



SAVE FOR HEALTH UGANDA (SHU)

“Community solidarity for quality health”

ANNUAL REPORT 2021

SHU/2021/No 12

MARCH 2022

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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 enhance the quality of health of Ugandans through community health financing approaches.

Our values:

- Team Work
- Client-focused
- Integrity
- Professionalism
- Ownership
- Trust in God
- Being economically oriented
- Respect

Thematic areas of work:

- Community Health Financing
- Livelihood improvement
- Quality Healthcare delivery



SHU TEAM 2021

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ACRONYMS

BftW	Bread for the World
BURATS	Busoga Region Association of Tweidhandhabe Schemes
HC	Health Centre
CHF	Community Health Financing
CHI	Community Health Insurance
CRA	Customer Relations Assistant
CRD	Customer Relations Desk
FDGN	Forum for Development of Greater Nebbi
HCP	Healthcare provider
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 BOARD OF DIRECTORS

Dear our esteemed partners and well-wishers, I am glad to present to you our annual report for the year 2021.

We cannot take life and the work we have been able to do for granted given the unprecedented times we have experienced due to COVID-19 pandemic. Our hearts are with all of you who lost dear ones and we praise God for whoever recovered from the pandemic, including our staff.

I wish to extend sincere appreciation to all our partners at international, national and local level who supported Save for Health Uganda's work in various ways. I specifically recognize the financial partners who provided the much needed resources that enabled us to continue running. I thank our local partners including healthcare providers, community volunteers and scheme members for remaining committed to the cause. In spite of the hardships faced, SHU achieved the following during the year, thanks to your resilience.

We launched operations in eastern Uganda and West Nile. I'm excited that we are establishing foot in more regions of the country. I wish to thank district authorities and communities in Iganga, Bugweri and Mayuge for welcoming us warmly and embracing CHI. I also commend Forum for Development of Greater Nebbi (FDGN) for leading us to West Nile where the three districts of Nebbi, Pakwach and Zombo are being targeted for creation of CHI schemes.

With the reopening of the economy and suppression of COVID-19, I believe our work at community level will largely continue unfettered. However, our advocacy for introduction of a National Health Insurance Scheme (NHIS) for Uganda was derailed by the decision to reintroduce the NHIS bill in parliament afresh, which sent the Ministry of Health back to the drawing board. While we are hopeful that this presents an opportunity for improving the law, we are worried about the duration it may take considering the number of years already spent on the same issue without much progress. Nonetheless, we shall continue agitating for a fair and universal national health insurance scheme which guarantees access to affordable health care for everybody.

As life goes back to normal, I wish to call upon everybody to rise up again and pursue our dream of universal health coverage (UHC). The global and national targets for UHC are within reach if we all do our part. As for SHU, our commitment to improving access to quality and affordable health care is unwavering.

'Community Solidarity for quality health'.

May God bless you all!



Leticia Nakimuli Irumba (PhD), Board Chairperson

WE CARRIED ON DESPITE THE CHALLENGES

2021 was very difficult for SHU yet, we still managed to accomplish a lot! This report presents highlights of what we did and achieved under the circumstances.

A big thank you to Bread for The World and the community health insurance schemes (CHIS) for the support over the years, and co-funding with us the new three-year (2021-2023) project titled 'enabling vulnerable families in Uganda to equitably access healthcare services of quality' which we started implementing in January 2022. Through this project, we aim to ensure that (1) vulnerable families in the 14 target districts access quality health care services with ease; and (2) the NHIS law and/or regulations recognize CHI as one of the mechanisms for enrolling informal sector families into the NHIS. I also thank the SHU board of Directors and senior management for providing us with a new strategic plan for the period 2021 – 2026 focusing us on three key thematic areas: Community health financing; Household livelihood improvement; and Quality healthcare service delivery.



Mr. Makaire Fredrick
Executive Director

The year 2021 will remain significant for CHI in this country because: (1) we launched operations to extend community health insurance schemes to the central Busoga districts of Iganga, Bugweri and Mayuge in Eastern Uganda, and to the West Nile districts of Nebbi, Pakwach and Zombo. This extension increased the number of districts where we promote CHI schemes from 9 to 15; and (2) The four old schemes Munno mu Bulwadde union of schemes organization (MBUSO)- covering the districts of Luweero, Nakaseke and Nakasongola in Central Buganda region, Western Ankole Tweragurize schemes' Association (WATSA) – covering the districts of Bushenyi, Mitooma and Sheema in Western Ankole region, Munno mu Bulwadde schemes cooperation mechanism (MSCOM)- covering the districts of Mityana and Kassanda in the Central region, and SHU-CHI managed scheme – covering Luweero and Masaka districts resolved to pool some premiums to cross subsidize themselves, facilitate portability of services among the schemes and cover referrals to specialized medical services in Kampala.

Our efforts to improve household livelihoods in the target districts suffered major setbacks in 2021 because the covid-19 disease treatment bills impoverished and sent many affected families into poverty. Also, the disease containment restrictions imposed and strictly enforced by Government for over a year affected jobs and livelihoods generally. Those who had previously accessed micro-loans lost their businesses but still struggling to pay off those debts at the same time, create new jobs.

Regarding the efforts to improve healthcare services delivery at partner healthcare facilities, we made significant strides: (1) The 21 out of 24 health care providers (HCPs) that had already established Clients Relations Desks (CRDs) to improve quality of services resolved to fully integrate this function into the health facility human resources and pay structures; (2) 2 out of 24 HCPs adopted the capitation mode of payment shifting away from the dominant fee for service; (3) 188 health workers from 16 HCPs were trained and gained knowledge about patient centered care; and (4) a total of 5,116 cases were covered costing Ugx 257,235,260 at a consumption rate of 131%.

Our hopes of having the NHIS law in 2021 ended after the President delayed to assent to the bill before the term of the previous Government expired. Accordingly, all such bills are to be re-submitted before parliament by their parent ministries. By the end of 2021, the Ministry of Health was still editing the bill and had not re-submitted it before parliament. For the Luwero District Community Health Insurance Scheme Ordinance which the solicitor General had declined to approve in 2020 on grounds that the NHIS was going to address all issues presented by the ordinance, the newly elected Luwero District Chairman and Councilors met and have planned to table the issue in council for a resolution to get it back on track since there is no NHIS as earlier anticipated.

As the year 2021 came to a close, covid-19 restrictions continued to be eased and our ways of life started to get back to normal. With our prayers that we continue progressing steadily back to full normality, 2022 will be a year where a lot shall be achieved.

I wish to conclude by thanking all of you our partners, stewards and beneficiaries for supporting us always. In a special way, I thank the partners who have advertised their services in this years' annual report; we appreciate you for sharing with the world the good work you do. We look forward to working with you in 2022 to achieve more on our shared goals. God bless you!



**WE MOVED OUR HEAD
OFFICE TO A NEW
LOCATION:**

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1 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 work focuses on three core thematic areas: 1) Community health financing (CHF); 2) Livelihood improvement; and 3) Quality healthcare services delivery.

1. Community Health Financing: SHU is currently working with communities in 12 districts to create and manage community health insurance (CHI) schemes. The 12 districts are: Luwero, Nakaseke, Nakasongola, Bushenyi, Sheema, Mitooma, Kassanda, Mityana, Masaka, Iganga, Bugweri, Mayuge. There are four main schemes which bring together sub-schemes formed at parish level. 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. They include:



Generic logo of CHI schemes supported by SHU.

- i. Munno mu Bulwadde Union of Schemes Organisation (MBUSO) for Luwero, Nakaseke and Nakasongola district.
- ii. Mubende Munno mu Bulwadde Schemes Cooperation Mechanism (MSCOM) for Mityana and Kassanda district.
- iii. Western Ankole Tweragurize Schemes Association (WATSA) for Mitooma, Bushenyi and Sheema district.
- iv. SHU-Managed CHI Scheme for urban and corporate groups in Luwero and Masaka districts.

