero Town Council and the sub-counties of Ziobwe, Kalagala, Kikyusa and Makulubita. Two new schemes were created in Mitooma district. All schemes continued to operate under the four networks of MBUSO, MSCOM, WATSA and SHU-CHI which coordinate their operations and manage their risk and resource pooling.



The Mayor/LCIII Chairman of Luwero Town Council, Mr. Paul Mukungu Sennyonga enrolls for CHI under the urban scheme which uses biometric cards.

Table 6: Number of schemes which ran in 2018 per district and their membership

	District	Schemes	Households	Male	Female	Total
WATSA	Bushenyi	4	83	207	251	458
	Sheema	9	241	554	756	1,310
	Mitooma	8	197	514	556	1,070
	Total	21	521	1,275	1,563	2,838
MBUSO	Luwero	52	2,674	7,837	9,734	17,571
	Nakaseke	16	754	2,428	3,067	5,495
	Nakasongola	8	422	1,302	1,719	3,021
	Total	76	3,850	11,567	14,520	26,087
MSCOM	Mityana	1	210	64	159	223
	Mubende	10	519	917	1,136	2,053
	Total	11	729	981	1,295	2,276
SHU - CHI	Luwero	2	164	157	242	399
	Masaka	1	8	72	51	123
	Total	3	172	229	293	522
Grand Total		111	5,272	14,052	17,671	31,723

Table 7: Location of the new schemes created in 2018 under the scheme networks

	District	Schemes	Households	Male	Female	Total
WATSA	Mitooma	2	55	150	155	305
MBUSO	Luwero	8	276	707	929	1,636
SHU - CHI	Luwero	1	62	96	155	251
TOTAL		11	393	953	1,239	2,247

3.2 CHI schemes paid up all medical bills of members timely

The number of cases scheme members presented at healthcare facilities and the bills paid reduced compared to 2017. In 2018, a total of 9,927 cases (7,802 outpatient and 2,125 inpatient) were handled at 20 healthcare facilities at a cost of UGX375,743,821 whereas 12,308 cases (9,849 outpatient and 2,459 inpatient) were recorded in 2017 costing UGX406,407,639. At least 63.5 percent of cases were presented by female members. The reduction in the number of cases in 2018 may be due to a fall in scheme membership (from 33,333 to 31,723) and the introduction of strict measures to control consumption and protect the healthcare fund from abuse. The measures introduced included presenting a CHI healthcare access card at the point of service and making a copayment at the facility.



A scheme member presents her CHI card to a cashier at one of the contracted health facilities.

Table 8: Cases of illness covered at each contracted provider and medical bills paid

	Facility	OPD cases	scheme bill OPD	IPD cases	Scheme bill IPD	Total cases	Total scheme bill
1	Kiwoko Hospital	1,878	72,395,820	522	68,935,080	2,400	141,330,900
2	Bishop Caesar Asili Hospital	744	36,003,900	200	24,718,400	944	60,722,300
3	Franciscan HCIV Kakooge	145	6,570,000	66	5,425,000	211	11,995,000
4	Nakaseke Hospital	41	1,455,500	20	2,391,000	61	3,846,500
5	St. Matia Mulumba Mulajje HCIII	155	2,453,000	89	2,994,000	244	5,447,000
6	Holy cross Kikyusa HCIII	486	6,766,700	203	14,773,300	689	21,540,000
7	St Luke Namaliga	362	5,818,000	94	5,146,500	456	10,964,500
8	St. Kizito Nattyooole HCIII	335	5,211,000	69	3,252,000	404	8,463,000
9	Our Lady of Lourdes Nakasongola	5	88,000	4	179,000	9	267,000
10	St. Francis Community HCIV	227	18,490,400	11	1,722,000	238	20,212,400
11	St. Gabriel Mirembe Maria HCIII	986	11,230,000	476	18,077,000	1,462	29,307,000
12	Holy Family Naluggi HCIII	498	5,962,500	180	5,569,000	678	11,531,500
13	Kitokolo HCII	45	230,000	3	97,500	48	327,500
14	Bangi Maternity Home	13	80,000	0	0	13	80,000
15	Kitovu Hospital	322	13,425,194	15	1,865,302	337	15,290,496
16	Ishaka Adventist Hospital	219	4,868,375	42	2,140,350	261	7,008,725
17	Kitagata Hospital	931	15,640,000	8	365,000	939	16,005,000
18	Mushanga HC III	298	5,118,000	58	3,370,000	356	8,488,000
19	Hope Medical Centre	71	800,000	5	131,000	76	931,000
20	Bitooma HC III	41	420,000	60	1,566,000	101	1,986,000
		7,802	213,026,389	2125	162,717,432	9,927	375,743,821

