



SAVE FOR HEALTH UGANDA

Community solidarity for quality health

ANNUAL REPORT 2023

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

Our Mission: To enhance the quality of health of Ugandans through Self-Managed community financing schemes.

Our Values:

Team Work: We believe in a motivated, committed and a harmonious team where everyone's is valued. Team members care for each other as partners.

Client focused: We believe that clients are the reason for our existence. As a client focused development health organization, SHU prioritizes and strives to satisfy the client's needs to ensure growth and quality results.

Integrity: We treasure accountability and transparency, and our actions are based on reality.

Professionalism: We are a professional organization with a team of special capacities; we deliver quality services / products to our clients.

Ownership: We encourage self-initiative of team members and that of the community for local initiatives; we believe in individual and collective responsibility for all outcomes of our actions.

Trust in God: We have faith in our capacities to succeed by the grace of God. We respect the different religions and expressions

Economically oriented: We are an economically oriented organization that believes in efficiency and high productivity. We believe in financial management practices and good individual behavior to sustain our activities. We encourage our team members to be creative and innovative.

Respect: We are a model organization that ensures dignity for all stake holders and have properly stipulated rules and policies that guide it.

Our Community Health Insurance schemes



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Acronyms

BftW	Bread for the World
BURATS	Busoga Region Association of Tweidhandhabe Schemes
CRUMBS	Central Region Urban Munno Mu Bulwadde Scheme
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	Munno Mu Bulwadde Schemes Cooperation Mechanism
NHIS	National Health Insurance Scheme
NGO	Non-Government Organization
OOP	Out of pocket
OPC	Out-patient care
SHU	Save for Health Uganda
T/C	Town Council
S/C	Sub County
UGX	Uganda Shillings
UCMB	Uganda Catholic Medical Bureau
UMMB	Uganda Moslem Medical Bureau
UPMB	Uganda Protestant Medical Bureau
WATSA	Western Ankole Tweragurize Schemes Association

About Save for Health Uganda (SHU)

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. With the mandate to operate country-wide, SHU currently implements its activities in 12 districts that include: Luwero, Nakaseke, Nakasongola, Mityana, Mubende and Masaka in the central, Bushenyi, Sheema and Mitooma in the western and Iganga, Bugweri and Mayuge in the Eastern. Our head office is located in Nansana Municipality, Wakiso district. We also have field offices in Luwero Town Council, Kassanda Town Council, Ishaka Municipality and Iganga municipality.

Board of Directors during 2023

SHU is governed by a team of competent and dedicated individuals with diverse experience who have steered the organization to success.



*Leticia Nakimuli Irumba
(Phd)*



*Mr. Fredrick Makaire
Secretary (Executive Director)*



*Mr. Douglas Opio
Treasurer*



*Dr. Martin Ruhweza
Member*



*Mr. David Sekyanzi
Member*

SHU management Team

For the day to day management of the institution, we have a team of 31 professionals which ensures successful implementation of programmes and projects.



*Mr. Fredrick Makaire
Executive Director*



*Mrs Juliet Nazibanja Kibirige
Programs Manager*



*Ms. Veronica Asio
Finance Manager*



*Mr. Robert Kabaale
Project Monitoring and
Evaluation Officer*



*Mr. Friday Moses
Resource Mobilization
Officer*



*Mr. Kenneth Waiswa
Project Marketing and
Promotion Officer*

The work we do

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

1) **Community Health Financing:** CHF is done at different levels: at community level where we



promote Community Health insurance initiatives by mobilizing communities to form health insurance schemes aiming at improving access to quality health care services. Additionally, we empower families with information and knowledge to enroll and actively participate in the management of the formed schemes. At national level, we advocate for a fair National Health Insurance Scheme (NHIS)

law that favors the informal sector workers and guarantees subsidies for the vulnerable by engaging with policy makers for the NHIS law to: cover every citizen with a single pool of funds, recognise CHI, and guarantee 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.

2) **Quality Healthcare services delivery:** We promote patient centered care practices at the partner



health care facilities with the aim of improving client experience and satisfaction with the services provided. We work closely with healthcare providers to create a cordial and mutually beneficial relationship between healthcare providers and the communities they serve. 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 the CHI schemes.

3) **Household 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 households/ families to our partner microfinance institutions to access low-interest credit facilities/ loans.

Message of the chairperson Board of Directors



Dear our esteemed partners, friends and well-wishers, I am glad to present to you our annual report for the year 2023.

It was yet another year where we continued to impact on many families in the target communities through our activities amidst all the post Covid-19 effects on families and the entire economy.

During the year, our work focused on the three thematic areas as guided by our strategic plan 2021-2026 which include: Community Health Financing (CHF), Livelihood improvement and Delivery of quality healthcare services. I am therefore grateful to all the partners that supported us at international, national and local levels. I specifically recognize our financing partners who made it possible for us to implement our activities. I commend the local partners including health care facilities and community volunteers with whom SHU has worked in organizing communities and delivering quality health care services to the target families. I also commend Luwero District Council for passing a resolution to establish a district-wide Community Health Insurance (CHI) scheme using their executive powers amidst the uncertainty in the introduction of the National Health Insurance scheme which was cited as reason for rejecting their ordinance. We are hopeful that the scheme once implemented will provide lessons for the National Health Insurance Scheme.

