



SAVE FOR HEALTH UGANDA (SHU)

“Community solidarity for quality health”

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SAVE FOR HEALTH UGANDA (SHU)

"Community solidarity for quality health"

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

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.

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ACRONYMS

BCL	Butaba Company Limited
BftW	Bread for the World
CH	Health Centre
CHF	Community Health Financing
CHI	Community Health Insurance
CRA	Customer Relations Assistant
CRD	Customer Relations Desk
IPC	In-patient care
MBUSO	Munno mu Bulwadde Union of Schemes Organization
MFI	Microfinance Institution
MGLSD	Ministry of Gender, Labour and Social Development
MOH	Ministry of Health
MSCOM	Mubende Munno Mu Bulwadde Schemes Cooperation Mechanism
NHIS	National Health Insurance Scheme
OOP	Out of pocket
OPC	Out-patient care
SHU	Save for Health Uganda
SHUF	SHU Finance Limited
SHUMCHIS	Save for Health Uganda Managed Community Health Insurance Scheme
T/C	Town Council
UGX	Uganda Shillings
WATSA	Western Ankore Tweragurize Schemes Association

MESSAGE OF THE CHAIRPERSON SHU BOARD OF DIRECTORS

Dear partners, friends and well-wishers, it is my pleasure, on behalf of the Board of Directors of Save for Health Uganda (SHU), to share with you our annual report for the year 2020. You will all agree with me that it is only by God's grace and the support of our kind partners that we were able to remain strong amidst the challenges presented by the COVID-19 pandemic.

I wish to convey our sympathies to members of our target communities, partners, Ugandan citizens and friends across the globe who lost their dear ones, fell sick or suffered any hardship as we battled the pandemic. I thank God for sparing us to this day and pray that normality is restored sooner than later.



**Leticia Nakimuli Irumba (Mrs),
Board Chairperson**

At SHU, we also faced interruptions in our operations throughout the year but continued to serve our target communities, thanks to the tremendous support of our funding partners.

I wish to appreciate the technical team for remaining focused on their targets, thanks to the culture of drawing a joint work plan at the beginning of each calendar year. This helped to register progress in a number of areas despite the restrictions imposed on workplace operations, community meetings and movement of persons during the lockdown period. This period also tested the resilience of our systems as an organisation and we shall use the lessons learnt to improve resistance to such shocks.

As an institution, SHU's continuity is premised on forecasting and drawing plans that address the challenges and actual needs of the target population. I am glad to note that we now have a sustainability strategy which guides the team on interventions that will ensure continuity of the organisation's work and benefits to the target communities. During the year, we also started developing the strategic plan for the next five years beginning 2021. The strategic plan focuses on three areas: community health financing; livelihood improvement; and quality healthcare delivery.

I wish to note that health financing challenges in Uganda need special attention from every stakeholder. As you will read in this report, the increasing prevalence of chronic illnesses implies that the cost of healthcare on families is much higher than ever before yet there is little progress on the proposed National Health Insurance Scheme for Uganda. I wish to call upon everyone to support us to advance the health insurance agenda for low income families.

Thank you and God bless you.

OTHER MEMBERS OF SHU BOARD OF DIRECTORS



Mr. Opio Douglas
Treasurer



Mr. Paul Waigolo
Member



Dr. Martin Ruhweza
Member



Mr. Makaire Fredrick
Secretary

WE REMAINED RESILIENT AMIDST CHALLENGES

I welcome you to read about the work we did in 2020, our achievements, relapses and challenges. I thank God for keeping you safe and healthy. Most of the unfortunate events and losses caused by COVID-19 in Uganda were unprecedented but we are glad that, with support from our partners, we managed to press ahead with our work and registered progress in some areas.

Our work continued to focus on five program areas: community health financing, livelihood improvement, quality healthcare service delivery, women empowerment and institutional development. We were able to carry out the following key activities: educated communities about health insurance; supported the schemes to pool and manage collected premiums; supported schemes to contract healthcare providers and pay medical bills; trained target families in livelihood skills; supported partners to prevent the spread of COVID-19; advocated for a universal national health insurance scheme; supported healthcare providers to improve the quality of their services; and provided affordable loans to target families through partnerships.



Mr. Makaire Fredrick
Executive Director

Key achievements: The number of new community health insurance (CHI) sub-schemes created increased from 10 covering 1,816 individuals from 291 households in 2019 to 11 with 2,190 individuals from 393 households. The total number of running sub-schemes increased from 107 covering 22,763 individuals in 2019 to 112 with 27,037 individuals in 2020 which reflected a growth rate of 16 percent. Schemes provided an average protection of 69 percent to their members by paying Ugx 345,691,521 out of the total bills of Ugx 539,425,521. This was higher than the 66 percent level of protection provided last year. Close to 500 people including pregnant women benefitted from free healthcare services provided during medical camps held in partnership with some contracted healthcare providers. CHI schemes contracted two more healthcare facilities bringing the total of providers to 25. They also signed contracts with two pharmacies which will be the first ever in SHU's history to serve CHI schemes outside the usual arrangement with health facilities. Five partner healthcare providers established customer relations desks (CRDs) which increased the number to 22. The level of satisfaction of clients with healthcare services at contracted facilities rose from 84.2 percent in 2018 to 86.5 percent. To improve family livelihoods, 140 people (108 female and 32 male) benefitted from skills training. We supported partners to respond to COVID-19 with 5000kgs of maize flour, 320 litres of liquid sanitizer, 3,300 pairs of clinical gloves, 1,100 surgical face masks, 3,000 reusable face masks and 10 motorcycles. We successfully held the 5th National Community Health Financing conference in four regional meetings which attracted 242 participants from 35 districts.

We registered a decline in some areas: the number of people reached with health insurance education reduced from 4,122 in 2019 to 2,343; there was an overall 14 percent reduction in the amount of premium collected by schemes from Ugx383,153,885 in 2019 to Ugx329,660,029 in 2020; The number of cases presented at contracted health facilities increased from 7,227 in 2019 to 7,665 hence a rise in healthcare bills from Ugx292,945,008 to Ugx345,691,521. The schemes registered an overall consumption rate of 123 percent which is not healthy for their sustainability. There was a decline in the number of low interest loans issued by partner microfinance institutions from 775 in 2019 to 398 in 2020 due to the outbreak of COVID-19 that affected many businesses. The major challenges faced during the year were the restrictions on our operations due to COVID-19 and the high prevalence of chronic illnesses.

I am grateful to all our partners in government, civil society and religious institutions who supported our work in different ways. I particularly appreciate our funding partners for enabling us to continue facilitating low income families to access quality health care services. Thank you so much.

ABOUT SAVE FOR HEALTH UGANDA

Save for Health Uganda (SHU) is a national non-governmental organisation (NGO) established 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. SHU's goal is to contribute to the reduction of the disease burden in the target districts through viable, affordable and sustainable community health financing approaches.

SHU's work focuses on five core program areas: 1) Community health financing (CHF); 2) Women empowerment for health; 3) Livelihood improvement; 4) Quality healthcare services delivery; and 5) Institutional development. SHU currently operates in the districts of: Luwero, Nakaseke, Nakasongola, Bushenyi, Sheema, Mitooma, Mubende/Kassanda, Mityana, Masaka and Kampala. The head office is located in Kampala with field offices in Luwero, Wobulenzi, Mityana and Bushenyi.

1. Community Health Financing Program: SHU formed and supports four community health insurance (CHI) schemes which bring together and coordinate 112 CHI sub-schemes created at parish level in nine districts. The schemes manage funds collected by sub-schemes, contract healthcare providers, pay medical bills, and perform other technical roles for and on behalf of the sub-schemes. A scheme brings together a number of sub-schemes to increase risk protection and resource pooling to enable members access a bigger package of quality health care services while keeping premiums affordable. A scheme has a leadership structure which includes a general assembly constituted by representatives of sub-schemes, a board elected by the general assembly, and a secretariat which handles technical roles on behalf of the board. Each scheme is registered as a community based organisation (CBO). The four schemes are:



1. Munno mu Bulwade Union of Schemes Organisation (MBUSO): it was formed in 2006 and coordinates all CHI sub-schemes created by SHU in Luweero, Nakaseke and Nakasongola districts. Its office is located in Luwero Town Council. In 2020, it had a membership of 76 running sub-schemes covering 21,869 individuals.