The fifth scheme called Busoga Region Association of Tweidhandhabe Schemes (BURATS) which was created in 2021 to cover districts in the eastern region will begin enrolling sub-schemes next year. In addition, SHU is providing technical support for establishment of CHF schemes in West Nile area in the three districts of Nebbi, Pakwach and Zombo.

To augment the community-level CHF work, SHU engages policy makers at national and local government levels to advocate for laws and policies that should enable all people in Uganda to access quality healthcare services without facing financial hardships. At national level, we specifically focus on advocacy for a national health insurance law that covers every citizen with a single pool of funds, recognises CHI, and guarantees enrolment of indigents. At local government level, we engage leaders to provide a legal framework and support CHI schemes to grow and be more sustainable.

3. Livelihood improvement: We enhance community capacity to generate income for family welfare and access to health care. We do this through training community members in vocational skills, business management and finance literacy. We also link them to our partner microfinance institutions to access low-interest credit facilities.

4. Quality healthcare services delivery: To enable members of CHI schemes to access quality healthcare services, we work closely with healthcare providers at different levels to improve client experience and satisfaction. We advocate for improved infrastructure, reliable supply of drugs and inputs, and adherence to professional standards. We facilitate patient centred care training for health workers and create feedback mechanisms between the healthcare providers contracted by schemes and members of CHI schemes. This creates a cordial and mutually beneficial relationship between healthcare providers and the communities they serve.

ADVERT



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POLICY AND ADVOCACY

- Lobbying and Advocacy
- Representation at National and International level
- Information sharing
- Research



EMPLOYMENT RELATIONS & LEGAL

- Sensitization
- Basic and Comprehensive Advice
- Audit, Review, and Draft ER/L workplace documents
- Negotiation and Mediation
- Representation at the labour office and industrial court



BUSINESS SUPPORT SERVICES

- Special Programs
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- Basic and Comprehensive HR audits
- Mini and Comprehensive OSH audits
- Networking events
- Consultancy

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2 OUR PERFORMANCE IN 2021

2.1 NEW DEVELOPMENTS IN 2021

2.1.1 We launched our strategic plan for 2021 – 2026

This was the first year of implementing our new strategic plan for the period 2021 – 2026. The plan estimated to cost shs18.9 billion builds on achievements of the previous period of 2016 – 2020 which saw SHU support 112 CHI sub-schemes covering about 27,000 individuals every year with 69 percent protection against impoverishing healthcare bills, all scheme medical bills paid, and CHI recognized in the National Health Insurance Scheme (NHIS) bill 2019. In addition, more than 7,000 individuals benefitted from skills training for livelihood improvement, 4,714 received microloans and at least 47.5 percent of leadership positions in CHI schemes were occupied by women. For the five years beginning 2021, SHU's focus is on three thematic areas: community health financing, livelihood improvement and quality health care delivery. The key targets for the period 2021 -2026 are: 200,000 people from 35,000 families covered in CHI schemes with a single pool; a universal NHIS law that recognizes CHI; 12,000 individuals accessing affordable micro-credit services; three saving and credit co-operatives (SACCO) established for CHI scheme members; 12,000 individuals trained in entrepreneurship skills; 50 health facilities contracted; and a functional referral system for contracted health facilities. The results shared in the various sections of this report are the first steps made towards achieving the set targets.

2.1.2 We launched operations in three districts in Eastern Uganda

At the beginning of the year, SHU launched operations in the districts of Iganga, Bugweri and Mayuge in Busoga sub-region, eastern Uganda, to enable families to access community health insurance (CHI) services. The three districts brought the total number of districts where SHU directly implements CHI to 12, the others being Luwero, Nakaseke, Nakasongola, Mityana, Kassanda, Masaka, Bushenyi, Sheema and Mitooma. Our key entry activities included opening up an office in Iganga Municipality, holding introductory and sensitization meetings with local authorities at district, sub-county and parish levels. In total, we educated 88 (58 male and 30 female) district leaders about CHI and signed memoranda of understanding with the three districts.



SHU Executive Director Mr. Makaire Fredrick addresses a meeting with Mayuge District leaders.

Areas where SHU started operations in eastern Uganda in 2021

District	Sub-county	Parishes
Iganga	Nawandala	Nawangaiza, Kiwanyi, Bugongo
	Bulamagi	Iwawu East, Bukoyo
Bugweri	Ibulanku	Ibulanku, Nawansega, Buniantole
	Igombe	Walanga, Kikunu
Mayuge	Baitambogwe	Wainha, Lugolole
	Imanyiro	Kyando

We held 104 village-based meetings in 13 parishes and reached 6,000 families with health insurance education which resulted into formation of 13 parish-based CHI sub-scheme structures. Families in the 13 sub-schemes elected 166 (106 male and 60 female) leaders to serve as chairpersons, treasurers, secretaries, scheme agents and village coordinators. These were later trained in marketing, promotion, management and registration of members.

SHU organized a learning visit for a selected team of 11 sub-scheme leaders to MBUSO in Luwero district to be oriented on scheme functioning and management, pooling, accountability and reporting. The leaders gained confidence in the CHI program and started promoting it. By the end of the year, 461 families had registered and so far paid a sum of Ugx 18,592,000 in premiums. The scheme was set to launch access to health

services for its members in the first quarter of 2022. SHU supported the sub-scheme leaders to register a jointly owned CHI scheme named Busoga Region Association of Tweidhandhabe schemes (BURATS) as a community-based organization. Iganga district local government issued to the scheme a certificate of registration under number IDLG/207/2021.

In addition, we mapped 22 health facilities out of which four were accredited and recommended to serve members of the CHI scheme in the three districts. The accredited facilities signed memoranda of understanding with SHU pending contracting by the scheme. These are: Ibulanku community HC III, Kiwanyi HC II, Musana community HC III and Buluba Hospital.

2.1.3 We provided technical support for creation of CHI schemes in West Nile sub-region

To extend CHI to the northern region, SHU signed a memorandum of understanding with Forum for Development of Greater Nebbi (FDGN), a non-governmental organization located in Nebbi, to promote CHI schemes in the three districts of Nebbi, Pakwach and Zombo in West Nile sub-region. This followed a feasibility study conducted by SHU in the three districts in 2019 which showed opportunities for implementing CHI in the area. SHU conducted a series of sensitization and capacity building activities to equip FDGN team with knowledge and skills for implementing CHI. The activities included training in CHI concepts, principles, scheme functioning and management, marketing and promotion. A total of 12 staff and steering committee members of FDGN benefitted from the training. SHU supported the team to design a scheme to be implemented in the area targeting both formal and informal groups. FDGN registered the scheme as a community based organization called Greater Nebbi Community Health insurance scheme (GNCHIS). The team developed a benefit package and set premiums and conditions for residents to enroll in the scheme. By the end of the year, sensitization of potential members including six organizations that support saving groups in the area to enrol into the scheme had been started. The plan is to start by creating small pools of healthcare funds at group level which will later be merged into one large pool for all CHI members in the three districts.



FDGN Chairman Mr. Odongo Emilio with SHU Executive Director, Mr. Makaire Fredrick, after signing the MOU at SHU Head Office in Kampala.

2.1.4 The four CHI schemes agreed to start a joint national level pool and developed strategic plans

The four CHI schemes, MBUSO, WATSA, MSCOM and SHUMCHIS, which bring together all SHU-supported sub-schemes in nine districts started negotiations and agreed to form one joint pool of health care funds to facilitate portability of benefits for their members beyond their respective regions. During a two-day meeting held in Masaka, 27 representatives of schemes and SHU agreed on the design of the joint pool which will enable



A group discussion of representatives of WATSA scheme during a workshop on forming a joint pool for all CHI schemes supported by SHU.

schemes to contract a referral hospital at national level. Currently, scheme members access services at contracted health facilities within their respective regions only. Under the proposed joint pool arrangement, the schemes will begin by pooling 10 percent of their healthcare funds at national level only for referral and setting aside 10 percent of their reserve fund for the joint reserve pool. Relatedly, SHU supported the four schemes to develop five-year strategic plans which defined their direction, priority areas and targets. Each scheme now has a five-year strategic plan to run from 2022 to 2026.