As the country continues to pursue Universal Health Coverage, I call upon stakeholders to embrace Community Health Financing which should lay a foundation for the National Health Insurance Scheme. We at SHU, through our programs and projects commit to pursue our mission of “enhancing the quality of health of Ugandans through Self-Managed community health financing schemes” as a vessel through which we shall contribute to Universal Health Coverage.

Finally, I want to thank the Board of Directors and staff members of Save for health Uganda for their tireless efforts in steering the organization towards achieving its mission.

Thank you, May God bless you!

Leticia Nakimuli Irumba (Phd)
Board Chairperson

Message of the Executive Director

Dear readers, I welcome you to this year's annual report 2023 where we present what we did, our achievements, the challenges we faced and our plans.

2023 was the third year of implementing our strategic plan 2021-2026, and the final year of implementing our three-year project titled "Enabling vulnerable families in Uganda to access quality healthcare services equitably."

I am grateful to the partners for all the support that allowed us to continue working on all three programmatic areas in the 15 target districts.

We continued to record good results despite the post covid-19 effects on household incomes, and the escalating prices of essential commodities:

(1) The five community health insurance (CHI) schemes we promoted in 12 districts under the CHI program continued to run and provided cover to 14,072 individuals during the year; (2) With our support, the Luwero district council passed a resolution to promote and operate a district-wide CHI Scheme to benefit all residents; (3) 36 healthcare service providers remained committed promoters and service providers to the 5 CHI schemes; (4) together with stakeholders, the 7th National CHF conference was held successfully with the minister of state for Primary Health Care as the chief guest. Proposals and resolutions were made to promote and scale CHI in preparation for the NHIS.

In the area of improving the delivery of quality healthcare services, we saw an increase in the number of healthcare providers contracted by CHI schemes from 31 to 36 (7 hospitals, 4 HCIVs, 18 HCIIIs, 4 HCIIIs, and 3 pharmacies) in 2023; the SHU promoted Clients Relations Desks (CRDs) were embraced by 26 of the 36 partner healthcare providers; and patients' satisfaction with the quality of services at the partner healthcare providers increased from 86.9% in 2022 to 94% in 2023.

To improve household livelihoods, we conducted financial literacy and loan management training for families in the Luwero and Mityana areas. Families received information about low-interest micro-lending institutions available in their areas. In total, 273 families obtained loans to start or expand businesses, improve their homes, and invest in agriculture.

In 2024, we will be collaborating with our partners to work alongside the Ministry of Health in developing regulations that will enhance and expand Community Health Insurance (CHI). Additionally, we will assist the Luwero District Local Government in creating a roadmap and guidelines for implementing its district-wide scheme. Lastly, we will advocate for the introduction of a fair and universal National Health Insurance Scheme (NHIS) in Uganda.

Enjoy reading this report. Please contact us to discuss partnerships and other ways to support SHU in achieving its mission.

For God and My Country

Makaire Fredrick
Executive Director



THE WORK WE DID IN 2023

1. Promoting Community Health Insurance (CHI) Schemes

During the year, SHU supported the five CHI schemes which operate in 12 districts as follows: 1) Munno mu Bulwadde Union of Schemes Organization (MBUSO) in Luwero, Nakaseke and Nakasongola, 2) Munno mu Bulwadde Schemes Cooperation Mechanism (MSCOM) in Mityana and Kassanda, 3) Western Ankole Tweragurize Schemes Association (WATSA) in Mitooma, Bushenyi and Sheema, 4) Central Region Urban Munno mu Bulwadde Schemes (CRUMBS) in Luwero, Nakaseke, Nakasongola, Masaka city and lastly, 5) Busoga Region Association of Tweidhandhabe Schemes (BURATS) in Iganga, Mayuge and Bugweri. The schemes which bring together 126 sub-schemes formed at parish level were supported to recruit families, manage their funds, contract healthcare providers and pay medical bills.

We conducted Health insurance education and sensitization about the CHI schemes' operations in a total of 179 parishes found in 37 Sub counties, 7 Town Councils, 2 divisions and 3 municipalities. The breakdown of sub counties per district where health insurance education and sensitization took place is as follows: eleven in Luwero, six in Nakaseke, two in Nakasongola, One in Mityana, one in Kassanda, four in Bushenyi, four in Mitooma, two in Sheema, two in Iganga, two in Mayuge and two in Bugweri. The town councils include one in Luwero, two in Nakaseke, one in Nakasongola, one in Mityana, one in Bushenyi and one in Mitooma. The 2 divisions were in Masaka City while regarding the municipalities, one was in Bushenyi, one in Sheema and one in Iganga as shown in the table below;