3.3 Scheme members accessed loans for household livelihood improvement

SHU undertakes various interventions to support families in the target communities to improve their household income. This is intended to enable them uplift general family welfare and continue to afford health insurance premium. One of the strategies used to achieve this is to avail low interest loans to members of CHI schemes through partner microfinance institutions. During the year, 785 (290 female, 495 male) individuals in Luwero, Nakaseke and Nakasongola districts and 560 (303 female, 257 male) in Mityana and Mubende districts accessed loans. This reflects an increase in the number of beneficiaries from 544 in Mityana area and 774 in Luwero area in 2017. The partner microfinance institutions are SHUF operating in Luwero area and Butaba Company Limited in Mityana area. The loans range from agriculture to school fees, home improvement, business capital and health insurance premium.



Mr. Tadeo S Sekidde from Nabugondo scheme in Kassanda Sub-county, Mubende district received a home improvement loan from Butaba Company Limited.



Mr. Kakande Muhamad, a member of Buvuma scheme in Nyimbwa Sub-county, Luwero district takes agricultural loans from SHUF and grows passion fruits on a commercial scale.



Mr. Magezi Isma of Kikube scheme in Luwero Sub-county, Luwero district front of his old house.



Mr. Magezi Isma has started constructing an improved house using a loan from SHUF.

4.1 Schemes in Luwero area fully embraced pure health insurance

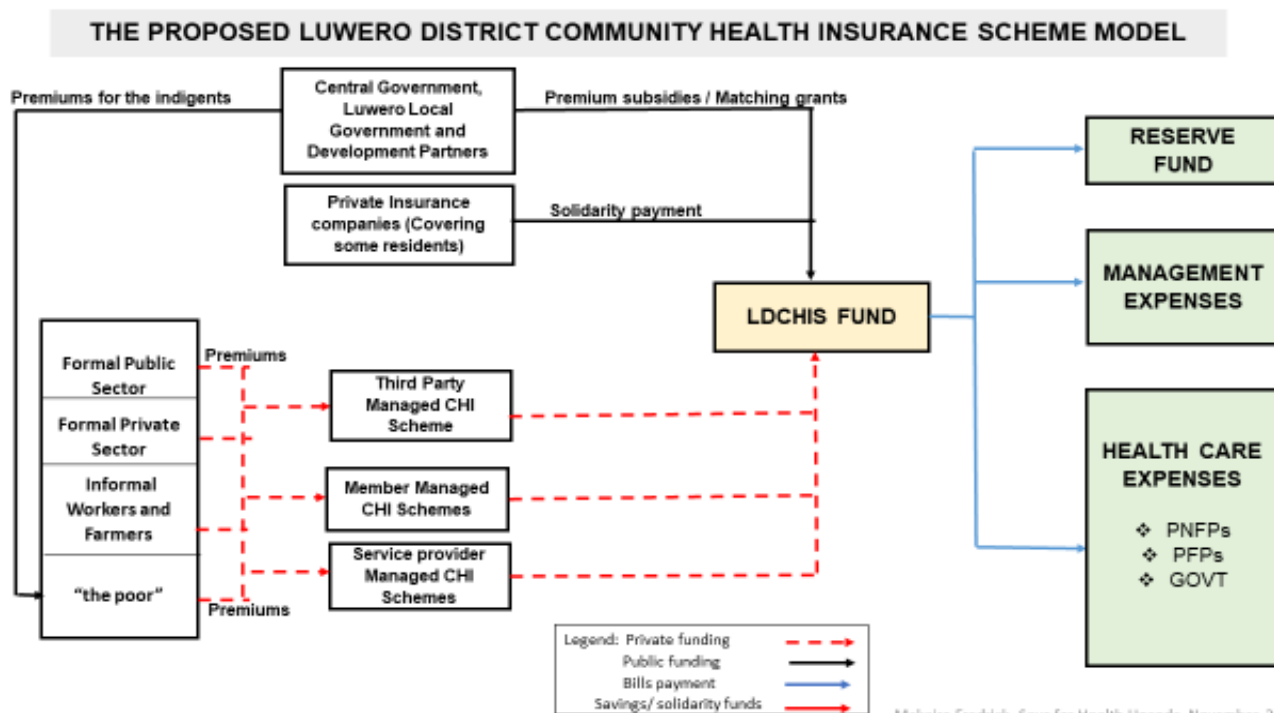
The decision made in 2017 to promote pure insurance in all CHI schemes in Luwero, Nakaseke and Nakasongola districts yielded results. The year 2018 was the first for 40 schemes in the area to run under pure insurance after scrapping the healthcare loan/credit component which characterised those schemes. All the 40 schemes successfully ran the year 2018 under pure insurance. By the end of the year, 35 of them had already mobilised enough premium to run in 2019 while five (5) were still being supported by MBUSO team to keep running. This shows that communities in these areas have fully understood how health insurance works.