3 KEY ACTIVITIES AND ACHIEVEMENTS

3.1 COMMUNITY HEALTH FINANCING

A. Activities implemented

3.1.1 Supported four CHI schemes to continue running and maintain existing sub-schemes

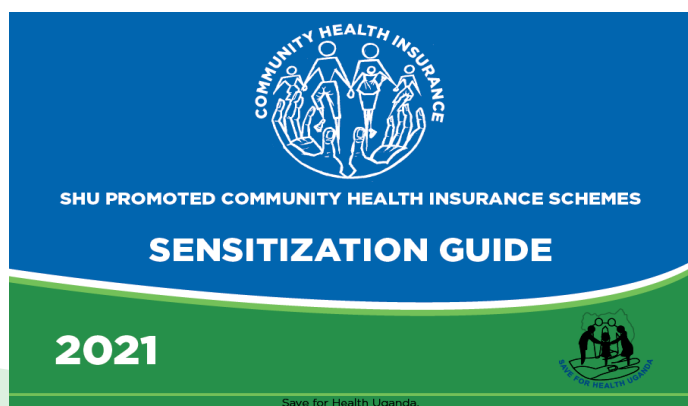
Under our flagship thematic area of community health financing (CHF), we continued to support the four CHI schemes and three of them, Munno mu Bulwadde union of schemes organization (MBUSO), Western Ankole Tweragurize schemes' Association (WATSA), and SHU managed scheme (SHUMCHIS) were able to sustain operations despite the challenges posed by COVID-19, which hindered the fourth scheme (Munno mu Bulwadde schemes cooperation mechanism (MSCOM)) from running. We used leadership structures of schemes created at community level to sustain information flow and access to healthcare services for families during the lockdown period. Since physical meetings were suspended, leaders relied more on house to house visits. At planning level, we held virtual meetings with partners and stakeholders that embraced modern technology since many of them were working from home.

SHU supported the schemes with 10 new motorcycles to enable scheme leaders to execute their roles and responsibilities during the covid-19 lockdown where public transport was banned. Scheme leaders used the motorcycles to collect data from families that wanted to enroll into schemes, deliver medical bills to sub-schemes for verification, deposit premium in banks and distribute healthcare access cards. In addition, SHU sent out text messages to target families to create more awareness on COVID-19 and share updates regarding the running of the schemes. Scheme leaders were also given masks and hand sanitizer to protect them from the disease while doing their work. As restrictions were eased towards the end of the year, we supported schemes to organize monthly and quarterly planning meetings at parish level. In December, the schemes were able to officially launch their new year of 2022.

We developed a CHI sensitization guide for scheme leaders and agents to be able to easily give consistent messages to target communities. We trained field officers, sub-scheme leaders and agents on how to use the guide. The sensitization guide is envisaged to facilitate quicker creation and easier management of CHI schemes at various levels to scale up their coverage.



Some of the scheme leaders of MBUSO after receiving motorcycles to enable them to continue working during the lockdown.



Cover page of the English version of the sensitization guide



SHU Executive Director, Mr. Makaire Fredrick issuing a healthcare access card to a scheme beneficiary during the launch of MBUSO scheme year in December 2021.

ADVERT



Smart Applications International digitally transforming healthcare ecosystem in Uganda using biometric Smartcard technology.

The African story at a global stage, the poet's breath in the narration so is **Smart Applications International** story at the global stage. An East Africa technology company that has transformed the lives of millions in simplifying healthcare access with remarkable biometric identification technology. Smart, as it is fondly known within the healthcare and insurance market segments, has invested heavily in both infrastructure and people who has catapulted it to achieve remarkable growth in serving its partners. It has established a pan-African footprint with presence in more than 10 countries.

In Uganda, the medical insurance industry has been plagued with paper-based operational challenges that exposed them to medical fraud due to impersonation, possible fraudulent invoices by unscrupulous medical services providers, over expenditure and delayed payment of service providers caused by prolonged invoice reconciliation. These challenges have contributed towards expensive medical administration costs and 30-40% bills paid out of fraudulent activities. Thus, huge losses incurred in medical business.

Smart Applications International embarked on a rigorous organizational and operational healthcare automation processes in the insurance industry across the region. Through its automated biometric medical scheme management solution, it has achieved unparalleled success and cost savings. The Biometric Technology and Smart Card technology offers a unique, secure, and personalized identity management which restricts fraud and offer positive identification of medical

scheme beneficiaries. Further, the system offers visibility to the medical administrators thus aware of entire claim flow processes.

The **Smart** solution has been a regional benchmarking case study on how adoption of technology in healthcare space can increase profitability and at the same time create a secure access to healthcare. The wealth of customized automated reports on utilization, cover balance, benefit per category utilization etc can now be easily accessed. Insurance companies can now use this for data driven decision making.

The end-to-end healthcare digitization process aims at achieving paperless medical access for insured population(s). This could be private or public medical insurance. The point of service access to the claim transmission to the payer and claim settlement has been well integrated to allow enough visibility and controls. The system is currently in use by insurance companies, medical insurance providers, parastatals, and public entities that either run in-house medical schemes or through insurance.

Smart have diversified their solutions to include Hospital Management Information system, Smart Sacco, Time & Attendance and Access Control system, Customer Identification Solutions amongst many others. Indeed, an inspiration to Mother Africa!

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OUR FOOTPRINT IN AFRICA



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B. Achievements

3.1.2 Two new sub-schemes created, 2,045 families retained and 1,154 new families enrolled

Despite the challenges faced during the year, we retained a significant number of families in the schemes and new ones enrolled. A total of 2,045 families renewed their membership and 1,154 new ones joined the schemes. In Bushenyi area, two sub-schemes were created in Bitooma Town Council, Bushenyi district. These are Kimuri covering 161 (74 male and 87 female) individuals from 30 families and Kashambya with 167 (74 male and 93 female) individuals from 29 families. A total of 22,693 (10,102 male and 12,591) individuals from 3,220 households were covered by the schemes.

Two schemes renewed their mandate to operate in the districts where they work. MSCOM secured a certificate of registration as a CBO in Kassanda District, which was previously part of Mubende district. MBUSO also received certificates of operation as a CBO in Nakaseke and Nakasongola districts.

Coverage of the four CHI schemes supported by SHU in 2021

Scheme	District	Number of sub-counties	Number of sub-schemes	2020/2021 MEMBERSHIP			
				Families	Total beneficiaries	M	F
MBUSO	Luwero	11	42	1,635	12,339	5,504	6,835
	Nakaseke	7	19	615	4,829	2,171	2,658
	Nakasongola	2	7	249	1,981	866	1,115
Sub-total		20	68	2,499	19,149	8,541	10,608
WATSA	Bushenyi	4	6	171	957	395	562
	Mitooma	5	7	208	1,129	502	627
	Sheema	4	7	188	1,004	415	589
Sub-total		13	20	567	3,090	1,312	1,778
SHU - CHI	Luwero	3	3	152	398	213	185
	Masaka	1	1	2	56	36	20
Sub-total		4	4	154	454	249	205
Total		37	92	3,220	22,693	10,102	12,591

3.1.3 Schemes mobilized Ugx274,281,093 from families

During the year, the three running schemes mobilized Ugx274,281,093 in premium payment by families. Although the amount collected reduced by 17 percent from Ugx329,660,029 realized in 2020, this was a significant achievement considering that many families suffered setbacks during the lockdown period. In Bushenyi area under WATSA, four sub-schemes including Busheregyenyi, Kibazi, Bitooma-Katenga and Buharambo adopted premium saving groups to be able to pay their premiums in time. The premium saving groups enabled members to launch their sub-schemes in time and have more membership compared to those without such groups. In Luwero area, MBUSO enrolled a total of 930 individuals through SHUF, a partner microfinance institution. These paid Ugx 9,882,000 in premium.