Table 1: Areas where CHI scheme promotion activities took place in 2023

CHI Scheme	Districts	Sub-counties/ Town Councils/ Divisions/ Municipalities	No. of Parishes
1) MBUSO	Luwero	Luwero S/C, Bamunanika S/C, Butuntumula S/C, Kalagala S/C, Kamira S/C, Katimaku S/C, Kikyusa S/C, Nyimbwa S/C, Ziobwe S/C, Semuto S/C, Makulubita S/C	49
	Nakaseke	Kapeeka S/C, Kasangombe S/C, Kikamulo S/C, Kito S/C, Nakaseke S/C, Wakyato S/C	20
	Nakasongola	Kakooge S/C, Wabinyoyi S/C	7
2) MSCOM	Mityana	Kalangalo S/C, Mityana T/C	10
	Kassanda	Kassanda S/C	9
3) WATSA	Bushenyi	Kakanju S/C, Kyamuhunga S/C, Kyeizooba S/C, Nyabubare S/C, Bitooma T/C	5

	Sheema	Sheema Div. Kashozi Div. Bugongi S/C, Kasaana S/C	8
4) CRUMBS	Luwero	Luwero T/C	9
	Nakaseke	Kiwoko T/C, Nakaseke TC	8
	Nakasongola	Nakasongola T/C, Kakooze T/C	7
	Masaka City	Kimaanya-Kabonera Div, Nyendo-Mukungwe Div.	25
5) BURATS	Iganga	Bulamagi S/C, Nawandala S/C, Iganga Municipality	9
	Mayuge	Bulamagi S/C, Nawandala S/C	3
	Bugweri	Ibulanku S/C, Igombe S/C	3
TOTAL	12		179

Sessions on Community Health Insurance (CHI) education and CHI schemes functioning especially in the newly reached communities of Iganga, Bugweri and Mayuge were mainly done by SHU through village and parish-based meetings.

During the health insurance education sessions, families were introduced to the concept of health insurance, the community health



SHU board chairperson with other board members discussing matters relating to CHI schemes with scheme leaders of Nawansega sub scheme in Bugweri district.



insurance initiative and the benefits arising from joining the CHI schemes.

SHU – ED sensitizing families in Nsale parish, Bugweri district on health Insurance

In the old schemes, SHU mainly provided support for each sub-scheme to contract community-based sub scheme agents who together with the scheme leaders sensitized scheme and none scheme members on how the CHI schemes function through house to house visits in addition to scheme-based meetings. In the urban based communities, we also conducted



WATSA chairperson sensitizing CHI scheme members and none members on how the scheme functions during the scheme's new year launch.

meetings with management and staff of organizations and institutions including schools, factories, NGOs and others for health insurance education and promoting the CHI scheme.

Concerning capacity building within the scheme leadership, we trained CHI schemes leaders on CHI scheme management to enable them strengthen their federal scheme's governance and management functions which are key towards the schemes' sustainability. A total of 165 scheme leaders (64 males, 101 females) was



Sitting second left – The SHU-ED and other staff in a group photo after conducting a centralized workshop with leaders of BURATS on schemes' progress assessment and re-orientating then on their roles for self-reliance of the CHI schemes

re-oriented on their roles and responsibilities to fulfill their mandate which include recruiting beneficiaries, collecting and banking premiums, verifying and approving medical bills from the contracted healthcare providers.

We also supported all the five CHI schemes to develop products and set premiums for the year which the scheme leaders and agents promoted during and enrolled families.

In northern Uganda, our work rotated around three major activities aimed at supporting Forum for Development of Greater Nebbi (FDGN) to introduce CHI in Greater Nebbi (Nebbi Pakwach and Zombo) districts. We built capacity of healthcare provider management and staff, designed a provider-managed CHI scheme, developed a CHI product, and reported to the local authorities on the progress of our work in the area.

We trained a total of 31 managers and staff of two hospitals namely; Nyapea and Angaal in Zombo and Nebbi districts respectively.

We also designed a provider-managed CHI scheme and developed a product suitable for the community to enable the implementing team promote the same.



A section of staff from Nyapea Hospital that participated in the trainings

In addition, we held six decentralized meetings in Pakwach, Nebbi and Zombo districts and updated local authorities on the progress with our work.



The ED-SHU, the Programs Manager and the coordinator of FDGN reporting to LCV chairperson of Pakwach District



The SHU Programs Manager reporting to the local authorities of Nebbi District

At the end of the year, Nyapea and Angaal Hospitals had each, set up a CHI team and were planning to start promoting the scheme.

In the field of advocacy, we held several engagements with Luwero district leaders aimed at generating ways for implementing the district-wide CHI scheme. Whereas SHU had supported the district to pass an ordinance to establish the scheme whose aim is to facilitate access to quality healthcare services and to provide lessons on how universal health insurance coverage shall be achieved in the proposed National Health Insurance Scheme (NHIS), the Solicitor General did not approve it citing government's plan to introduce a NHIS that would cover every one. This effort later stalled when the speaker of the eleventh parliament instructed that bills passed in the 10th parliament but not assented to by the president be revisited, including the NHIS.