2. Mubende Munno mu Bulwade Schemes Cooperation Mechanism (MSCOM): it was formed and registered with Mubende District Local Government in 2016. It brings together 12 sub-schemes in Mityana and Kassanda district, which was formerly part of Mubende district. Its office is located in Mityana Municipality. In 2020, MSCOM covered 2,056 individuals.



3. Western AnkoleTweragurize Schemes Association (WATSA): it was established in 2011 and coordinates all CHI sub-schemes SHU formed in the districts of Bushenyi, Sheema and Mitooma. Its office is located in Ishaka Municipality. In 2020, it coordinated 20 sub-schemes covering 2,682 individuals.



4. SHU-Managed CHI Scheme: formed in 2013, it brings together sub-schemes in urban communities and corporate groups in Luwero, Nakaseke, Nakasongola and Masaka districts. It is directly managed by SHU because members in urban areas and corporate groups cannot commit time to

manage the schemes due to their busy schedules. SHU gives them regular updates about the status of their funds and consumption of healthcare services. In 2019, the scheme covered 430 individuals.

A significant part of SHU's work under the CHF program focuses on policy advocacy aimed at contributing to efforts towards reaching universal health coverage, where all Ugandans have access to quality health care regardless of their incomes. Over the years, advocacy engagements with decision makers at community, district and national levels have centred around three issues namely: 1)Enactment and implementation of the National Health Insurance Scheme Bill; 2)Policy and regulations on community health insurance; and 3)Improved quality and delivery of health services for rural communities. SHU has succeeded in contributing to shaping the debate on healthcare financing to include health insurance for particularly the informal sector which was previously left out of the initial designs of the NHIS. In addition, district leaders and civil society organisations have expressed interest and supported initiatives to expand CHI to different parts of the country.

2. Women empowerment for health: SHU prioritises issues that make women and girls unable to access quality healthcare services at the time of need. These include lack of voice in decision making and low incomes. Therefore, SHU's work focuses on enhancing women's and girls' capacity in leadership so that they participate in decision making regarding their access to healthcare. SHU deliberately enrolls entire families into CHI schemes to prevent discrimination of some family members especially females who could otherwise be left out. As a result, more than 50 percent of members of CHI schemes are usually females and their annual utilization of healthcare services is quite higher than that of males. In terms of leadership, at least 47 percent of leadership positions in CHI schemes are occupied by women each year.

3. Household livelihood improvement: SHU works with families to enhance their capacity to improve incomes as a prerequisite for good family welfare and access to health care. Families with higher incomes are able to meet their basic needs and pay health insurance premiums to join CHI schemes. SHU conducts skills training in business management and financial literacy to enable community members engage in appropriate income generating activities. Further, SHU has built partnerships with microfinance institutions which extend low interest credit facilities to families to boost their business and meet urgent needs.

4. Quality healthcare services delivery: SHU's objective in the CHF program is to enable families to access quality healthcare services. As such, SHU supports the CHI schemes to accredit and contract healthcare providers of quality in the different areas of operation. SHU also works with healthcare providers to establish patient centred care (PCC) facilities and practices and improve client relations. The contracted healthcare providers are organised into a referral network for scheme members to access different levels of care depending on need. CHI schemes and healthcare providers enter into formal contracts through which feedback channels are established between the two parties. On several occasions, SHU has supported healthcare providers to acquire medical equipment to enhance the range and quality of services offered. Thus, families in CHI schemes are satisfied with the health care services offered while contracted health care providers fully recover costs of offering services to scheme members.

1. SHU implemented several interventions to mitigate the impact of COVID -19

Following the outbreak of COVID-19 and the subsequent countrywide lockdown experienced from March 2020, individuals, families and institutions suffered constraints ranging from food shortages to hardships in accessing healthcare due to restrictions on business operations and movement of persons. Healthcare providers were required to introduce more infection control measures to prevent the spread of the corona virus. Members of CHI sub-schemes could no longer hold regular meetings to share progress reports and travelling to banks to deposit money for premiums became more difficult. SHU undertook various interventions to alleviate the impact of the pandemic in areas where we work:

- Gave out 5000kgs of maize flour for distribution to vulnerable families in Luwero, Nakaseke and Nakasongola through district taskforces;
- Donated 320 litres of liquid sanitizer, 3,300 pairs of clinical gloves and 1,100 surgical face masks to 13 healthcare facilities and three district taskforces;
- Provided 3,000 reusable face masks to all scheme leaders in eight districts of Luwero, Nakaseke, Nakasongola, Mityana, Kassanda, Bushenyi, Sheema and Mitooma.
- Procured ten motorcycles to enable scheme leaders travel to banks to deposit money collected for premiums and report to field offices.

In the place of meetings, SHU resorted to using short text messages to give information to members of CHI schemes and target communities. To facilitate this, schemes collected a total of 541,616 telephone contacts from the target communities in nine districts to which relevant messages were sent periodically. Partner healthcare providers used their ambulances to transport scheme members in need of urgent medical care to health facilities. These interventions helped target communities to cope amidst hardships and scheme operations continued throughout the year with minimal interruptions.



L-R: Luwero District Chairman, Mr. Ronald Ndawula, the Resident District Commissioner, Ms. Phoebe Namulindwa, SHU Executive Director, Mr. Makaire Fredrick, and Luwero Chief Administrative Officer, Mr. Godfrey Kuruhiira at the handover of items to the district COVID-19 taskforce.



Some scheme leaders who were given masks to prevent the spread of COVID-19 in a group photo after a sensitization meeting at Kitokolo Primary School in Kizibaawo, Bukuya Sub-county, Kassanda District.

2. We held regional community health financing conference meetings

After holding four consecutive national community health financing (CHF) conferences in Kampala between 2016 and 2019, we made a decision to reach out to key stakeholders in different regions of the country. The fifth conference was, therefore, structured into three regional meetings held in Gulu, Mbale and Mbarara on 3rd, 5th and 10th November respectively culminating in a central level meeting at Sheraton Kampala Hotel on 19th November, 2020. A total of 242 participants from 35 districts physically attended the four conference meetings while hundreds followed events online due to restrictions on large gatherings to prevent the spread of COVI-19. Participants came from varied sectors including parliament, government ministries and departments, religious institutions, CHI promoters, local

authorities, healthcare providers, the civil society, academia, farmers' institutions and business community, among others. The overall conference objective was 'To establish opportunities for scaling up community health insurance and generate practical ways to reach informal sector families for the proposed national health insurance scheme'. Numerous ideas were generated at the regional meetings on the existing opportunities for establishing CHI initiatives in the regions such as village savings and loan associations, savings and credit societies, farmers' groups, burial groups, and civil society organisations willing to start CHI schemes.



L-R: Gulu District Health Officer , Dr.Yoweri Idiba, District Chairman, Mr Ojara Martin Mapenduzi, Deputy Vice Chancellor, Gulu University, Prof David Okello Owiny, SHU Executive Director, Mr. Makaire Fredrick and Board Chairperson, Ms Leticia Nakimuli Irumba, at the opening of the conference meeting in Gulu.



A group photo of conference participants after the official opening of the meeting at Hotel Triangle in Mbarara City.

3. CHI schemes contracted pharmacies to serve scheme members

CHI schemes, with support from SHU, continued to devise means to further ease access to quality healthcare services for scheme members. To address the challenge of drug stock outs in some of the partner healthcare facilities, SHU accredited two pharmacies which later signed service contracts with MBUSO. The two pharmacies are: Kaludo pharmacy located at Kasana in Luwero Town Council, Luwero district and affiliated to the Catholic Church; Yaffe pharmacy, a private enterprise located at Nakaseke in Nakaseke district. The pharmacies will provide drugs to scheme members upon presentation of authentic prescriptions from health facilities contracted by schemes within their locality. These are the first pharmacies to be contracted by CHI schemes promoted by SHU. Like healthcare providers, pharmacies will invoice the schemes for bills payment at the end of every month.