Funds collected by schemes in 2021

Scheme	2021 (Ugx)	2020 (Ugx)
MBUSO	174,742,751	205,134,100
SHUMCHIS	44,175,926	24,500,000
WATSA	55,362,416	44,173,995
MSCOM	0	55,851,934
Total	274,281,093	329,660,029

3.1.4 Schemes fully paid their medical bills for the year and provided 63% protection to members

Three schemes (MBUSO, WATSA and SHUMCHIS) paid Ugx257,235,260 to 21 healthcare facilities for medical bills of their members. The 21 facilities handled a total of 5,116 cases (3,826 outpatient and 1,290 inpatient). Majority of the cases (67%) were presented by women. The total bill charged to scheme patients was Ugx 407,711,210 out of which the schemes covered Ugx 257,235,260. The rest was paid by members as co-payment and excess amount that exceeded the schemes' claims limit (ceiling). The proportion of patients' bills covered by the schemes was 63%. The most common diseases presented were malaria, hypertension, peptic ulcer disease and urinary tract infections. Up to 87 percent of the most common illnesses were non-communicable while 13 percent were communicable.

ADVERT



We Treat, Jesus Heals

KIWOKO HOSPITAL

Contact Us: info@kiwokohospital.org

Tel: +256 (0)780 235113

Website: www.kiwokohospital.org

30 Years of Service

About Kiwoko Hospital

Located 75 kilometres north of Kampala city, Kiwoko Hospital is a not-for-profit health facility that has for three decades extended quality and affordable health care services to people living in the three districts of Nakaseke, Nakasongola and Luwero in central Uganda. Our work with poor and vulnerable communities started way back in 1988 shortly after Uganda had suffered a civil war. We started off as a clinic under a mango tree that treated common illnesses. With the support of different organizations and individuals, Kiwoko Hospital has grown into a 204-bed health facility offering a wide range of health care services. The hospital is comprised of an Out-Patient Department (OPD), 10 specialist clinics, five wards— a maternity ward, a neonatal intensive

care unit (NICU), general male and female wards, a pediatric ward and an extensive Community-Based Healthcare (CBHC) programme

Specialist clinics at Kiwoko Hospital

1. Antenatal Clinic
2. Postnatal Clinic
3. Obstetrics and Gynaecology
4. HIV Clinic
5. Mental Health and Epilepsy
6. Eye Clinic
7. Dental Clinic
8. Sickle Cell Clinic
9. Diabetes Clinic
10. Urology Clinic

Despite Kiwoko's sustained growth in the provision of quality healthcare services, the importance of affordability and accessibility has not waived as a central tenet of Kiwoko's mission. Due to effective partnerships, Kiwoko has been able to sustain a model where patient fees are heavily subsidized, and in some cases are waived entirely. This ensures that everybody in the community can receive the healthcare they need. Furthermore, for more than twenty years, Kiwoko Hospital has partnered with Save for Health Uganda to offer health services to its clients. The affordable care that Kiwoko Hospital provides has significantly improved short and long-term health outcomes in the region.

Number of patients treated between 2016 to 2021

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Main Outpatient Attendance	28,825	29,217	32,610	33,750	27,072
Total Admissions	7,928	8,594	8,964	9,810	7,717
Total Number of Children Immunized	7,113	7,388	7,286	7,863	7,172
Admissions to Maternity Ward	3,644	3,763	3,971	3,821	3,153
Normal Deliveries	1,984	1,843	1,774	1,722	1,175
Caesarean Sections	760	953	1,176	982	939
Total Deliveries	2,744	2,796	2,950	2,794	2,124
Total Antenatal Visits	6,616	6,584	6,694	3,338	5,262
HIV Tests Done	10,918	9,657	5,023	1,459	6,616
HIV Positive Cases Identified	412	364	295	22	184

Kiwoko Hospital Health Training Institute:

Besides offering health care services, Kiwoko Hospital also trains human resource for health. Through its health training institute, Kiwoko offers certificate courses in Nursing, Midwifery and Medical Laboratory Techniques with plans to introduce diploma courses underway.



Kiwoko Hospital's Neonatal Intensive Care Unit



A community outreach by the hospital eye clinic



A graduation ceremony at Kiwoko Hospital Health Training Institute

Cases of CHI scheme members handled by contracted healthcare providers and bills paid

IPC			IPC			PROTECTION RATE				
	Health Facility	Total Cases	Total Bill	Scheme Bill	IPC cases	Total bill	Scheme bill	Total Cases	Total bill	Scheme bill
1	Kiwoko Hospital	737	60,011,800	38,668,100	460	123,940,400	72,867,300	1,197	183,952,200	111,535,400
2	Bishop Caesar Asili Hospital	472	32,698,200	21,462,400	162	35,286,400	21,300,400	634	67,984,600	42,762,800
3	Franciscan H/C Kakooge	191	14,074,000	9,385,000	51	9,326,000	4,691,000	242	23,400,000	14,076,000
4	Our Lady of Lourdes H/C	23	1,260,900	955,900	3	444,000	367,000	26	1,704,900	1,322,900
5	St Mary Mother of Jesus	114	3,621,000	2,519,000	24	1,555,000	1,329,000	138	5,176,000	3,848,000
6	St Francis H/C Kijaguzo	8	585,000	395,000	0	0	0	8	585,000	395,000
7	Holy Cross H/C	118	5,982,700	4,082,200	84	8,598,100	6,214,800	202	14,580,800	10,297,000
8	St Matia Mulumba H/C	13	355,000	263,000	14	1,016,700	919,700	27	1,371,700	1,182,700
9	St Mary's H/C Kasaala	33	1,944,000	934,000	61	6,827,500	3,833,000	94	8,771,500	4,767,000
10	St Kizito H/c Nattyole	20	724,000	624,000	1	87,000	82,000	21	811,000	706,000
11	Good Samaritan H/C Kisuule	30	2,334,000	1,487,000	17	2,266,000	1,376,000	47	4,600,000	2,863,000
12	St Jerome Health Unit COVE	7	422,100	193,100	28	2,646,200	1,542,700	35	3,068,300	1,735,800
13	Kaludo Pharmacy	325	6,006,200	5,699,300	0	0	0	325	6,006,200	5,699,300
14	Yaffe Pharmacy	7	166,900	103,900	0	0	0	7	166,900	103,900
15	Kitovu Hospital	68	2,629,610	2,629,610	1	47,400	47,400	69	2,677,010	2,677,010
16	Kitagata Hospital	425	11,820,500	8,720,000	1	22,000	20,000	426	11,842,500	9,482,500
17	Ishaka Adventist Hospital	273	13,451,500	8,541,000	63	12,948,000	4,130,000	336	26,399,500	13,742,850
18	Bitooma Health Centre	338	7,909,000	3,492,000	184	10,392,000	6,880,000	522	18,301,000	12,156,000
19	Mushanga Health Centre	378	12,068,000	8,248,000	63	4,396,000	3,191,000	441	16,464,000	11,627,000
20	Hope Medical Centre/ AMG Bugongi	103	2,465,000	1,025,000	7	405,000	175,000	110	2,870,000	1,746,000
21	Nyakatsiro Health Centre	143	2,966,300	1,855,000	66	4,011,800	2,643,000	209	6,978,100	4,509,100
	TOTAL	3,826	183,495,710	121,282,510	1,290	224,215,500	131,609,300	5,116	407,711,210	257,235,260