Towards the end of the year, the district Council passed a resolution to implement the district-wide CHI scheme using executive powers. Passing of the resolution brought back hope to the residents of Luwero district that eventually, they will have their scheme established to save many lives from suffering without access to proper medication due to lack of ready cash at the point of need.

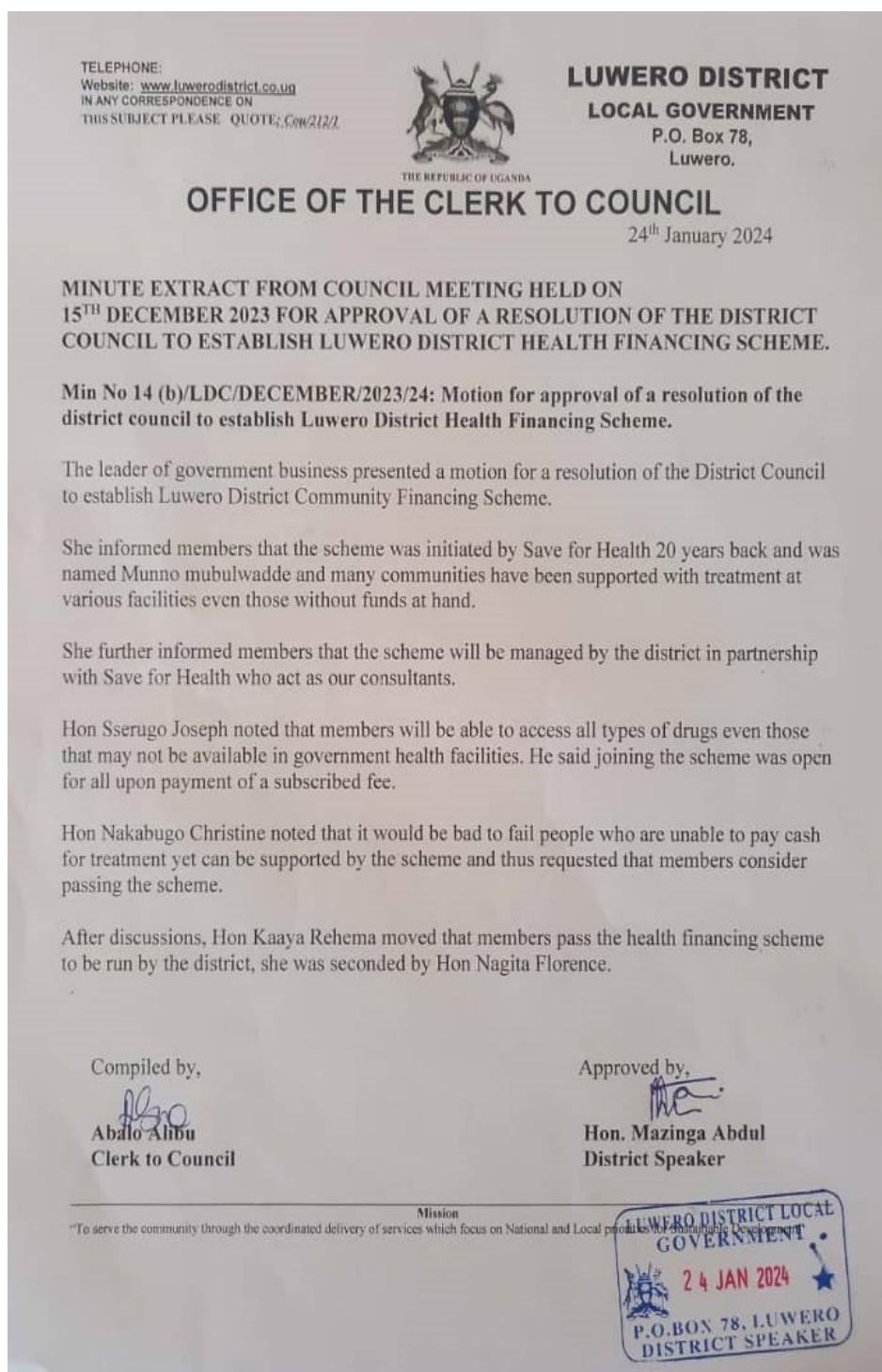


Figure 1: Copy of the resolution passed by the Luwero District council to implement a district-wide CHI scheme.

At National Level, we conducted media publicity and awareness campaigns about the National Health Insurance Scheme (NHIS) and its benefits mainly through various media platforms including Talk shows on Television stations, Writing newspaper articles and in our Newsletters.



SHU-ED on one of the live talk shows at KTV

In addition, SHU together with other partners held the 7th National Annual Community Health Financing (CHF) conference which was opened by the minister of state for Primary Health Care at Protea Hotel in Entebbe Municipality.

The conference which was centered on the theme “Towards universal health coverage in Uganda through expanding private and community health insurance schemes” attracted policy makers, government officials, advocates and the general public. SHU’s consistent advocacy for the establishment of the National Health Insurance Scheme (NHIS) in Uganda, continues to attract many stakeholders including

the civil society, advocates and the general public.