Kaludo pharmacy at Kasana in Luwero Town Council, Luwero district.

MAJOR ACTIVITIES AND ACHIEVEMENTS PER PROGRAM AREA

1. COMMUNITY HEALTH FINANCING

A. Activities implemented

1.1 We reached 2,343 people with health insurance education

CHI education is the cornerstone of promotional activities for enrolling families into schemes through giving them information about how schemes operate and their benefits. It is conducted through community and small group meetings targeting residents of a particular area and people working in institutions or similar businesses. During the year, SHU held meetings with community members and groups of truck drivers, bodaboda operators, salon owners, tailors and religious leaders. A total of 2,343 (1,279 male and 1,064 female) individuals participated in the meetings in five districts in the locations indicated in the table below. However, these were fewer than the 4,122 people reached in 2019. This was due to restrictions introduced by the government on public meetings and movement of persons to prevent the spread of COVID-19, which hampered community level activities.

Table 1: People reached with health insurance education in 2020 and their locations

Scheme	District	Sub county	Parishes	Number of people reached
MSCOM	Mityana	Kalangaalo	Bujjaayo, Kyamusisi,	363 (143 male, 220 female)
	Kassanda	Kassanda and Bukuya	Kyoga, Kamuli, Kizibaawo, Lusaba, Namabaale, Nabugondo, Binikira,	190 (93 male, 97 female)
WATSA	Bushenyi	Bitooma Town Council	Ngorora, Kimuri, Bitooma TC, Kashambya, Rutooma and Ngorora	142 (76 male, 66 female)
	Mitooma	Rutooky T/C and Nyakizinga	Nyakashojwa, Nyakizinga	63 (32 male, 31 female)
SHUMCHI	Luwero	Luwero Town Council	Central, South East, West, Public Works Department, Kiwogozi and Kasana Kavule.	1,585 (935 male, 650 female)



SHU staff with some of the leaders of the Muslim community in Luwero district after a sensitization meeting held at Kasana Mosque in Luwero Town Council.

1.2. We created 11 sub-schemes in 5 districts and trained their leaders

Despite the operational challenges faced during the year due to COVID-19 prevention restrictions, SHU successfully supported communities in 11 parishes to create CHI sub-schemes. This was possible because district COVID-19 taskforces permitted SHU to continue providing CHI as an essential service while observing the standard operating procedures during the lockdown period. The new sub-schemes located in Luwero, Nakaseke, Mityana, Sheema and Mitooma districts covered 2,190 individuals from 393 households. This shows an increase from 10 new sub-schemes created in 2019 covering 1,816 individuals from 291 households. The new sub-schemes elected their leaders who were trained in their roles and responsibilities and the use of the scheme management tools. These were trained in using several tools like the scheme cash books, family registration forms, scheme register, local deposit slips and other scheme management practices.

Table 2: Location of new CHI sub-schemes formed in 2020 and their membership

Scheme	District	Sub-county	Sub-scheme	Households	Beneficiaries		
					Total	Male	Female
MBUSO	Luwero	Makulubita	Waluleeta	15	105	50	55
		Semuto	Kirema	33	210	109	101
	Nakaseke	Kapeeka	Kisimula	44	257	117	140
		Kapeeka	Naluvule	30	183	79	104
		Kapeeka	Kapeeka	33	226	110	116
		Kito	Bugambakimu	21	139	56	83
MSCOM	Mityana	Kalangaalo	Bujjaayo	56	257	112	145
		Kalangaalo	Kyamusisi	97	464	217	247
WATSA	Sheema	Rutookye T/C	Nyakashojwa	17	92	38	54
		Bitereko	Nyakizinga	20	107	41	66
	Bushenyi	Bitooma T/C	Bitooma T/C	27	150	75	75
TOTAL				393	2,190	1,004	1,186

1.3 Schemes contracted two more health facilities

During the year, schemes contracted two new healthcare service providers. They are St. Jerome Cove HCII and St Mary Mother of Jesus HCIV. St. Jerome Cove is a 16-bed capacity facility located at Kapeeka in Nakaseke district while St. Mary Mother of Jesus situated at Kalule in Luwero district has 80-bed capacity. Both facilities are affiliated to Uganda Catholic Medical Bureau (UCMB). They helped to reduce the distances scheme members in surrounding areas used to move to contracted healthcare facilities. The two facilities increased the number of healthcare providers serving CHI schemes to 25. They now include 6 hospitals, 4 HCIVs, 13 HCIIIs, and 3 HCIIIs. Majority (23) of the contracted providers are private not-for-profit while two are public hospitals.



Leaders MBUSO with staff of St. Mary Mother of Jesus HCIV after signing a service contract.

1.4 About 500 people benefitted from free medical care during health camps

We conducted three health camps where four partner healthcare providers including Kiwoko hospital, Kasana hospital, Bishop Asili hospital, St Mary's Kasaala HCIII and Good Samaritan HCIII provided free services to residents. The camps were organized in Migadde and Buyuki parishes in Katikamu sub-county and in Luwero Town council. The free services provided during the camps included eye treatment, dental care, HIV testing and counselling, Hepatitis B screening and vaccination, malaria testing and treatment, and hypertension screening, among others. Close to 500 individuals benefitted from the services. At least 140 pregnant and women of child-bearing age receiving free mosquito nets while 67 pregnant women got free mama kits.



One of the health camps conducted in Luwero Town Council

1.5 CHI schemes mobilised Ugx 329,660,029 from families

The four CHI schemes of MBUSO, SHUMCHIS, MSCOM and WATSA mobilised a total of Ugx 329,660,029 from families in premium payments through direct family contributions, premium loans from microfinance institutions (MFIs) and small group savings. A total of 4,816 individuals (2,194 male and 2,622 female) from 907 families enrolled into schemes using premium loans acquired from MFIs. However, there was an overall 14 percent reduction in the amount collected by schemes compared to 2019. This could be attributed to income disruptions families suffered due to the COVID-19 nationwide lockdown.

Table 3: Funds mobilized by schemes networks in 2020 and 2019

	Amount of Premium collected 2020 (UGX)	Amount of Premium collected 2019 (UGX)	Increase / (Drop) in Scheme funds	Percentage Increase / Decrease
WATSA	44,173,995	51,529,117	-7,355,122	-14%
MBUSO	205,134,100	225,995,350	-20,861,250	-9%
MSCOM	55,851,934	66,024,918	-10,172,984	-15%
SHU -CHI	24,500,000	39,604,500	-15,104,500	-38%
TOTAL	329,660,029	383,153,885	-53,493,856	-14%

1.6 Schemes coordinated 112 sub-schemes and performed their governance roles

During the year, the four schemes of MBUSO, WATSA, MSCOM and SHU-CHI effectively performed their technical roles such as contracting healthcare providers, managing healthcare funds and building partnerships on behalf of



Members of the General Assembly of WATSA with Mr. Makaire Fredrick, SHU Executive Director (third left, front row) after their Annual General meeting held at Crane Resort Hotel in Ishaka Municipality in December 2020.

their members totalling 112 sub-schemes. They organised feedback meetings with healthcare providers, supervised scheme agents, issued healthcare insurance cards to their members and paid medical bills to healthcare providers. The leadership structures of each scheme remained functional and periodic small group meetings were held to review progress and approve work plans. The networks have leadership structures right from village to regional level. The General Assembly constituting representatives of CHI schemes, SHU and healthcare providers is the topmost decision making organ of the network.

B. Key achievements

1. CHI sub-schemes increased from 107 to 112 covering 27,037 individuals

The four CHI schemes registered an increase in the number of sub-schemes from 107 in 2019 to 112. The number of people covered also increased from 22,763 to 27,037 which reflected a growth of 16 percent. The growth was a result of creating 11 new sub-schemes and reviving six others which did not run in 2019. However, 12 other sub-schemes which ran in 2019 remained dormant in 2020 after failing to raise the minimum number of people required for a sub-scheme to run.