MOST COMMON ILLNESSES PRESENTED BY SCHEME MEMBERS AT CONTRACTED HEALTH FACILITIES

DISEASE	SCHEME				
	MBUSO	WATSA	SHUMCHIS	TOTAL	PERCENTAGE
Malaria (Severe malaria, acute malaria)	436	97	22	555	10.8
Hypertension (HTN)	314	315	40	669	13.1
Peptic Ulcer Disease (PUD)	241	49	27	317	6.2
Urinary Tract Infection (UTI)	168	252	12	432	8.4
Fever (typhoid, Enteric fever))	124	123	32	279	5.5
SVD, Delivery, C-Section and ANC	268		6	274	5.4
Gastritis	71	192	16	279	5.5
Dermatitis (DM)	86	17	15	118	2.3
URTI	42	86	72	200	3.9
Syphilis	35		0	35	0.7
Diabetes	38	80	22	140	2.7
Dental	17	0	12	29	0.6
Pneumonia	49	33	8	90	1.8
Bacteremia	43	90	0	133	2.6
Others	836	710	20	1566	30.6
Total	2,768	2044	304	5,116	100.0

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MUNNO MU BULWADDE UNION OF SCHEMES ORGANISATION



Munno mu Bulwadde Union of Schemes Organization (MBUSO) is a Community Health Insurance Scheme (CHIS) composed of Member-Managed and Third Party-Managed Community Health Insurance Sub-Schemes in the districts of Luwero, Nakaseke and Nakasongola. It is a membership organization formed by Save for Health Uganda (SHU) and 10 Member-Managed Community Health Insurance Sub-Schemes to consolidate and share health care resources and risks. It is registered as a Community-Based Organization (CBO) with Luwero district local government since 2006, the year it was formed.

Vision

A protected and empowered community in Luwero, Nakasongola, and Nakaseke organized in self-reliant community health insurance schemes and network enjoying quality health care services.

Mission

To promote saving and community health insurance at household level; purchase healthcare and coordinate CHI sub-schemes in the districts of Luwero, Nakaseke and Nakasongola to run professionally.

WHAT WE DO

We provide the following services to our sub-schemes

- Promoting the CHI scheme concept to families
- Coordinating all the CHI sub-schemes
- Health Insurance education to families.
- Capacity enhancement for leaders
- Contracting healthcare service providers
- Purchasing healthcare services
- Advocate for quality healthcare services at partner facilities
- Managing members and funds.

SERVICES COVERED

- Outpatient care services
- In patient care services
- Maternity services
- Dental care services
- Eye care services
- Drugs and medicines



The in-charge of Our Lady of Lourdes Health Centre (in white T-shirt) together with members of the Health Unit Management Committee receiving the delivery bed from MBUSO Union Technical Manager



A member enjoying services at the contracted health facility

**For more details, contact the scheme secretariat: Kasoma zone, Luwero Town Council,
P.O. Box 123 Luwero. Tel: +256778578677 or +256706680466**

4 ADVOCACY FOR UNIVERSAL HEALTH INSURANCE AND A LEGAL FRAMEWORK FOR CHI

Activities implemented

4.1.1 Developed a three-year advocacy strategy for SHU

We developed a three- year advocacy strategy focusing on the following key issues: 1) Delayed passing of the NHIS bill and absence of clauses on CHI scheme, a single pool and government paying for indigents in the NHIS bill; 2) Refusal by the Solicitor General to approve the Luwero District CHI scheme Ordinance; and 3) Lack of Customer Relations Assistants positions in staff structures at contracted health facilities. SHU's desire is to see the NHIS law passed with clauses on CHI, a single pool, and government to pay premium for indigents by December 2023. In addition, SHU targets to support Luwero District to implement a District CHI scheme, and engage decision makers at 33 contracted health facilities to revise staff structures to include the position of customer relations assistant.

4.1.2 Oriented new Luwero district leaders on community health insurance

We held meetings with 45 newly elected leaders of Luwero district and other key stakeholders to orient them about CHI schemes and the Luwero District CHI scheme ordinance passed by the previous District Council in 2018. The objectives of the meetings were: 1) To sensitize the newly elected leaders about the work SHU has been doing in the district and Countrywide; 2) To provide an update on the progress of the Luwero District Community Health Insurance Scheme Ordinance; 3) To plan on how to scale up community health insurance programs to reach all district residents. The leaders committed to take forward the work started by their predecessors to create a district wide CHI scheme.



SHU Executive Director, Mr. Makaire Fredrick (with a red necktie) with Luwero district leaders and other SHU staff after the orientation meeting held at Luwero Diocese Guest House.

4.1.3 Conducted a learning visit to Ethiopia

From 11th to 15th October, 2021, a team of SHU staff and key partners visited Ethiopia to learn about community based health insurance (CBHI). Ethiopia was chosen because of its successes over the past ten years in implementing CBHI. The visiting team was hosted by the Ethiopian Health Insurance Agency (EHIA). The objectives of the visit were: 1) To learn about the roles of different stakeholders (both government and non-government) in CHI implementation; 2) To document how CHI is integrated with government structures at different levels; and 3) To obtain lessons on how the broad community is involved in the implementation of CBHI. The visiting team comprised the Deputy Chairperson of the Health committee of Parliament of Uganda, a Senior Health planner in the Ministry of Health, SHU Executive Director and the Communication and Advocacy Officer. The team picked lessons to supplement our evidence-based advocacy for universal health insurance in Uganda.



The visiting team together with the top managers of the Ethiopian Health Insurance Agency led by the Director General Ms. Frehiwot Abebe (4th left).

5 HEALTHCARE SERVICES DELIVERY

Activities implemented

5.1.1 Supported healthcare providers to improve reception

SHU works with a network of 27 healthcare providers to facilitate access to quality healthcare services for members of CHI schemes. Capacity building through training is one of the ways through which health workers are educated about their duties, rights and responsibilities and those of patients so as to foster a good relationship between healthcare providers and patients. We trained 188 health workers at 16 partner healthcare facilities located in Luwero and Bushenyi areas in patients' rights and responsibilities under the concept of patient centered care (PCC). As a result, management of those healthcare providers incorporated PCC as a component in their continuous medical education sessions. A total of six client relations assistants (CRA) were trained on their roles and responsibilities.



PCC training at St. Kizito Nattyolele HCIII in Ziobwe sub-county, Luwero District

Status of CRDs at contracted health facilities

Institutionalized	Operational	None
1. Kiwoko hospital 2. Bishop C. Asili Hospital 3. Ishaka Adventist Hospital 4. Kitagata Hospital 5. Franciscan HCIV 6. Mushanga HCIII 7. Hope Medical Centre 8. Nakaseke Hospital 9. Kitovu Hospital 10. St Francis Community/ HOSFA HCIV 11. St Gabriel Mirembe Maria HCIII	1. St Mary Mother of Jesus Kalule HCIV 2. St Matia Mulumba HCIII 3. Our Lady of Lourdes HCIII 4. St Francis Kijaguzo HCIII 5. Nyakatsiro HCIII 6. St Luke Namaliga HCIV 7. Good Samaritan HCIII 8. St Mary's Kasaala HCIII 9. Bitooma HCIII 10. Holy Cross Kikyusa HCIII 11. St Jerome Health Unit - COVE HCII	1. St Kizito Nattyolele HCIII 2. Kitokolo HCII 3. Naluggi HCII 4. Kaludo Pharmacy 5. Yaffe Pharmacy

5.1.2 We held the 6th annual partners meeting for schemes and healthcare providers

We held one joint partners meeting of 51 participants including scheme representatives and managers of 23 contracted healthcare providers (HCPs). The theme of the meeting was "Prioritizing reception as a key element in patient centered care (PCC)". The overall objective was to support the healthcare providers contracted by CHI schemes to improve reception and institutionalize client relations desks (CRDs). Discussions centred on: improving reception with particular interest in promoting CRDs; CHI schemes performance which looked at the major functions of CHI schemes; utilization of services and consumption of healthcare funds; plus monitoring and evaluating CHI schemes. At the end of the meeting, 21 HCPs committed to introducing the CRA position into their human resource structures. Other commitments made to improve service delivery included promoting CHI, increasing disease prevention efforts, carrying out client satisfaction surveys and providing health insurance cover to health workers among others. Three facilities committed to adopting capitation mode of payment, seven facilities committed to charge flat fees; 12 facilities committed to charging fee for service, and one facility committed to adopting flat fees for outpatient services and 'fee-for-service' for inpatient care as a way of reducing over-consumption in the CHI schemes. We monitored 21 healthcare providers to assess progress on fulfilling their commitments.