Although government’s commitment on introducing the NHIS is still uncertain, there is a growing consensus among stakeholders on the role CHI schemes can play in the NHIS; i.e. acting as collection



Participants of the 7th National CHF conference in a group photo with the minister of state for Primary Health care (middle)

centers and distribution channels through which informal sector families shall enroll. This is expected to facilitate the scaling up and growth of CHI schemes in the country.

1.1. Performance of CHI schemes

SHU promotes two types of Community Health Insurance schemes; 1) The community managed (MBUSO, WATSA, MSCOM and BURATS) where families fully participate in the governance and management of the scheme, and the Third-Party Managed (CRUMBS) where members transferred the responsibility of managing the scheme to SHU. These schemes have evolved within 3 mechanisms: the credit mechanism where the health care bill was provided as a loan payable within one to three months, the mixed credit and insurance mechanism where part of the medical bills was a loan and the other one met by the scheme, and now the pure insurance which has been adopted by all the schemes. The performance of the schemes is presented according to the key indicators which we monitored during the year including membership/enrollment, revenues collected and health care services utilization

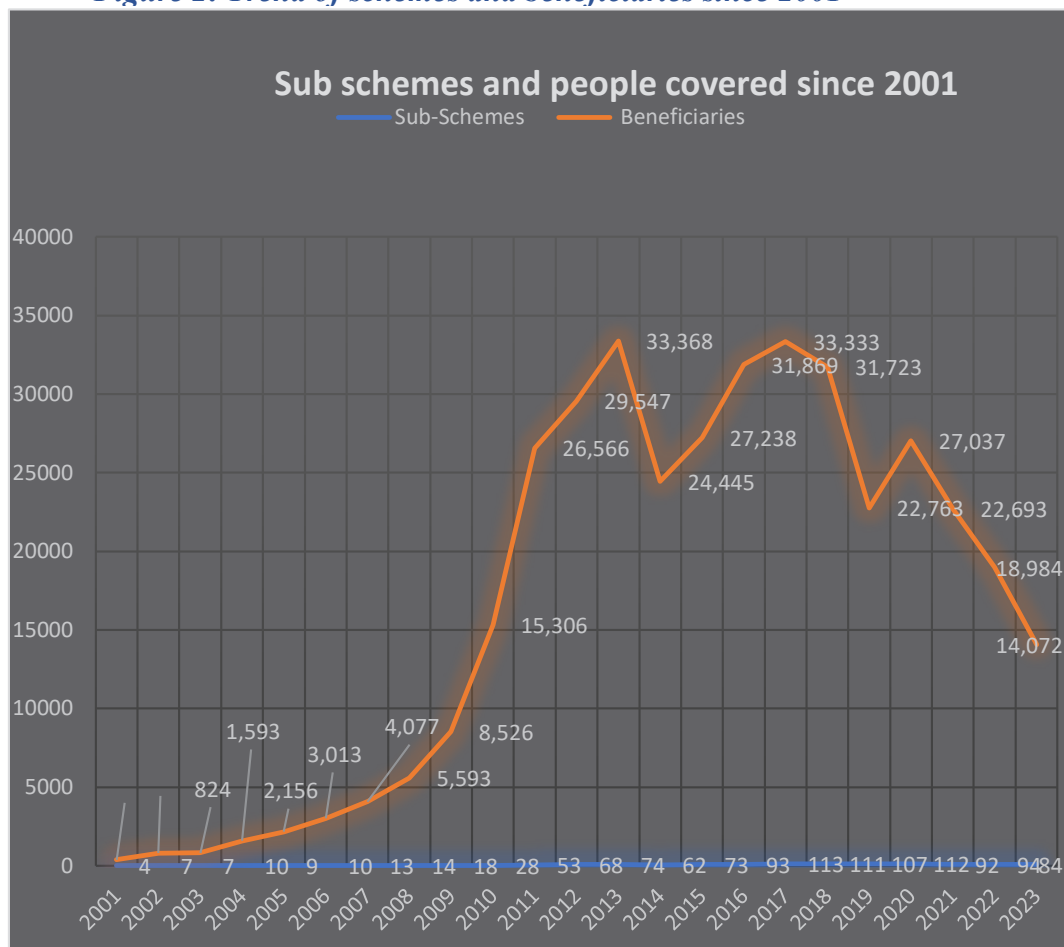
1.1.1. Membership in the CHI schemes

1.1.1.1. People covered in the CHI schemes

Since 2001 when the first CHI schemes were established, a steady membership growth was registered. However,

starting 2020, this trend changed, the schemes started registering a decline in membership attributed to the COVID-19 pandemic, its associated restrictions and the post COVID-19 lockdown effects. The membership trend is illustrated in the graph.