Table 4: Coverage of CHI schemes per district where SHU worked in 2020

Scheme	District	sub counties/ Town councils	Sub-schemes/ parishes	Households	Beneficiaries	Male	Female
MBUSO & SHUMCHIS	Luwero	11	51	2,072	14,765	6,557	8,208
	Nakaseke	6	21	690	5361	2424	2937
	Nakasongola	2	7	269	2,119	947	1,172
MSCOM	Mityana	2	3	206	777	349	428
	Kassanda	2	9	314	1,279	560	719
SHUMCHIS	Masaka	1	1	2	54	35	19
WATSA	Bushenyi	5	5	128	701	308	393
	Sheema	4	8	174	931	407	524
	Mitooma	5	7	193	1,050	480	570
	Total	38	112	4,048	27,037	12,067	14,970

2. Schemes fully paid all their medical bills on time

The schemes paid all the healthcare bills to partner health facilities for the year. In total, schemes paid Ugx344,691,521 for 7,665 cases presented by scheme members. This reflects an increase in the number of cases from 7,227 registered in 2019 to 7,665 and the healthcare bills paid from Ugx292,945,008 to Ugx345,691,521. This could be attributed to the increase in the number of schemes and scheme members. MBUSO negotiated with Franciscan HCIV Kakooge to provide discounts to the scheme and these committed in writing to offer a discount of 3% on each scheme bill to be effected in 2021. This is the second facility after Kiwoko hospital to offer a discount on medical bills of scheme members. The discounts are intended to make healthcare affordable and also attract more people to join CHI schemes. In 2020, Kiwoko hospital offered a total discount of Ugx14,593,890 on medical bills of members of MBUSO.

Table 5: Medical bills schemes paid to each contracted health facility and number of cases covered in 2020.

Health facility	Scheme	Case s	Scheme bill	Cases	Scheme bill	Total Cases	Total scheme bill
1. Bishop C. Asili Hospital	MBUSO	683	28,659,300	212	21,121,200	895	49,780,500
	SHUM-CHIS	69	2,923,200	8	1,051,000	77	3,974,200
2. St Luke Namaliga HCIV	MBUSO	7	91000	0	0	7	91,000
3. St Mary Mother of Jesus HCIV	MBUSO	82	2,336,500	29	1,667,000	111	4,003,500
4. Good Samaritan HCIII		83	2,968,000	36	2,466,000	119	5,434,000
5. St. Mary's Kasaala HCIII		70	1,772,000	59	3,339,300	129	5,111,300
6. Holy Cross Kikyusa HCIII		143	3,699,400	99	6,247,300	242	9,946,700
7. St Matia Mulumba HCIII		9	182,000	8	293,000	17	475,000
8. St Kizito Nattyole HCIII		26	750,000	1	25,000	27	775,000
9. Kiwoko hospital		911	44,118,600	714	100,970,400	1,625	145,089,000
		SHUM-CHIS	159	8,728,200	27	5,095,400	186
10.Nakaseke Hospital	MBUSO	6	217,000	8	474,000	14	691,000
11.St Francis Kijaguzo HCIII		18	669,000	2	200,000	20	869,000
12.St Jerome – Cove Health Unit		34	1,486,200	8	454,000	42	1,940,200
13.Franciscan HCIV	MBUSO	169	7,839,000	89	7,345,000	258	15,184,000
	SHUM-CHIS	94	2,668,000	12	1,109,000	106	3,777,000
14.Our Lady of Lourdes HCIII	MBUSO	1	62,000	1	100,000	2	162,000
15.Ishaka Adventist Hospital	WATSA	206	5,621,000	57	3,538,000	263	9,159,000
16.Bitooma HCIII		150	1,383,000	146	4,849,000	296	6,232,000
17.Kitagata Hospital		481	9,430,000	4	190,000	485	9,620,000

18.Hope Medical Centre		63	613,000	14	350,000	77	963,000
19.Mushanga HCIII		230	4,025,500	49	2,477,000	279	6,502,500
20.Nyakatsiro HCIII		157	1,536,000	126	4,479,000	283	6,015,000
21.St Francis Community HCIV	MSCOM	105	8,004,050	15	2,317,100	120	10,321,150
22.Holy Family Naluggi HCII		752	9,087,500	193	6,018,000	945	15,105,500
23.St Gabriel Mirembe Maria HCIII		498	5,543,000	298	11,346,000	796	16,889,000
24.Kitokolo HCII		167	835,000	21	690,000	188	1,525,000
25.Kitovu Hospital	SHUM-CHIS	54	2,202,791	2	29,580	56	2,232,371
TOTAL		5,427	157,450,241	2,238	188,241,280	7,665	345,691,521

Most common illnesses presented by scheme members at health facilities

In 2020, the commonest illness presented by scheme members at contracted facilities was malaria followed by hypertension, peptic ulcer disease, urinary tract infections and gastritis. A similar trend was recorded in 2019 where malaria cases were highest at 24.2% followed by hypertension (12.2%), peptic ulcer disease (6.2%) and upper respiratory tract infections (6.2%). The high prevalence of chronic diseases particularly hypertension, peptic ulcer disease and gastritis has a negative effect on the schemes healthcare fund because it increases consumption due to frequent visits to health facilities by those suffering from them. This in turn leads to an increase in premiums for subsequent years to be able to sustain the schemes.

Table 6: Most common illnesses presented by scheme members per network at health facilities in 2020

Disease	Cases per network				Totals cases	Percentage
	MBUSO	MSCOM	WATSA	SHU-CHI		
Malaria	799		170	56	2,084	27.2
Hypertension	427	90	248	41	806	10.5
Peptic Ulcer Disease	329	79	94	11	513	6.7
Urinary Tract Infection	216	71	147	17	451	5.9
Fever (Typhoid, enteric fever)	167	26	102	11	306	4.0
Gastritis	121	0	131	0	252	3.3
Upper respiratory tract infection	67	103	0	7	177	2.3
Deliveries	155	0	0	0	155	2.0
Dermatitis	103	0	16	23	142	1.9
Bacteremia	0	116	22	0	138	1.8
Diabetes	0	0	130	0	130	1.7
Arthritis	58	34	28	0	120	1.6
Respiratory tract infection + flu	0	88	0	8	96	1.3
Neuropathy	0	14	58	0	72	0.9
Others	1,066	369	537	251	2,223	29.0
TOTAL	3,508	2,049	1,683	425	7,665	100.0

2. POLICY ADVOCACY

A. Activities implemented

1. SHU Organised the 5th National Community Health Financing Conference

In November, SHU organised the fifth national CHF conference under the theme: *‘Towards Universal health Coverage in Uganda: increasing demand for community health insurance to reach informal sector workers for the proposed National Health Insurance Scheme’*. The conference was structured into four regional meetings held in Gulu, Mbale, Mbarara and Kampala on 3rd, 5th, 10th and 19th respectively. The purpose of the conferences is to advocate for introduction of a universal and fair National Health Insurance Scheme (NHIS) that recognizes CHF as a mechanism for enabling the informal sector to participate. The 5th conference was held with support from Bread for the World and in collaboration with the Ministry of Health (MoH), Ministry of Gender, Labour and Social Development (MGLSD), Federation of Uganda Employers and Uganda Insurers’ Association. A total of 242 participants from 35 districts physically attended the four conference meetings while hundreds followed events online due to restrictions on large gatherings to prevent the spread of COVID-19. Participants included policy makers, members of parliament, representatives of government ministries and departments, religious institutions, academia, local government leaders, healthcare providers, civil society actors, farmers’ institutions and other stakeholders in health and social protection sectors. The main objective of the conference was *‘To establish opportunities for scaling up community health insurance and generate practical ways to reach informal sector families for the proposed national health insurance scheme’*.

Regional meetings were opened by the respective district chairpersons; Mr. Ojara Martin Mapenduzi - Gulu, Mr. Mayatsa Joram - Mbale Vice Chairperson, and Mr. Tumusiime Bamuturaki-Mbarara who decried the high burden of contributing towards healthcare bills of their constituents and pledged to support efforts to introduce prepayment initiatives in their areas and advocate for the NHIS. The chairperson of the Health Committee of Parliament Hon. Dr. Michael Bukenya recounted the progress made on the NHIS



SHU Board Chairperson Ms. Leticia Nakimuli Irumba, Dr. Olaro Charles, Dr. Michael Iga Bukenya and SHU Executive Director, Mr. Makaire Fredrick at the official opening of the conference meeting at Sheraton Hotel Kampala.