4.2 With our support, Luwero district designed and passed a community health insurance Scheme ordinance

On 5th October, 2018, Luwero district passed an ordinance entitled '*The Local Governments (Luwero District) (Community Health Insurance) Ordinance, 2017*,' creating one district CHI scheme. It was submitted to the Attorney General in December for Approval. Once approved, the ordinance will establish a District CHI scheme intended to facilitate access to equitable, affordable and quality healthcare services for all residents. SHU supported the district to develop the ordinance and carry out consultations with stakeholders to build consensus and ownership of the entire process among residents. The ordinance requires every resident in the district to have health insurance cover. One of its objectives is to establish the legal and administrative framework and other necessary mechanisms of the Luwero District CHI scheme to enable the provision of equitable, accessible, affordable and quality health care services to all eligible persons for the attainment of universal health coverage in Luwero District; and to provide a model to be used as a learning experience for rolling out the National Health Insurance Scheme for universal coverage.



Members of Luwero District Health Committee with leaders and other stakeholders in Kamira sub-county after a consultative meeting on the District Community Health Insurance Ordinance.



4.3 Partner healthcare providers established and institutionalized customer care desks

More of the healthcare providers contracted by CHI schemes appreciated the need to put in place client relations desks to facilitate quick handling of patients' complaints/inquiries and provision of feedback to management. During the year, SHU supported five healthcare providers to establish client relations desks and recruit personnel to run them. We provide tools, training and subsidy for the initial period as the health facility prepares to incorporate the function in their structure. The providers which established desks include Nakaseke hospital, St. Luke Namaliga HCIV, Good Samaritan HCIII Katikamu, St. Gabriel Mirembe Maria HCIII and Kitovu Hospital. Three providers which had already established the desks institutionalised them as a fully recognized function. They include Kiwoko hospital, Bishop Caesar Asili Hospital and Hope Medical Centre. This brings the total number of contracted facilities with operational client relations desks to 12.

4.4 SHU gained more recognition at various levels

During the year, the Ministry of Health selected SHU to be represented on the inter-ministerial committee for the development of the universal health coverage (UHC) roadmap. This was in recognition of SHU's work in promoting CHI. SHU's executive director was selected to participate in UHC roadmap forums in Ghana and Kenya. In addition, the choice by the Ministry of Health to hold the national event marking World Health Day in Luwero district was in recognition of the CHI schemes in the area and their potential contribution to UHC. We were also approached by organisations planning to start implementing CHI to give them technical support. Among them is CUAMM doctors with Africa whom we trained. CUAMM was able after the training to introduce the CHI intervention in Oyam district, northern Uganda.

4.5 The debate on health insurance for the informal sector gained more prominence in the media

We made deliberate efforts to provide information to stakeholders and the mass media on CHI to enrich the debate on health insurance for Uganda. We focused mainly on the potential of CHI to mitigate the high out of pocket expenditure on health and contribute to achieving UHC. We also produced five newsletters which were shared with stakeholders to update them about developments and CHI and further enlighten them about how it works. Several articles were published in main stream print and electronic media and online.

Some of the media articles published about CHI, the NHIS and UHC in 2018.