Some of the participants at the 6th annual partners meeting held on 20th and 21st May 2021 at Hotel Brovad in Masaka City.

5.1.3 Sensitized healthcare provider staff about CHI and procedures of coverage

The schemes accessed services from a range of 21 healthcare service providers contracted. The staff of four contracted healthcare service providers were sensitized about CHI and the scheme's procedures of coverage. The facility staff trained were from St Mary's H/C Kasaala, St Mary's Mother of Jesus H/C IV Kalule, Kaludo pharmacy in Luwero and Yaffe pharmacy in Nakaseke district. A total of 21 (14 female and 7 male) health workers were sensitized. The finance officers at these facilities acquired knowledge on the procedures of coverage and preparing invoices to the scheme.



Mr. Kitenda Samuel, the Project Coordinator for Luwero area sensitizing staff of St Mary's HCIII Kasaala about procedures of coverage.

5.1.4 Supported healthcare providers to improve the quality of services offered

We initiated and facilitated review meetings between schemes and contracted healthcare facilities. In these meetings, leaders gave feedback reports on the quality of services provided by the providers and there were some resolutions reached at each provider e.g. increasing the number of staff during night shifts, orienting new staff about CHI among others. SHU supported Our Lady of Lourdes H/C III with a delivery bed. This followed a request from the facility after it had launched a new maternity ward with an objective of improving maternal health in the catchment areas of the facility through reduced referrals for maternity services.

Achievement

5.1.5 Two health facilities established CRDs and six revised their staff structures:

As a result of our work in promoting client relations at health facilities, two healthcare providers, St. Jerome health unit and Holy cross HC III Kikyusa established customer relations desks during the year and filled the positions of the Customer relations assistants. By the end of the year, six facilities had included the position of CRA in their staff structures.



The in-charge of Our Lady of Lourdes HCIII (in white T-shirt) together with members of the Health Unit Management Committee receiving a delivery bed from SHU Project Coordinator.

6 LIVELIHOOD IMPROVEMENT

6.1.1 We linked 334 families to a partner microfinance institution to access low-interest loans

During the year, SHU maintained partnership with SHU Finance limited, a micro finance institution in Luwero district, to provide low interest loans to members of the CHI scheme in the area. A total of 334 members (132 female and 202 male) benefitted from the loans. The number of individuals issued with loans remained very low compared to 506 in 2019 and 312 in 2020 due to the impact of COVID-19 where the cash inflows and outflows were affected. The table below details all the types of loans accessed by members in 2021.

Loan product	Female	Male	Total
Agri-business	45	98	143
Working Capital	85	101	186
House Improvement	2	3	5
Total	132	202	334



Nanyonga Harriet of Ngogolo sub-scheme used the working capital loan from SHUF to re-stock her retail shop.

ADVERT



MUNNO MU BULWADDE SCHEMES COOPERATION MECHANISM

Munno mu Bulwade Schemes Cooperation Mechanism (MSCOM) is a Community Health Insurance (CHI) scheme that brings together all SHU-supported CHI sub-Schemes in the districts of Mityana and Kassanda. It was formed in 2016 and is registered as a Community-Based Organization in the districts of Mityana and Kassanda.

Vision: Communities in Kassanda and Mityana districts accessing quality healthcare services.

Mission: To support, coordinate and strengthen the community health insurance schemes in Mityana and Kassanda districts to continue operating sustainably while serving the target communities.

MSCOM has enabled over 1,000 families in the districts of Mityana and Kassanda to access quality health care services and protected them from incurring catastrophic health expenditures.

Our member's testimony

Mr. Kavuma Joseph a member of Kyamusisi sub scheme in Kalangalo sub county Mityana district recalls how the scheme covered his medical bills when he was involved in an accident. Some of his teeth were broken and deformed which necessitated an operation. According to Kavuma, the scheme covered his healthcare bill at St. Francis community HCIV in Mityana where he received

treatment from. The scheme paid up to Ugx 350,000 which he didn't have at that moment.

"When I returned home from hospital, many people came to sympathize with me and asked how I was able to pay the medical bills considering the quality of the facility where I was treated. I felt proud that I'm a member of the scheme and told them how it cleared the entire bill," says Mr. Kavuma.

According to Mr. Kavuma, everyone was surprised that a scheme could cover all medical bills and it inspired many to join that particular sub-scheme of Kyamusisi. Mr. Kavuma has been a member of the scheme since 2017 and he is currently the Agent of Kyamusisi Asiika Obulamu sub-scheme which has a membership of 450 individuals.



Mr. Kavuma Joseph, a resident of Kyamusisi in Kalangalo sub-county, Mityana District

Contact us: Mityana Community Centre Building, Thoban Road Central Zone, Mityana Municipality, P.O.Box 285, Mityana, Tel: 0414 271 841, Email: shu@shu.org.ug

7 INSTITUTIONAL GROWTH

7.1.1 SHU and CHI schemes mobilized Ugx1,806,436,637

During the year, SHU mobilized a total of Ugx1,806,436,637. We received Ugx1,749,686,637 from our partner Bread for the World and raised Ugx37,370,000 from local sources. In January, SHU started implementing a three-year project titled 'Enabling vulnerable families in Uganda to equitably access healthcare services of quality'. The project funded by Bread for the World, required implementing partners including SHU and CHI schemes to contribute towards resources needed for successful implementation. The schemes were able to raise Ugx19,380,000 out of Ugx19,600,000 required while SHU raised Ugx37,370,000 out of its Ugx74,200,000 share for co-funding. The funds enabled SHU and the schemes to continue running and facilitate access to quality health care for community members.

7.1.2 The Board of Directors performed its functions

The Board of Directors (BOD) held two meetings and was able to resolve on pertinent governance issues including approving annual work plans and budgets. Members of the BOD visited Bushenyi area for familiarization and getting feedback from partners in CHI implementation including community members and healthcare providers. They became conversant with the operations of the scheme, and the community members gained more confidence in SHU. They also visited Nyakatsiro HCIII and one of the sub-schemes so as to get views of members on joining hands with schemes in the other regions to form a joint national pool. Community members that participated in the interactions appreciated the idea and agreed to discuss it with others for approval.



Members of SHU Board of Directors meeting members of Kibazi sub-scheme in Kyamuhunga sub-county, Bushenyi district.

7.1.3 Staff benefitted from capacity enhancement in various skills

The team benefitted from various capacity building activities organized both internally and by partners. A total of 11 technical staff were trained in CHI schemes financial and risk management, monitoring, evaluation and reporting using the output impact oriented (OIO) approach. As a result, each of the four schemes profiled its risks and developed a risk management strategy. Two project coordinators benefitted from training in advocacy and resource mobilization organized by Reproductive Health Uganda (RHU) in conjunction with Partners in Population and Development -Africa Regional Office (PPD-ARO).

7.1.4 SHU team boosted with more staff

To strengthen capacity of SHU to mobilize and effectively utilize financial resources to implement planned interventions, a Resource Mobilisation Officer was engaged. In addition, three other staff were recruited. They include two male field officers and one female accounts assistant for Iganga office. SHU now has a total of 31 (17 male and 14 female) staff members. Inducted the three new staff and deployed them to their duty stations in Iganga and Kampala.

8 MAJOR CHALLENGES FACED DURING THE YEAR

8.1 Effects of COVID -19 on planned activities and family incomes

The restrictive measures introduced to stop the spread of covid-19 pandemic affected implementation of most activities that had been planned for the year. During the lockdown period of 56 days where movement was restricted, most offices were closed. The restricted movements and closure of markets affected household incomes which made many families unable to pay premium. Schemes could not hold scheme midyear general meetings and community sensitization meetings were halted. The schemes lost two scheme agents who were directly involved in project implementation. In addition, one of the key persons in FDGN, our new partner, also died due to covid-19, which further delayed implementation of the plans to kick start the program in West Nile. MSCOM, the scheme which covers Mityana and Kassanda districts did not provide healthcare to its members during the year due to failure of all the 12 sub schemes to raise the required membership. Generally, the socio-economic disruptions caused by covid – 19 slowed down implementation of most activities planned for the year.