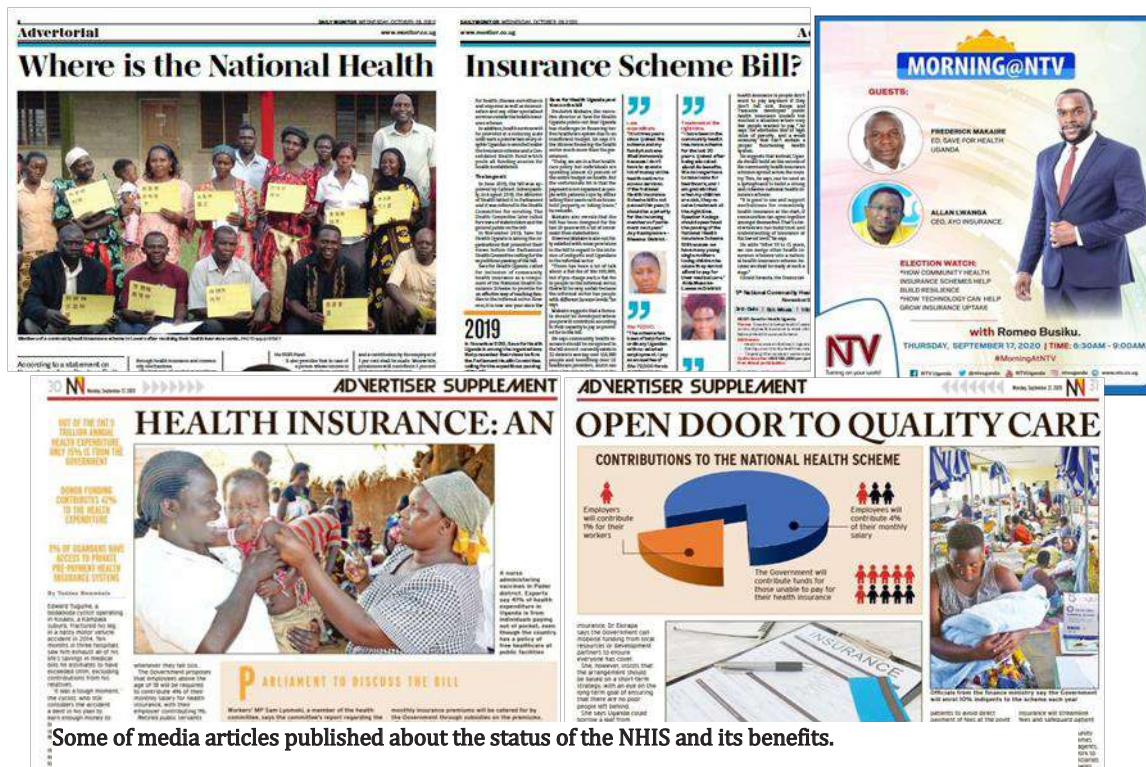
bill since its presentation to Parliament in August 2019 adding that the plan was to have the bill passed before the term of office of the current Parliament expires in May 2021. The Chief Guest at the meeting in Kampala was the Minister of Health who was represented by Dr Olaro Charles, the Director Clinical Services in the Ministry of Health. In her speech, the Minister commended CHI promoters for spearheading the transition from out-of-pocket (OOPs) payments at health facilities to health insurance. Participants made the following resolutions:

1. Participants will work within their respective organizations to take steps towards establishing CHF mechanisms where they don't exist by taking advantage of existing opportunities in form of burial groups, village savings and loan associations, savings and credit societies (SACCOs), etc in the areas where they operate.
2. SHU with partners and stakeholders will set up a CHI coordination mechanism to provide technical support and learning opportunities for experience sharing.
3. SHU pledged to be available to provide technical support to partners in establishing CHI schemes.

- SHU and partners will follow up with local governments and Uganda Local Governments Association (ULGA) to support, strengthen and scale up of CHI and push for the passing of the NHIS Bill into law.
- SHU and partners will continue advocating for enactment of the NHIS Bill into law and push for one NHIS fund that covers informal sector and indigents who may be enrolled through CHI.
- Key issues and evidence on targeting the informal sector, the poor and indigents presented during the conference will be captured and documented into a position paper which will be presented to the Health Committee of Parliament
- SHU and partners will follow up with the Solicitor General to review the Luwero District CHI Scheme Ordinance given the delays to enact the NHIS law and other districts to follow suit in case the Luwero ordinance is passed.

5. We engaged the media on CHI and NHIS to raise public awareness

The month of August 2020 marked one year since the Minister of Health presented the NHIS bill 2019 in Parliament and it was referred to the Health Committee for scrutiny. In October 2019, the Health Committee called for views of stakeholders and the general public on the bill. SHU is among the organisations that presented position papers before the committee. After a full year without the bill being presented in Parliament for debate, SHU embarked on a media campaign with the following objectives: 1) To seek updates from Parliament and the Ministry of Health on the progress of the bill; 2) To reawaken public debate on the Bill which had reduced partly due to COVID-19 pandemic; and 3) To increase public awareness on the NHIS Bill. SHU engaged the mass media to interview key policy makers, stakeholders and members of CHI schemes about the bill, its benefits and prospects. The information gathered was published in newspapers and other electronic media. As a result, more media houses published information about the NHIS and ongoing CHI initiatives. SHU's Executive Director participated in a number of television talk shows and radio interviews on the NHIS and its linkage to CHI.



Some of media articles published about the status of the NHIS and its benefits.

3. PROVISION OF QUALITY HEALTHCARE SERVICES

A. Activities implemented

1. We supported partner healthcare facilities to establish and maintain client relations desks

One of SHU's objectives is to support health facilities improve service delivery and the quality of healthcare services by improving reception. We planned to support seven healthcare providers to establish customer relations desks (CRDs) and increase the number of facilities with CRDs to twenty. We held sensitization and negotiation meetings with eight health facilities to discuss details of setting up and managing the CRDs. The facilities are Nyakatsiro H.C, Naluggi HCII, St. Mary Mother of Jesus HC, St. Jerome COVE HC, St. Francis Kijaguzo HC, St Matia Mulumba HC, Nyakatsiro HC, Kaludo Pharmacy and Our lady of Lourdes Nakasongola HC. The sensitization meetings resulted into signing of memoranda of understanding with six of the facilities. SHU also facilitated the health facilities to establish the desks. By the end of the year, five more facilities had set up CRDs but only three of them were fully operational. In total, there were 22 facilities with customer relations desks (CRDs) established.



The Customer Relations Assistant attending to clients at Franciscan HCIV Kakooge.

Table 7: status of client relations desks at partner healthcare facilities by December 2020

Health facilities with institutionalized CRDS	Health facilities whose CRDS were operational	Health facilities that had just set up CRDS by December 2020	Facilities where CRDS not yet established by December 2020
1. Kiwoko hospital 2. Bishop Caesar Asili Hospital 3. Franciscan HCIV 4. Ishaka Adventist Hospital 5. Kitagata Hospital 6. Hope Medical Centre III 7. Mushanga HCIII 8. St. Gabriel Mirembe Maria HCIII	1. Nakaseke Hospital 2. St. Luke Namaliga HCIV 3. Good Samaritan HCIII 4. St Francis Community HCIV 5. St. Mary's Kasaala HCIII 6. Kitovu Hospital 7. Bitooma HCIII 8. Nyakatsiro HCIII	1. St Mary Mother of Jesus HCIV 2. St Matia Mulumba HCIII 3. Our Lady of Lourdes HCIII 4. St Francis Kijaguzo HCIII 5. St. Jerome Health Unit II - COVE	1. St. Kizito Nattyole HCIII 2. Holy Cross Kikyusa HCIII 3. Kaludo Pharmacy 4. Kitokolo HCII 5. Naluggi HCII 6. Yaffe Pharmacy

2. Convened the annual partners meeting for contracted health care providers

In August 2020, SHU hosted the annual partners meeting of health care providers serving CHI schemes in the nine districts to share experiences about their work. The meeting held Hotel Brovad, Masaka was attended by 65 representatives of the partner healthcare providers, CHI scheme networks and SHU. The theme of the meeting was "Enhancing Patient Centred Care (PCC) and clinical practices for client satisfaction." Participants shared experiences in adopting PCC practices including adherence to clinical guidelines. They also discussed key provisions of the NHIS bill 2019 and how they could affect their work. Participants set priorities to integrate PCC in service delivery for the next 12 months. They called for more facility-based customer care training and more sensitization on patients on their rights and responsibilities.