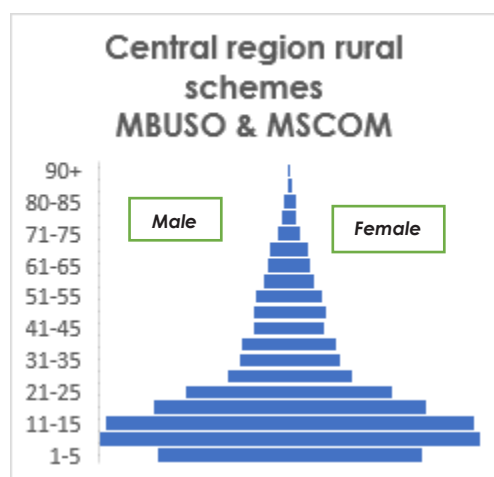
Figure 2: Trend of schemes and beneficiaries since 2001



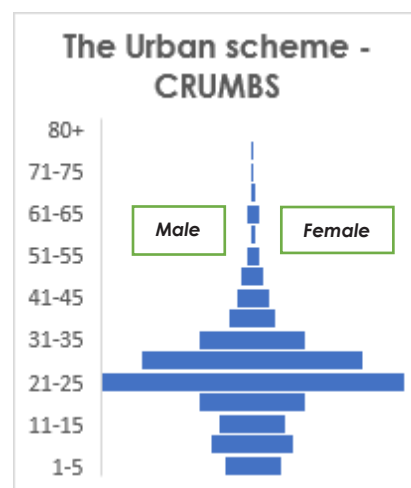
1.1.1.2. Characteristics of people covered

1.1.1.2.1. Enrollment by age group per region

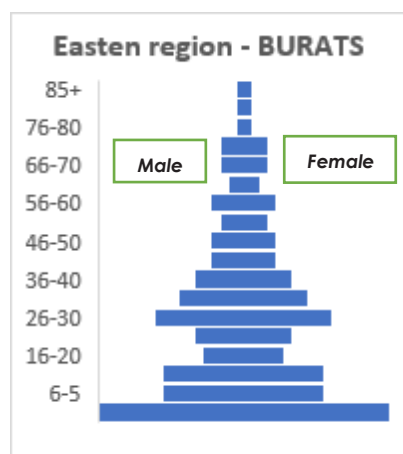
Whereas enrollment in the CHI schemes is based on family registration where all family members are targeted, there is a discrepancy in the way families have enrolled their beneficiaries according to regions. Families in the central region have enrolled with their members in a proportion that is representative of the entire population.



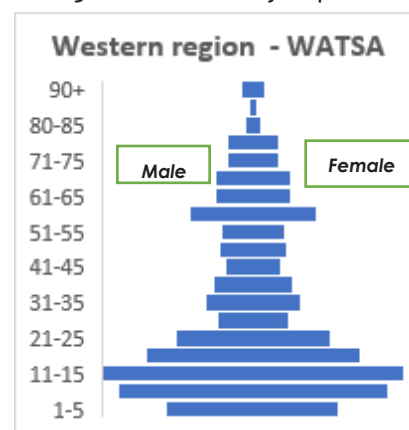
In MBUSO and MSCOM, more people in the young age groups have joined while in CRUMBS which targets the working age, the same enrollment pattern has been adopted.



However, for schemes in the Western and Eastern (WATSA and BURATS respectively), specific age groups have been enrolled which is a sign of adverse selection; a tendency where families register their members who are more at risk of falling sick than they represent in the target population. This



absence of cross subsidization in the formed pool especially where the healthy don't support the sickly has resulted into depletion of schemes funds before the expected period of coverage. This situation partly explains why membership in



schemes is deteriorating.

1.1.2.2 Enrollment per scheme and gender in 2023

Concerning members who enrolled from the 84 sub schemes during the year 2023, women constituted 53% out of the total 14,072 memberships whereby 7,522 were females while 6,550 were males. In rural schemes where enrollment targets the entire family (MBUSO, MSCOM, WATSA and BURATS) women represented 54% and men 46%, while in the urban scheme (CRUMBS) where enrollment is based on the available individuals in the target groups, men enrollment was 65% compared to 35% for women as shown below:

Table 2: Showing membership in CHI scheme per gender in 2023

Scheme	Sub schemes	Families	People covered	Male	% Male	Female	% Female
MBUSO	56	1,142	7,810	3,694	47%	4,116	53%
MSCOM	2	92	468	200	43%	268	57%
WATSA	6	189	1,014	474	47%	540	53%
BURATS	16	750	4,294	1,865	41%	2,429	56%
CRUMBS	4	297	486	317	65%	169	35%
TOTAL	84	2,470	14,072	6,550	47%	7,522	53%

1.1.2. Revenue collected by CHI schemes

The total revenues mobilized by schemes during the year was UGX 235,894,016 whereby, MBUSO collected UGX 131,767,894, WATSA, UGX 37,720,182, CRUMBS UGX 33,725,917 MSCOM 9,515,000 while BURATS collected UGX 23,163,000. The totals collections reduced by 36% from UGX 369,817,666 in 2022 to as shown below;

Table 3: Showing revenue collected by CHI scheme in 2022 and 2023

Scheme	2022	2023
1) MBUSO	199,903,874	131,767,894
2) WATSA	67,028,200	37,720,182
3) CRUMBS	27,705,403	33,725,917
4) MSCOM	20,824,000	9,515,000
5) BURATS	54,354,167	23,163,000
TOTAL	369,817,666	235,894,016

The reduction in revenues is a direct consequence of the low membership in schemes.