Links to some related online stories

<https://kampalapost.com/index.php/content/health/government-urged-passing-national-health-insurance-scheme-bill>
<https://ninsycharl.wordpress.com/2018/11/14/rwandas-success-story-on-chbi-advocates-for-enactment-of-the-health-insurance-bill/>
<https://ninsycharl.wordpress.com/2018/11/10/technology-offers-symmetric-purpose-to-chi-stakeholders/#more-461>

A number of challenges continued to derail our work. The major challenges included the following:

5.1 Long distances to contracted health facilities

Some schemes failed to raise the required number of members to run due to long distances to the contracted health facilities. This is because existing providers in some remote areas did not satisfy requirements for being contracted during the accreditation process. Community members who felt that they could not travel long distances to access services under the scheme chose to dropout.

5.2 Low household incomes

Fluctuation of crop prices particularly maize which is the main source of revenue for farmers in Luwero and Mityana areas caused a drop in the number of members in the schemes. The prices fell during the period when scheme members were supposed to contribute premiums for the year.

6.1 Information about the networks of CHI schemes promoted by SHU

In 2006, SHU started encouraging the individual schemes it had supported communities to create to federate into unions/networks. The major objective was to increase risk protection and resource pooling to enable members access a bigger package of quality health care services while keeping premiums affordable. The networks also help to ease management with respect to financial matters, promotion and marketing, prudent leadership and activity implementation. They have management and governance structures constituted by representatives of schemes, healthcare providers and scheme promoters. The networks manage the funds collected in schemes, contract healthcare providers, pay medical bills, and perform other technical roles on behalf of the schemes. There are currently four networks of schemes operating at regional level.

1. Munno mu Bulwadde Union of Schemes Organisation (MBUSO): it was formed in 2006 by 10 schemes to bring together all SHU-supported CHF schemes in Luweero, Nakaseke and Nakasongola districts. It was registered as a community based organization (CBO). In 2018, it coordinated 76 running schemes with 26,087 individuals.

2. Munno mu Bulwadde Mubende Schemes Cooperation Mechanism (MSCOM): schemes in Mubende district formed their network in 2016. The cooperation was registered with Mubende District Local Government on 9th may 2016. It brings together all the 10 schemes in Mubende district and one in Mityana Municipality. In 2018, there were 2,276 individuals under the network.

3. Western AnkoleTweragurize Schemes Association (WATSA): established in 2011, it brings together all CHI schemes formed by SHU in the districts of Bushenyi, Sheema and Mitooma. WATSA is mandated to operate in the five districts of Western Ankole (Bushenyi, Sheema, Mitooma, Rubirizi and Buhweju). In 2018, it coordinated 21 schemes with 2,838 members.

4. SHU-CHI: this was formed in 2013 to bring together schemes in urban communities and corporate groups in Luwero area and Masaka. It is directly managed by SHU because members of schemes in urban areas and corporate groups cannot commit time to manage the schemes. SHU gives them regular updates about the healthcare services and the status of their funds. In 2018, there were 522 individuals under the network.