Participants from Luwero, Nakaseke and Nakasongola districts with SHU Executive Director, Mr. Makaire Fredrick (7th right, standing).

B. Key achievements

1. Increased satisfaction of clients with healthcare services

SHU witnessed an increase in the level of satisfaction of clients with the quality of healthcare services at the partner health facilities. A survey conducted in February and March 2020 indicated that overall, 86.5 percent of patients were satisfied with the quality of health care services received at the departments they visited, 10.8% were neutral and only 2.7% dissatisfied. This showed an improvement from 84.2 percent recorded in 2018. The survey was conducted at 23 healthcare providers contracted by CHI schemes in the nine districts of Luwero, Nakaseke, Nakasongola, Mityana, Kassanda, Masaka, Bushenyi, Sheema and Mitooma. A total of 371 randomly selected patients (clients) including members and non members of CHI schemes were interviewed while exiting the healthcare providers after receiving services. By category, 88.6% of CHI scheme patients were satisfied with the quality of health care services compared to 85.9% of non-CHI patients. The results showed that CHI scheme patients were more satisfied with the quality of health care services received than their non -CHI counterparts though with a slight difference of only 3%. The implication is that the objective of the SHU to improve quality of healthcare by popularizing the recruitment of at least a customer relations officer and training of health workers on clients relationship management in partner health facilities bore positive results.

Table 8: Customer satisfaction levels with the quality of healthcare services at contracted facilities

Level of satisfaction with services	Category of Patient		Overall Average [%]
	CHI Patients	Non-CHI Patients	
Satisfied	88.60%	85.90%	86.50%
Neutral	8.90%	11.30%	10.80%
Dissatisfied	2.50%	2.80%	2.70%
Average	100%	100%	100%

2. Increased protection of scheme members from 64 to 69 percent

The main purpose of CHI schemes is to protect their members from catastrophic healthcare expenditure and its consequences by reducing financial uncertainties resulting from ill health. Schemes protect their members by paying medical bills using funds pooled from premium payments. During the year, schemes provided an average of 69 percent protection to their members by paying Ugx345,691,521 out of the total bills of Ugx539,425,521. This was higher than the 66 percent level of protection provided by schemes to their members in 2019. This means that more medical bills of scheme members fell within the package covered by schemes. The portion of the medical bills (Ugx 193,734,300) which schemes did not cover was met by members directly out of their pockets at the time of accessing healthcare services.

Table 9: Level of protection provided by schemes to their members

Scheme	Total Cases	Total scheme bill (Ugx)	Total bill (Ugx)	Protection level
MBUSO	3,508	239,552,200	79,926,000	63%
MSCOM	2,049	43,840,650	9,631,150	74%
SHUMCHIS	425	23,807,171	7,734,671	86%
WATSA	1,683	38,491,500	2,134,000	53%
TOTAL	7,665	345,691,521	539,425,821	69% (average)

3. HOUSEHOLD LIVELIHOOD IMPROVEMENT

A. Activities implemented

3.1 We linked 398 families to microfinance institutions to access affordable credit facilities

SHU maintained partnership with two microfinance institutions (MFIs) namely, SHU Finance limited (SHUF) working in greater Luwero area and Butaba company limited (BCL) operating in Mityana and Kassanda districts. The purpose of the partnership is to link CHI schemes to MFIs to enable members access loans and make it easy and affordable for families to pay premiums. In addition, scheme members benefit from affordable credit facilities for different purposes such as working capital. During the year, SHUF issued a total of 312 loans to 119 (38%) female and 193 (62%) male clients. A total of 86 individuals (45 male and 41 female) accessed loans from BCL. There was a decline in the number of loans issued from 775 in 2019 to 398 in 2020 due to the outbreak of COVID-19 that affected many businesses.



Mr. Kaddu Richard Ssempea a resident of Bulinde village, Kyalugondo parish, Katikamu sub-county in Luwero district acquired an agricultural loan and bought a generator for pumping water to irrigate his crops.

Types of loans accessed by members of CHI schemes from microfinance institutions in 2020

Partner MFI	District	Purpose of loan				Total No. of Loans
		Home Improvement	Agribusiness	School Fees	Working Capital	
Butaba Company Ltd	Mityana	0	0	0	33	33
	Kassanda	1	0	1	51	53
SHUF	Luwero	16	73	2	136	227
	Nakaseke	2	15	0	32	49
	Nakasongola	2	1	0	33	36
Total		21	89	3	285	398

3.2 SHU trained 140 people in income generating activities

SHU trained 140 people (108 female and 32 male) in different livelihood skills to enable them initiate income generating activities that can boost family incomes. The trainings were organized according to learners' interests and needs. SHU hired an expert who conducted eight sessions in cookery, candle and paper bags making in Bwaziba parish, Luwero sub-county and Luwero Town Council. A total of 42 individuals were trained in cookery 72 in making paper bags and 26 in candle making. By the end of the year, over 20 beneficiaries had started cookery businesses using the skills gained from the trainings, 15 had bought crisps cutters to start up small scale businesses while two bought flour to start baking.



Participants during one of the training sessions

B. Key achievement

3.3 Up to 4,816 individuals joined CHI schemes through microfinance institutions

The purpose of partnerships between CHI schemes and MFIs is two-fold; to enable scheme members access loans to address family needs as well as pay premiums for CHI. During the year, MFIs enrolled a total of 4,816 individuals into CHI through premium loans. These constituted 19 percent of all members covered by schemes. They paid Ugx 83,459,034 in premiums, which was 25 percent of total premiums collected by schemes. This guaranteed their access to quality healthcare services throughout the year without diverting loan money to paying healthcare bills in case of illness. However, both the number of people MFIs enrolled into CHI and the amount of money collected in 2020 reduced from 7,483 and Ugx104,610,800 respectively in 2019 probably due to the outbreak of COVID-19 which interrupted business operations and livelihoods.

Scheme	Microfinance institution	Individuals enrolled	Premium collected
MBUSO	SHUF	2,760	27,607,100
MSCOM	Butaba Company Limited	2,056	55,851,934
Total		4,816	83,459,034

4. WOMEN EMPOWERMENT FOR HEALTH

A. Activities implemented

1. We built leadership capacity of women in target communities

SHU continued to make deliberate efforts to motivate women to participate in leadership at different levels through their schemes. We sensitized both men and women about the importance of women's participation in decision making. During the year, women occupied 476 (47%) out of 1,017 leadership positions in CHI schemes from village to network level. This was close to the performance of 47.3 percent which was registered in 2019. The women in leadership positions benefited from capacity building in financial and records management and some were motivated to contest for political offices in their respective areas.

Gender distribution of leaders in CHI schemes			
Scheme	Male	Female	Total
MBUSO	389	343	732
MSCOM	30	23	53
WATSA	112	88	200
SHUMCHIS	10	22	32
Total	541	476	1,017

3. Equipped women with skills for income generation

SHU places emphasis on empowering women and men to take charge of their health through enrolling in CHI schemes. However, this is not possible for low income families which cannot afford to pay premiums. Therefore, SHU organises training sessions to equip target families with skills to start or diversify their income generating activities (IGA). In 2020, 140 women benefitted from training in baking, cookery, making candles and paper bags. These constituted 77 percent of all people trained.