1.1.3. Utilization of health care services

1.1.3.1. Number of people who accessed services and the medical bills paid

A total of 3,274 cases was covered by the CHI schemes during the year out of which 2,602 were outpatient (79%) while 672 were admissions (21%). The OPC frequency rate was 19% while the IPC frequency rate was 5%. The average cost of healthcare claims was Ugx30,724 for outpatient and Ugx114,464. for inpatient cares services.

1.1.3.2. Utilization of healthcare services by gender

By gender, women utilized health care services more than men by 30% in 2023. From the 3,274 cases covered in the CHI schemes, 1,927 were female which represents 59% while men represented 41% (1,347 cases). Whereas majority of the patients were female in the rural schemes of MBUSO, WATSA, MSCOM and BURATS (62% female and 38% male), the fact that men enrolled more than women in the urban scheme (CRUMBS) explains the difference in the utilization where 63% were male and 37% female, as shown below;

Table 4: Showing number of claims covered in 2023 per gender

Scheme	Total people covered	Male	%	Female	%
MBUSO	1,899	674	35%	1,225	65%
BURATS	281	125	45%	156	55%
MSCOM	120	45	37.5%	75	62.5%
WATSA	518	217	42%	301	58%
CRUMBS	456	286	63%	170	37%
TOTAL	3,274	1,347	41%	1,927	59%

1.1.3.3. Payment of healthcare claims bills

One of the key performance indicators of the CHI schemes is the ability to settle healthcare claims according to the agreed upon conditions in the product benefits and the contractual obligations with the service providers.

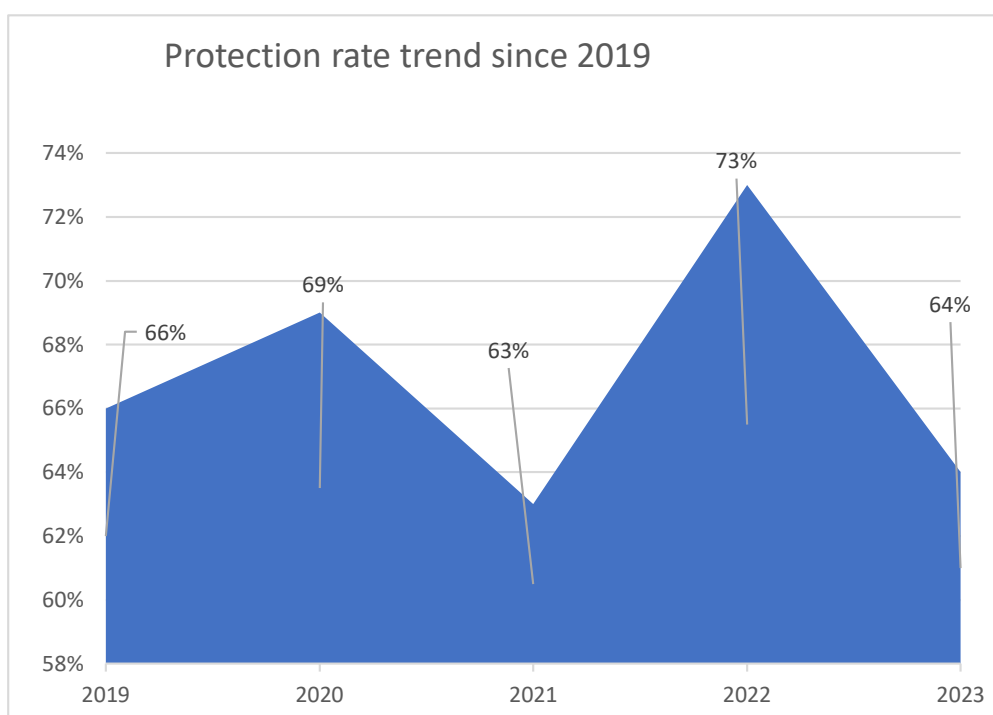
Schemes were able to pay all medical bills to the contracted health facilities a sum of UGX 180,282,854 representing 100% of their commitments in the health facilities' service contracts. Details of bills payments are presented in the following table;

Table 5: Showing scheme healthcare claims paid to contracted healthcare providers during 2023..