6.2 Information about the CHI schemes supported by SHU in 2018

No	District	Sub-county	Scheme name	Year of	House holds	Beneficiaries	Male	Female
A. MBUSO network								
1.	Luwero	Bamunanika	Kalwe	2016	50	292	140	152
2.	Luwero	Bamunanika	Kibirizi	2017	26	155	67	88
3.	Luwero	Bamunanika	KitemeBajakakas a	2016	60	351	165	186
4.	Luwero	Bamunanika	Mpologoma	2016	39	229	101	128
5.	Luwero	Bamunanika	Sekamuli	2016	61	388	168	220
6.	Luwero	Kamira	Kabunyatta	2016	64	356	171	185
7.	Luwero	Kamira	Kamira	2017	9	59	21	38
8.	Luwero	Kamira	kaswa	2016	25	163	77	86
9.	Luwero	Kamira	Mabuye	2016	40	259	124	135
10.	Luwero	Kamira	Mazzi	2016	48	264	117	147
11.	Luwero	Kamira	Nambeere	2017	21	119	51	68
12.	Luwero	Katikamu	Kikoma	2017	62	367	147	220
13.	Luwero	Katikamu	Bukolwa	2017	43	228	109	119
14.	Luwero	Katikamu	SOS	2014	168	1087	502	585
15.	Luwero	Kikyusa	Kireku	2017	64	402	184	218
16.	Luwero	Kikyusa	Kyampogola	2018	36	206	82	124
17.	Luwero	Kikyusa	Wankaanya	2016	64	407	165	242
18.	Luwero	Kikyusa	Kiziba	2017	74	450	200	250
19.	Luwero	Luwero	Bwaziba	2011	35	213	99	114
20.	Luwero	Nyimbwa	Buvuma	2016	16	90	39	51
21.	Luwero	Nyimbwa	Kiyanda	2017	76	451	222	229
22.	Luwero	Nyimbwa	Nakatonya	2016	16	94	48	46
23.	Luwero	Nyimbwa	Bajjo	2017	78	457	206	251
24.	Luwero	Kalagala	Ddegeya	2017	58	362	136	226
25.	Luwero	Kalagala	Kayindu	2017	68	449	204	245
26.	Luwero	Kalagala	Kalanamu	2017	59	364	160	204
27.	Luwero	Kalagala	Lunyolya	2018	32	200	97	103
28.	Luwero	Kalagala	Busoke	2018	32	204	95	109
29.	Luwero	Zirobwe	Kakakala	2017	57	332	140	192
30.	Luwero	Zirobwe	Bubuubi	2018	48	288	123	165
31.	Luwero	Zirobwe	Ngalonkalu	2018	34	200	80	120
32.	Luwero	Zirobwe	Kyetume	2018	28	176	84	92
33.	Luwero	Zirobwe	Bukiimu	2018	24	134	49	85
34.	Luwero	Zirobwe	Vvumba	2017	50	283	122	161
35.	Nakaseke	Kasangombe	Nakaseeta	2011	46	291	131	160
36.	Luwero	Butuntumula	Bamugolodde	2010	49	397	178	219

No	District	Sub-county	Scheme name	Year of	House holds	Beneficiaries	Male	Female
37.	Luwero	Butuntumula	Bukambagga	2010	41	279	142	137
38.	Luwero	Butuntumula	Kakabala	2001	162	1236	572	664
39.	Luwero	Butuntumula	Kakinzi	2002	80	679	315	364
40.	Luwero	Butuntumula	Kyawangabi	2006	35	314	136	178
41.	Luwero	Butuntumula	Ngogolo	2002	39	280	122	158
42.	Luwero	Butuntumula	Kalwanga	2017	19	105	41	64
43.	Luwero	Katikamu	Kyalugondo	2012	34	203	84	119
44.	Luwero	Katikamu	Migadde	2006	48	288	122	166
45.	Luwero	Katikamu	Musaale	2017	36	200	85	115
46.	Luwero	Luwero	Nsabweteeka	2004	88	622	265	357
47.	Luwero	Luwero	Kabakedi	2011	46	370	166	204
48.	Luwero	Luwero	Kasaala	2010	83	649	284	365
49.	Luwero	Luwero	Katuugoluwero	2010	48	419	183	236
50.	Luwero	Luwero	Kikube	2010	53	404	180	224
51.	Luwero	Luwero	Kyesabukadde	2006	32	255	106	149
52.	Luwero	Luwero	Nakikoota	2011	74	564	264	300
53.	Luwero	Makulubita	Nsanvu	2018	42	228	97	131
54.	Nakaseke	Kasangombe	Bukuuku	2013	49	302	143	159
55.	Nakaseke	Kikamulo	Kamuli	2003	34	344	158	186
56.	Nakaseke	Kikamulo	Kapeke	2010	101	791	348	443
57.	Nakaseke	Kikamulo	Kasana	2010	60	417	199	218
58.	Nakaseke	Kikamulo	Kibose	2010	59	369	166	203
59.	Nakaseke	Kikamulo	Kikamulo	2010	20	117	49	68
60.	Nakaseke	Kikamulo	Luteete	2011	46	420	176	244
61.	Nakaseke	Kikamulo	Magoma	2008	91	757	326	431
62.	Nakaseke	Kikamulo	Wakayamba	2010	10	50	22	28
63.	Nakaseke	Kito	Kito	2012	31	214	93	121
64.	Nakaseke	Kito	Kivumu	2012	44	275	118	157
65.	Nakaseke	Nakaseke	Kasambya	2011	33	240	116	124
66.	Nakaseke	Nakaseke	Kiggege	2011	56	319	124	195
67.	Nakaseke	Wakyato	Katooke	2008	27	204	102	102
68.	Nakaseke	Wakyato	Mijjumwa	2000	47	385	157	228
69.	Nakasongola	Kakooge	Kakooge	2001	82	574	244	330
70.	Nakasongola	Kakooge	KatuugoNaksgl	2011	83	566	238	328
71.	Nakasongola	Kakooge	Kyabutaika	2002	35	219	106	113
72.	Nakasongola	Kakooge	Kyambogo	2011	56	420	199	221
73.	Nakasongola	Kakooge	Kyankonwa	2011	39	340	130	210
74.	Nakasongola	Kakooge	Kyeyindula	2002	60	480	191	289
75.	Nakasongola	Wabinyonyi	Kamuniina	2017	39	249	118	131