Gender distribution of people trained in IGAs

IGA training	Male	Female	Total
Cookery	22	50	72
Bakery	3	39	42
Candles and Paper bags making	7	19	26
TOTAL	32	108	140



Participants during a bakery training session

B. Achievements

1. We linked 160 women to credit facilities

A total of 160 women in target communities in Luwero, Nakaseke, Nakasongola, Kassanda and Mityana benefitted from low interest loans given out by the two partner MFIs. These constituted 40 percent of all borrowers for the year who were 398. Majority of the women borrowed money for working capital followed by those for agribusiness, home improvement and school fees.

Partner MFI	District	Total No. of Loans	
		Gender	
Butaba Company Ltd	Kassanda	M	26
	Mityana	F	14
SHUF	Luwero	M	144
	Nakaseke	F	21
	Nakasongola	M	15
Total			238



Ms Nabakooza Fatuma a resident of Kasesene in Kizibaawo parish, Kassanda district acquired a loan for working capital to boost her business. She also bought three acres of land and planted commercial trees.

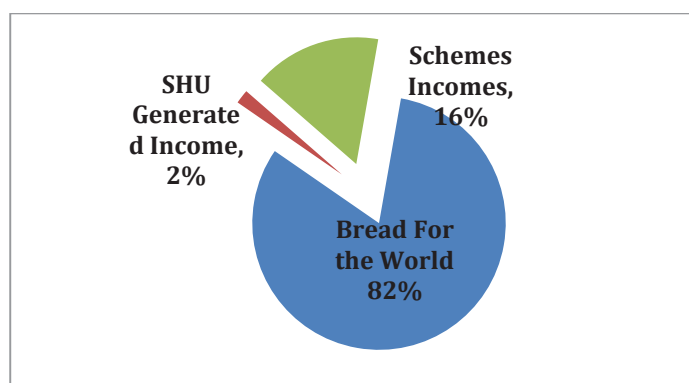
5. ORGANIZATIONAL DEVELOPMENT

A. Activities implemented

1. Funds raised during the year

During the period 2020, SHU and the CHI schemes mobilized Ugx 2,014,487,807 from partners and families. A total of Ugx 36,020,842 was mobilised from other local sources, while Ugx 1,648,806,936 was support from Bread for the World. However, there was a 16.2 percent decline in the amount of funds mobilised by schemes from Ugx 383,153,885 in 2019 to Ugx 329,660,029 in 2020. This could be due to the effect of Covid19.

The percentage share of sources of funds mobilised in 2020



2. Developed and documented a sustainability strategy for SHU

SHU senior managers applied the skills acquired during the fundraising training that was facilitated by Bread for the World in 2019 to develop a three-year sustainability strategy. The strategy aims at diversifying SHU income sources, employing various resource mobilization strategies and efficacy in implementing organizational activities. Its objectives are; 1) To grow the number of SHU's funding sources from one to seven and 2) To grow the amount of SHU's current total income by at least 20% and finance all the program areas.

2. Development of a new strategic plan, 2021-2026

SHU management team together with members of the Board of Directors participated in the review of the ending strategic plan and development of a new one for the period 2021-2025. A number of meetings were held to review and write the strategic plan. The new strategic plan focuses on three program areas: community health financing; livelihood improvement; and quality healthcare delivery. Three key results are expected after implementation of the strategic plan. They are: 1) Vulnerable and low income families in the target communities in Uganda accessing quality healthcare services with ease; 2) Low income families in the target communities acquire skills and access affordable loans to meet their health care financing and other basic needs; and 3) Families in the catchment areas are satisfied with the quality of services at the healthcare facilities contracted by CHI schemes.

3. Board of Directors visited partners and executed their mandate

During the year, members of the Board of Directors fully executed their mandate by approving budgets, work plans and reports, guiding the strategic plan development process, and vetting project evaluators, among other activities. In August, they visited CHI schemes and healthcare providers serving them in the districts of Mityana, Kassanda and Masaka to learn about their operations and challenges. They made recommendations to SHU management for improvements in the coordination of schemes and



L-R: Mr. Jjuuko Isaac, Field Officer, Mr. Makaire Fredrick, SHU Executive Director, Dr. Martin Ruhweza, Board Member, Mr. Mujuni Wilfred, Senior Field Officer, Ms. Leticia Nakimuli Irumba, Board Chairperson, and Mr. Opio Douglas, Board Treasurer at Mityana Field Office.

the working relationship with partner healthcare providers.

4. We embraced new technology to sustain our work

Following the outbreak of COVID-19, we adopted new technology to maintain communication with staff and other stakeholders. Most staff meetings and engagements with stakeholders were held online via zoom and other platforms. Physical meetings were restricted to stakeholders who could not access new technologies. Only two physical joint team meetings were held, one before the outbreak of COVID- 19 and another in December after the easing of restrictions.



Staff members of SHU after the end of year Joint team meeting held in December 2020

6. MAJOR CHALLENGES FACED

1. High consumption rate of healthcare funds

Medical bills paid by schemes to healthcare providers were higher than their healthcare budget for the year, resulting into an average consumption rate of 123 percent. The total healthcare budget for the year was Ugx 268,545,698 compared to the total bill of Ugx345,691,521 which schemes paid. The deficit of Ugx77,145,823 was settled using reserve funds and savings set aside over the past years. The high rate of healthcare utilization leads to depletion of reserve funds and affects sustainability and viability of schemes. It is attributed to the high prevalence of chronic illnesses among scheme members which cause frequent visits to health facilities. The dilemma is that despite such cases, schemes have to continue charging reasonably low premiums which are affordable to low income families.

Medical bills paid by schemes against annual healthcare budgets

Network	Healthcare budget	Medical bills paid	Consumption rate
MBUSO	168,444,465	239,552,200	142%
WATSA	35,792,645	38,491,500	108%
MUSCOM	43,564,508	43,840,650	101%
SHUMCHI	20,744,080	23,807,171	115%
Total	268,545,698	345,691,521	123% (average)

2. Restrictions on operations due to COVID-19

The outbreak of COVID-19 in Uganda in March that led to the country's total lockdown affected many activities planned for the year. Activities such as big community meetings, community visits and premium collection were scaled down and some suspended due to a total ban on public and private transport means, and public gatherings. All financial institutions including our partner MFIs were instructed not to collect loans from clients during the pandemic. The low loan recovery rates as member families failed to complete payments in time led to a scale down in the operations of MFIs. Consequently, only a few community members benefited from loans. This meant that even families which would have enrolled into CHI schemes using premium loans could not do so.

Annex

Table 5: COMMUNITY HEALTH INSURANCE SUB-SCHEMES WHICH RAN IN 2020 PER SCHEME AND THEIR MEMBERSHIP

No	District	Sub-county	Scheme name	Year of creation	House holds	Beneficiaries	Male	Female
MUNNO MU BULWADDE UNION OF SCHEMES ORGANISATION								
1.	Luwero	Bamunanika	KitemeBajakakasa/ Kalwe	2016	11	65	29	36
2.	Luwero	Bamunanika	Kibirizi	2017	11	76	36	40
3.	Luwero	Bamunanika	Mpologoma	2016	23	172	70	102
4.	Luwero	Bamunanika	Sekamuli	2016	13	106	45	61
5.	Luwero	Kamira	Kabunyatta	2016	15	103	57	46
6.	Luwero	Kamira	Kaswa	2016	17	110	39	71
7.	Luwero	Kamira	Mabuye	2016	18	135	53	82
8.	Luwero	Kamira	Mazzi	2016	25	162	70	92
9.	Luwero	Kamira	Nambeere	2017	16	98	38	60
10.	Luwero	Katikamu	Kikoma	2017	10	63	25	38
11.	Luwero	Katikamu	Buyuki SOS	2014	174	1149	554	595
12.	Luwero	Katikamu	Kyalugondo	2012	34	242	97	145
13.	Luwero	Katikamu	Migadde	2006	56	390	170	220
14.	Luwero	Katikamu	Musaale	2017	14	95	51	44
15.	Luwero	Katikamu	Katikamu	2019	32	195	89	106
16.	Luwero	Kikyusa	Kireku	2017	50	348	146	202
17.	Luwero	Kikyusa	Wankaanya	2016	61	464	191	273
18.	Luwero	Kikyusa	Kiziba	2017	38	289	125	164
19.	Luwero	Kikyusa	Kyampogola	2018	16	100	46	54
20.	Luwero	Kikyusa	Kibengo	2019	11	79	32	47
21.	Luwero	Kikyusa	Wabusaana	2019	35	213	96	117
22.	Luwero	Nyimbwa	Buvuma	2016	8	46	26	20
23.	Luwero	Nyimbwa	Kiyanda	2017	29	189	96	93
24.	Luwero	Kalagala	Kayindu	2017	12	103	43	60
25.	Luwero	Kalagala	Kalanamu	2017	20	120	57	63
26.	Luwero	Butuntumula	Bamugolodde	2010	64	507	214	293
27.	Luwero	Butuntumula	Bukambagga	2010	33	253	111	142
28.	Luwero	Butuntumula	Kakabala	2001	159	1257	579	678
29.	Luwero	Butuntumula	Kakinzi	2002	125	1089	459	630
30.	Luwero	Butuntumula	Kyawangabi	2006	49	399	174	225
31.	Luwero	Butuntumula	Ngogolo	2002	45	357	161	196
32.	Luwero	Butuntumula	Kalwanga	2017	30	204	100	104
33.	Luwero	Luwero	Bwaziba	2011	22	155	74	81
34.	Luwero	Luwero	Kigombe	2005	64	409	191	218