8.2 Overconsumption of healthcare funds in schemes

There was overconsumption of healthcare funds in two schemes, that is, MBUSO and WATSA. Utilization of healthcare services was high which resulted into over consumption of funds as follows: MBUSO– 144% and WATSA - 128%. Only one scheme (SHUMCHIS) registered a surplus. The schemes' total healthcare budget was Ugx 196,012,395 while the total claims amounted to Ugx 257,235,260 showing a deficit of Ugx 61,222,865. The overall consumption rate was 131 compared to 123 in 2020. In addition, there was an increase in the average cost of outpatient care from Ugx 29,012 to Ugx 32,241 and inpatient care from Ugx 84,111 to Ugx 103,681 showing 11.2% and 23.3% increase respectively. The schemes covered the deficit using their reserve funds, management funds and part of the pre-paid premiums for year 2022. SHU discussed with healthcare providers to come up with solutions including switching the billing mode from fee-for-service to flat rates and capitation.

Consumption of healthcare funds in three schemes in 2021

Network	Budget for 2021	Medical bills paid 2021	Consumption rate (%)
MBUSO	131,057,063	188,917,900	144
SHUMCHIS	23,391,001	15,053,910	64
WATSA	41,564,332	53,263,450	128
TOTAL	196,012,396	257,235,260	131

8.3 Leadership changes after general elections

The 10th Parliament passed the NHIS bill 2019 on 31st March 2021 following years of planning on the side of government to introduce the NHIS. However, its term expired before the President assented to the bill. Consequently, on 16th September, 2021, the Speaker of Parliament ruled that all bills passed by the previous parliament which had not been assented to by the President would have to be reintroduced in the House and begin afresh. This negated our earlier efforts around the NHIS bill. In addition, the newly elected leaders in parliament and local governments needed orientation on their roles before we could introduce our advocacy issues to them. In Luwero district, SHU had to start by orienting the new council on CHI and the District CHI Ordinance which the previous council passed. This implies that most of our advocacy efforts targeting Ministry of Health, Parliament and Luwero District leadership had to start afresh.

ANNEX

SUB-SCHEMES WHICH RAN IN THE YEAR 2021

NO	Scheme	Sub-Scheme	Year of creation	District	Sub county	2020/2021 MEMBERSHIP			
						Families	Total Ben.	Male	Female
1.	MBUSO	Kibirizi	2017	Luwero	Bamunanika	15	101	46	55
2.	MBUSO	Mpologoma	2016	Luwero	Bamunanika	13	96	35	61
3.	MBUSO	Kyampisi	2017	Luwero	Bamunanika	11	67	29	38
4.	MBUSO	Sekamuli	2016	Luwero	Bamunanika	19	155	71	84
5.	MBUSO	Kabunyatta	2016	Luwero	Kamira	12	83	46	37
6.	MBUSO	Kaswa	2016	Luwero	Kamira	11	64	31	33
7.	MBUSO	Mabuye	2016	Luwero	Kamira	11	83	32	51
8.	MBUSO	Mazzi	2016	Luwero	Kamira	21	124	54	70
9.	MBUSO	Kikoma	2017	Luwero	Katikamu	12	77	26	51
10.	MBUSO	Buyuki SOS	2014	Luwero	Katikamu	165	1061	531	530
11.	MBUSO	Kireku	2017	Luwero	Kikyusa	35	254	112	142
12.	MBUSO	Wankaanya	2016	Luwero	Kikyusa	47	363	156	207
13.	MBUSO	Kiziba	2017	Luwero	Kikyusa	28	197	83	114
14.	MBUSO	Bwaziba	2011	Luwero	Luwero	11	68	31	37
15.	MBUSO	Kigombe	2005	Luwero	Luwero	47	313	159	154
16.	MBUSO	Kiyanda	2017	Luwero	Nyimbwa	24	157	69	88
17.	MBUSO	Kayindu	2017	Luwero	Kalagala	16	125	59	66
18.	MBUSO	Nakaseeta	2011	Nakaseke	Kasangombe	21	185	89	96
19.	MBUSO	Bamugolodde	2010	Luwero	Butuntumula	55	466	200	266
20.	MBUSO	Bukambagga	2010	Luwero	Butuntumula	37	296	134	162
21.	MBUSO	Kakabala	2001	Luwero	Butuntumula	140	1111	502	609
22.	MBUSO	Kakinzi	2002	Luwero	Butuntumula	116	1038	436	602
23.	MBUSO	Kyawangabi	2006	Luwero	Butuntumula	50	435	193	242
24.	MBUSO	Ngogolo	2002	Luwero	Butuntumula	57	431	194	237
25.	MBUSO	Kalwanga	2017	Luwero	Butuntumula	29	200	92	108
26.	MBUSO	Kyalugondo	2012	Luwero	Katikamu	27	190	82	108
27.	MBUSO	Migadde	2006	Luwero	Katikamu	37	247	92	155
28.	MBUSO	Nsabweteeka	2004	Luwero	Luwero	69	552	241	311
29.	MBUSO	Kabakedi	2011	Luwero	Luwero	80	586	249	337
30.	MBUSO	Kasaala	2010	Luwero	Luwero	97	802	356	446
31.	MBUSO	Katuugo - Luwero	2010	Luwero	Luwero	47	419	191	228
32.	MBUSO	Kikube	2010	Luwero	Luwero	82	630	279	351
33.	MBUSO	Kyesa/ Kagugo	2006	Luwero	Luwero	20	168	78	90
34.	MBUSO	Nakikoota	2011	Luwero	Luwero	82	648	290	358
35.	MBUSO	Bukuuku	2013	Nakaseke	Kasangombe	24	158	73	85
36.	MBUSO	Kamuli	2003	Nakaseke	Kikamulo	24	267	123	144
37.	MBUSO	Kapeke	2010	Nakaseke	Kikamulo	88	794	343	451
38.	MBUSO	Kasana	2010	Nakaseke	Kikamulo	50	391	180	211
39.	MBUSO	Kibose	2010	Nakaseke	Kikamulo	31	196	93	103
40.	MBUSO	Kikamulo	2010	Nakaseke	Kikamulo	10	65	29	36
41.	MBUSO	Luteete	2011	Nakaseke	Kikamulo	27	248	115	133
42.	MBUSO	Magoma	2008	Nakaseke	Kikamulo	132	1019	457	562
43.	MBUSO	Wakayamba	2010	Nakaseke	Kikamulo	21	126	53	73
44.	MBUSO	Kito	2012	Nakaseke	Kito	28	230	101	129
45.	MBUSO	Kivumu	2012	Nakaseke	Kito	19	128	51	77
46.	MBUSO	Kasambya	2011	Nakaseke	Nakaseke	18	132	54	78