No	District	Sub-county	Scheme name	Year of	House holds	Beneficiaries	Male	Female
76.	Nakasongola	Wabinyonyi	Sassira	2016	28	173	76	97
B. SHU - CHI network								
77.	Luwero	Luwero T/C	Luwero T/C A	2018	62	251	96	155
78.	Luwero	Luwero T/C	Corporate - Luwero	2013	101	147	61	86
79.	Masaka	Masaka Municipality	Corporate - Masaka	2013	8	123	72	51
C. MSCOM network								
80.	Mubende	Kassanda	Kitongo	2014	83	338	158	180
81.	Mubende	Kassanda	Kamuli	2015	114	495	219	276
82.	Mubende	Kassanda	Namiringa	2014	74	279	109	170
83.	Mubende	Kassanda	Nabugondo	2015	36	160	80	80
84.	Mubende	Kassanda	Binikira	2015	23	93	38	55
85.	Mubende	Kassanda	Lwantale	2015	23	101	48	53
86.	Mubende	Kassanda	Lusaba	2015	42	149	71	78
87.	Mubende	Bukuya	Kizibawo	2014	33	128	61	67
88.	Mubende	Kassanda	Namabaale	2014	28	118	56	62
89.	Mubende	Nalutuntu	Ggambwa	2017	63	192	77	115
90.	Mityana	Mityana municipality	Mityana Urban	2017	210	223	64	159
D. WATSA network								
91.	Bushenyi	Kakanju	Kakanju	2013	20	114	53	61
92.	Bushenyi	Nyabubare	Kanyegero	2013	18	102	45	57
93.	Bushenyi	Kyeizooba	Rutooma	2012	19	100	51	49
94.	Bushenyi	Kyamuhunga	Kibazi	2016	26	142	58	84
95.	Sheema	Kagango Ward	Kihunda	2016	32	172	82	90
96.	Sheema	Sheema	Rushozi	2016	27	155	72	83
97.	Sheema	Sheema	Rwamujojo	2016	40	220	81	139
98.	Sheema	Kitagata	Muhito	2010	19	100	36	64
99.	Sheema	Kasaana	Kasaana West	2011	28	148	64	84
100.	Sheema	Bugongi	Kyamurali	2011	22	116	50	66
101.	Sheema	Kashozi	Karera South	2014	23	127	58	69
102.	Sheema	Kasaana	Kasaana East	2010	20	109	39	70
103.	Sheema	Sheema Division	Nyarweshama	2015	30	163	72	91
104.	Mitooma	Kabira	Nyabubare-	2015	19	100	49	51
105.	Mitooma	Kabira	Buharambo	2015	20	107	56	51
106.	Mitooma	Mutara	Furuma	2015	17	102	45	57
107.	Mitooma	Mutara	Mahwizi	2015	24	141	67	74

No	District	Sub-county	Scheme name	Year of	House holds	Beneficiaries	Male	Female
108.	Mitooma	Bitereko	Busheregyenyi	2016	24	110	52	58
109.	Mitooma	Katenga	Bitooma-Katenga	2013	38	205	95	110
110.	Mitooma	Rurehe	Rwanja West	2018	34	180	93	87
111.	Mitooma	Bitereko	Kalimbiro	2018	21	125	57	68
TOTAL					5,271	31,722	14,052	17,670