35.	Luwero	Luwero	Nsabweteeka	2004	87	647	274	373
36.	Luwero	Luwero	Kabakedi	2011	77	589	264	325
37.	Luwero	Luwero	Kasaala	2010	89	740	330	410
38.	Luwero	Luwero	Katuugo -	2010	43	381	164	217
39.	Luwero	Luwero	Kikube	2010	85	653	294	359
40.	Luwero	Luwero	Kyesa/ Kagugo	2006	34	271	120	151
41.	Luwero	Luwero	Nakikoota	2011	96	732	333	399
42.	Luwero	Ziobwe	Bubuubi	2018	9	60	27	33
43.	Luwero	Ziobwe	Ngalonkalu	2018	10	64	27	37
44.	Luwero	Ziobwe	Bukiimu	2018	12	75	39	36
45.	Luwero	Ziobwe	Kakakala	2017	14	100	46	54
46.	Luwero	Ziobwe	Nakigoza	2019	24	148	63	85
47.	Luwero	Makulubita	Mawale	2019	12	82	36	46
48.	Luwero	Makulubita	Waluleeta	2020	15	105	50	55
49.	Luwero	Semuto	Kilema	2020	33	210	109	101
50.	Nakaseke	Kasangombe	Nakaseeta	2011	27	212	97	115
51.	Nakaseke	Kasangombe	Bukuuku	2013	25	152	72	80
52.	Nakaseke	Kikamulo	Kamuli	2003	25	287	132	155
53.	Nakaseke	Kikamulo	Kapeke	2010	85	788	341	447
54.	Nakaseke	Kikamulo	Kasana	2010	39	311	141	170
55.	Nakaseke	Kikamulo	Kibose	2010	35	224	101	123
56.	Nakaseke	Kikamulo	Kikamulo	2010	14	104	49	55
57.	Nakaseke	Kikamulo	Luteete	2011	29	274	133	141
58.	Nakaseke	Kikamulo	Magoma	2008	98	814	364	450
59.	Nakaseke	Kikamulo	Wakayamba	2010	14	112	47	65
60.	Nakaseke	Kito	Kito	2012	16	143	70	73
61.	Nakaseke	Kito	Kivumu	2012	23	149	69	80
62.	Nakaseke	Kito	Bugambakimu	2020	21	139	56	83
63.	Nakaseke	Nakaseke	Kasambya	2011	21	146	58	88
64.	Nakaseke	Nakaseke	Kiggege	2011	20	127	54	73
65.	Nakaseke	Wakyato	Katooke	2008	35	267	115	152
66.	Nakaseke	Wakyato	Mijjumwa	2000	23	236	110	126
67.	Nakaseke	Kapeeka	Kisimula	2020	44	257	117	140
68.	Nakaseke	Kapeeka	Naluvule	2020	30	183	79	104
69.	Nakaseke	Kapeeka	Kapeeka	2020	33	226	110	116
70.	Nakasongol	Kakooge	Kakooge	2001	62	453	195	258
71.	Nakasongol	Kakooge	Katuugonsl	2011	61	480	217	263
72.	Nakasongol	Kakooge	Kyabutaika	2002	28	197	89	108
73.	Nakasongol	Kakooge	Kyambogo	2011	29	239	111	128
74.	Nakasongol	Kakooge	Kyankonwa	2011	19	178	83	95
75.	Nakasongol	Kakooge	Kyeyindula	2002	47	418	182	236

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76.	Nakasongol	Wabinyonyi	Kamuniina	2017	23	154	70	84
	Sub - total				2,906	21,869	9,782	12,087
SHU - CHI								
77.	Luwero	Luwero T/C	Luwero T/C A	2018	13	56	20	36
78.	Luwero	Luwero T/C	Luwero T/C B	2019	25	97	42	55
79.	Luwero	Luwero T/C	Luwero Corporate	2013	87	223	84	139
80.	Masaka	Masaka Municipality	SHU-CHI Masaka	2013	2	54	35	19
Sub-total			127430189249					
MUNNO MU BULWADDE MUBENDE SCHEMES COOPERATION MECHANISM								
81.	Mubende	Kassanda	Kitongo	2014	59	242	112	130
82.	Mubende	Kassanda	Kamuli	2015	22	85	31	54
83.	Mubende	Kassanda	Namiringa	2014	28	99	35	64
84.	Mubende	Kassanda	Nabugondo	2015	37	162	74	88
85.	Mubende	Kassanda	Binikira	2015	20	85	35	50
86.	Mubende	Kassanda	Lwantale	2015	7	25	10	15
87.	Mubende	Kassanda	Lusaba	2015	57	229	102	127
88.	Mubende	Kassanda	Namabaale	2014	32	143	65	78
89.	Mubende	Bukuya	Kizibawo	2014	52	209	96	113
90.	Mityana	Kalangaalo	Bujaayo	2020	56	257	112	145
91.	Mityana	Kalangaalo	Kyamusisi	2020	97	464	217	247
92.	Mityana	Mityana municipality	Mityana Urban	2017	53	56	20	36
	Sub-total				520	2,056	909	1,147
WESTERN ANKOLE TWERAGURIZE SCHEMES ASSOCIATION								
93.	Bushenyi	Kakanju	Kakanju	2013	19	104	42	62
94.	Bushenyi	Kyamuhunga	Kibazi	2016	40	228	92	136
95.	Bushenyi	Kyeizooba	Rutooma	2012	22	113	50	63
96.	Bushenyi	Nyabubaare	Kanyegyero	2013	20	106	49	57
97.	Bushenyi	Bitooma T/C	Bitooma T/C	2020	27	150	75	75
98.	Sheema	Kasaana	Kasaana East	2010	19	100	46	54
99.	Sheema	Kasaana	Kasaana West	2011	21	102	45	57
100.	Sheema	Bugongi TC	Kyamurali	2011	18	100	41	59
101.	Sheema	Kashozi	Karera South	2014	19	110	50	60
102.	Sheema	Sheema Div	Kitojo	2015	22	126	57	69
103.	Sheema	Sheema	Rushozi	2016	20	101	47	54
104.	Mitooma	Katenga	Bitooma-Katenga	2013	53	283	130	153
105.	Mitooma	Kabira	Buharambo	2015	18	100	55	45

106.	Sheema	Sheema	Nyarweshama	2015	28	149	64	85
107.	Sheema	Sheema	Rwamujojo	2016	27	143	57	86
108.	Mitooma	Mutara	Mahwizi	2015	19	109	48	61
109.	Mitooma	Bitereko	Busheregyenyi	2016	38	204	96	108
110.	Mitooma	Bitereko	Karimburo	2018	28	155	72	83
111.	Mitooma	Rutokye T/C	Nyakashojwa	2020	17	92	38	54
112.	Mitooma	Bitereko	Nyakizinga	2020	20	107	41	66
Sub- total					495	2,682	1,195	1,487
GRAND TOTAL					4,048	27,037	12,067	14,970