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47.	MBUSO	Katooke	2008	Nakaseke	Wakyato	36	283	119	164
48.	MBUSO	Mijumwa	2000	Nakaseke	Wakyato	22	202	94	108
49.	MBUSO	Kakooge	2001	Nakasongola	Kakooge	54	400	170	230
50.	MBUSO	Katuugo nsl	2011	Nakasongola	Kakooge	52	404	169	235
51.	MBUSO	Kyabutaika	2002	Nakasongola	Kakooge	29	210	96	114
52.	MBUSO	Kyambogo	2011	Nakasongola	Kakooge	37	309	143	166
53.	MBUSO	Kyankonwa	2011	Nakasongola	Kakooge	22	207	89	118
54.	MBUSO	Kyeyindula	2002	Nakasongola	Kakooge	41	351	150	201
55.	MBUSO	Kamuniina	2017	Nakasongola	Wabinyonyi	14	100	49	51
56.	MBUSO	Bubuubi	2018	Luwero	Zirobwe	11	75	32	43
57.	MBUSO	Ngalonkalu	2018	Luwero	Zirobwe	10	60	22	38
58.	MBUSO	Kyampogola	2018	Luwero	Kikyusa	16	107	47	60
59.	MBUSO	Mawale	2019	Luwero	Makulubita	10	70	32	38
60.	MBUSO	Kagogo	2019	Luwero	Makulubita	13	80	38	42
61.	MBUSO	Kibengo	2019	Luwero	Kikyusa	11	82	37	45
62.	MBUSO	Wabusaana	2019	Luwero	Kikyusa	16	100	43	57
63.	MBUSO	Katikamu	2019	Luwero	Katikamu	11	67	34	33
64.	MBUSO	Waluleeta	2020	Luwero	Makulubita	14	91	40	51
65.	MBUSO	Kisimula	2020	Nakaseke	Kapeeka	19	109	52	57
66.	MBUSO	Kilema	2020	Nakaseke	Semuto	12	76	41	35
67.	MBUSO	Kapeeka	2020	Nakaseke	Kapeeka	20	135	66	69
68.	MBUSO	Bugambakimu	2020	Nakaseke	Kito	13	85	38	47
SUB-TOTAL						2,499	19,149	8,541	10,608
69.	WATSA	Kakanju	2013	Bushenyi	Kakanju	19	106	37	69
70.	WATSA	Kibazi	2016	Bushenyi	Kyamuhunga	52	302	118	184
71.	WATSA	Kanyegyero	2013	Bushenyi	Nkanga	19	100	45	55
72.	WATSA	Kasana East	2010	Sheema	Kasaana	23	118	50	68
73.	WATSA	Kyamurari	2011	Sheema	Bugongi TC	24	124	52	72
74.	WATSA	Karera South	2014	Sheema	Kashozi Division	17	102	47	55
75.	WATSA	Kitojo - Sheema	2015	Sheema	Sheema division	27	139	58	81
76.	WATSA	Rushozi	2016	Sheema	Sheema division	32	172	76	96
77.	WATSA	Bitooma-Katenga	2013	Mitooma	Katenga	60	329	146	183
78.	WATSA	Buharambo	2015	Mitooma	Kabira	22	118	54	64
79.	WATSA	Nyarweshama	2015	Sheema	Sheema division	38	201	83	118
80.	WATSA	Rwamujojo	2016	Sheema	Sheema division	27	148	49	99
81.	WATSA	Mahwizi	2015	Mitooma	Mutara	22	122	55	67
82.	WATSA	Busheregyenyi	2016	Mitooma	Bitereko	43	226	97	129
83.	WATSA	Karimbiri	2017	Mitooma	Bitereko	23	128	59	69
84.	WATSA	Nyakashojwa	2020	Mitooma	Rutooky T/C	18	102	46	56
85.	WATSA	Nyakizinga	2020	Mitooma	Bitereko	20	104	45	59
86.	WATSA	Bitooma T/C	2020	Bushenyi	Bitooma TC	22	121	47	74
87.	WATSA	Kimuri	2021	Bushenyi	Bitooma TC	30	161	74	87
88.	WATSA	Kasyambya	2021	Bushenyi	Bitooma TC	29	167	74	93
SUB-TOTAL						567	3,090	1,312	1,778
89.	SHUMCHI	Corporate - Masaka	2013	Masaka	Masaka Municipality	2	56	36	20
90.	SHUMCHI	Corporate - Luwero	2013	Luwero	Luwero TC	112	219	104	115
91.	SHUMCHI	Luwero TC A	2018	Luwero	Luwero TC	15	72	24	48
92.	SHUMCHI	Luwero TC B	2018	Luwero	Luwero TC	25	107	85	22
SUB-TOTAL						154	454	249	205
GRAND TOTAL						3,220	22,693	10,102	12,591

ADVERT



WESTERN ANKOLE TWERAGURIZE SCHEMES ASSOCIATION

Western Ankole Tweragurize Schemes' Association (WATSA) is a Community-Based Health Insurance scheme (CBHIS) that brings together members of all Community Health Insurance (CHI) sub-schemes supported by Save for Health Uganda (SHU) in Bushenyi, Sheema and Mitooma districts in South-Western Uganda. The sub-schemes are locally known as Tweragurize.

Vision: A healthy population in Bushenyi, Sheema and Mitooma districts with easy access to quality health care services.

Mission: To promote CHI, contract service providers and coordinate member sub-schemes in the target districts of Bushenyi, Sheema and Mitooma for families to access quality healthcare services. WATSA protects families from incurring catastrophic health care expenditure and improves cost recovery by contracted Healthcare providers as avenues of achieving Universal Health Coverage (UHC).

Our Partner Healthcare Providers

1. Ishaka Adventist Hospital in Bushenyi district
2. Kitagata hospital in Sheema district
3. Bitooma HCIII in Bushenyi district
4. Mushanga HCIII in Sheema District
5. Hope Medical Centre in Sheema District
6. Nyakatsiro HCIII in Mitooma District



Members of WATSA Board and technical staff after their annual general meeting which was attended by members of SHU Board of Directors.



The Senior Hospital Administrator for Ishaka Adventist Hospital addresses a feedback meeting between hospital administrators and scheme leaders. Such meetings held to strengthen the client relations at the hospital.

Contact us: Bugomora Cell, Katungu zone, Ishaka-Kagamba Road Bushenyi Ishaka Municipality, P.O. Box 277 Bushenyi, Tel: +256 779717761; Email: shu-bushenyi@shu.org.ug



CENTRAL REGION URBAN MUNNO MUBULWADDE SCHEME (CRUMBS)

'BECAUSE YOU DO NOT KNOW WHEN YOU'LL NEED HEALTH CARE'

Vision:

A protected and empowered community in Luwero, Nakaseke, Nakasongola & Masaka organized in self-reliant CHI schemes enjoying quality health care services

Mission:

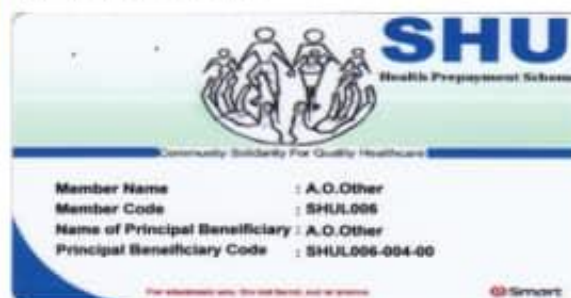
To simplify access to quality health care through SHU Managed community health insurance schemes

The Central Region Urban Munno Mu Bulwade Scheme (CRUMBS) 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 run the schemes due to their busy schedules. SHU gives them regular updates about the status of their funds and consumption of healthcare services.

The scheme's clients pay an annual subscription fee of 2,000 at family level and pay a premium ranging between 28,000 and 200,000, which allows them to access medical services for a full year (12 months). Clients access medical services of outpatient care and in-patient care at 5 health care facilities and one pharmacy up to a ceiling of 300,000/= per episode of illness. The Five partner facilities are Kitovu Hospital in Masaka, Kiwoko hospital in Nakaseke district, Bishop Ceasar Asili hospital and Kaludo pharmacy in Luwero, and Franciscan HCIV in Nakasongola.

Two months before the end of a running financial year clients under corporate groups are issued with new products and benefit packages for a new financial year. During this period the scheme is given new information of beneficiaries that will be covered by the scheme from each group (corporate group or semi urban group).

The scheme issues a SMART Card to its clients that is used for identification at a contracted health facility to access health care services. A client's finger print is read every time one has to access medical services. All our contracted facilities have a SMART LINK system installed at the billing office which is used for both providing health care services but also billing the scheme at the end of the month.



The digital biometric card used by members of (CRUMBS) to access healthcare services.



The short messaging App used by (CRUMBS) to send text messages to their members.



A member of the (CRUMBS) presents her card at the pay point at a health facility.

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