Scheme	Outpatient care			Admissions			Total		
	Total cases	Scheme bill	Total bill	Total cases	Scheme bill	Total bill	Total cases	Scheme bill	Total bill
MBUSO	1,436	61,318,850	97,865,390	463	62,715,198	94,541,399	1,899	124,034,048	192,406,789
CRUMBS	433	16,927,489	20,723,164	23	2,933,670	4,014,385	456	19,861,159	24,737,549
MSCOM	47	863,300	1,159,400	73	2,340,000	4,686,400	120	3,203,300	5,845,800
WATSA	429	13,900,000	27,768,852	89	6,249,900	10,893,500	518	20,149,900	38,662,352
BURATS	257	10,353,747	13,561,550	24	2,681,700	4,772,700	281	13,035,447	18,334,250
Total 2023	2,602	103,363,386	161,078,356	672	76,920,468	118,908,384	3,274	180,283,854	279,986,740

1.1.3.4. Protection rate

During the past years, the proportion of medical bills covered by the schemes out of the total medical bills has been fluctuating ranging within 63% and 73%. For the year 2023, schemes were able to cover UGX 180,282,854 out of the total UGX 279,986,740 which represents a proportion of 64%. This is attributed to the reduced pools as a result of low membership which resulted to reduced benefits as a way of managing the available fund.



1.1.3.5. Disease pattern

Understanding the disease pattern among the target community helps the CHI schemes to identify the likely risks, when and where they are likely to happen and take necessary pre-cautions against such risks. In 2023, our monitoring and evaluation department took the interest to track and analyze the most common illnesses presented at the facilities contracted by the schemes in the target areas. Below are the results concerning common illnesses.

1.1.3.5.1. Common illnesses presented per scheme

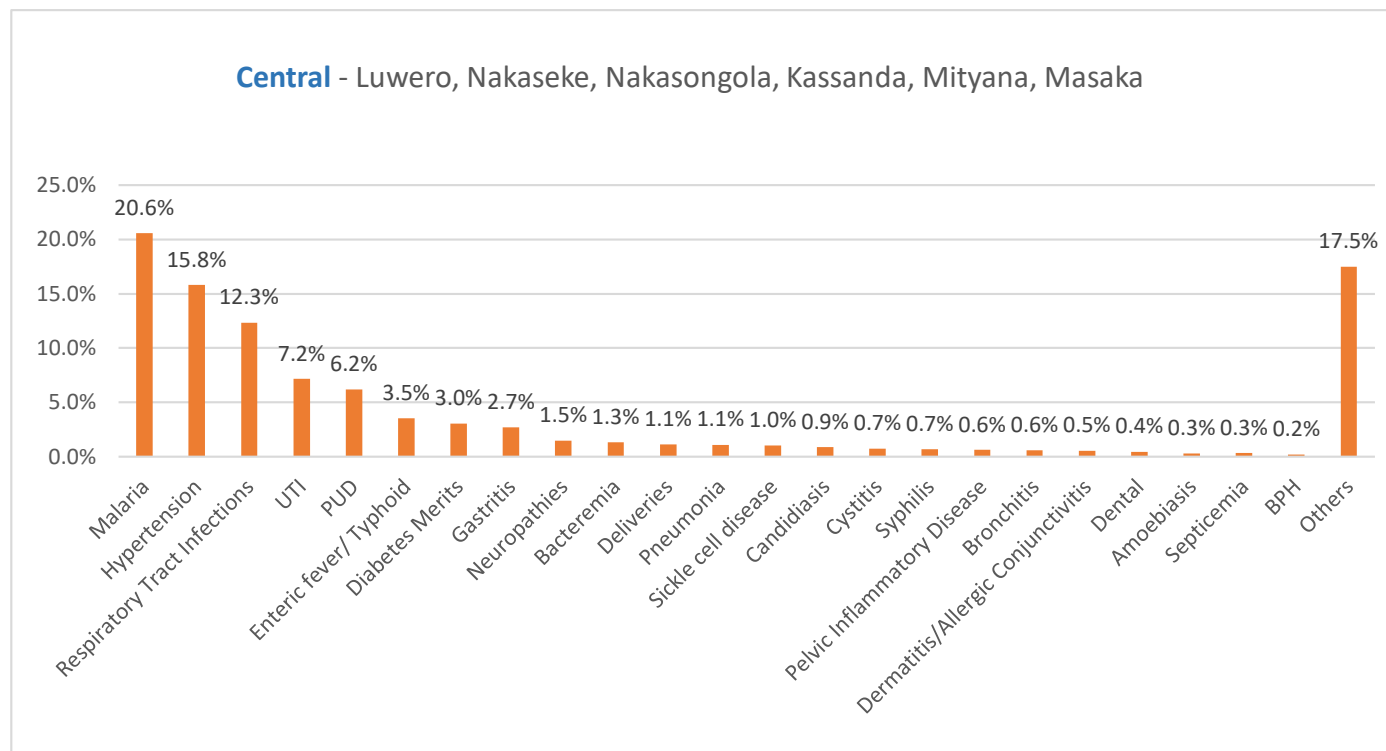
During the year 2023, the most common 3 illnesses across all schemes was malaria (19.4%), Hypertension (13.8%) and Respiratory Tract Infections (10.2%). Others included Urinary Tract Infections (8.2%), Peptic Ulcer Disease (6.3%) and Gastritis (4.5%)

Table 6: Showing common illnesses per CHI scheme during 2023

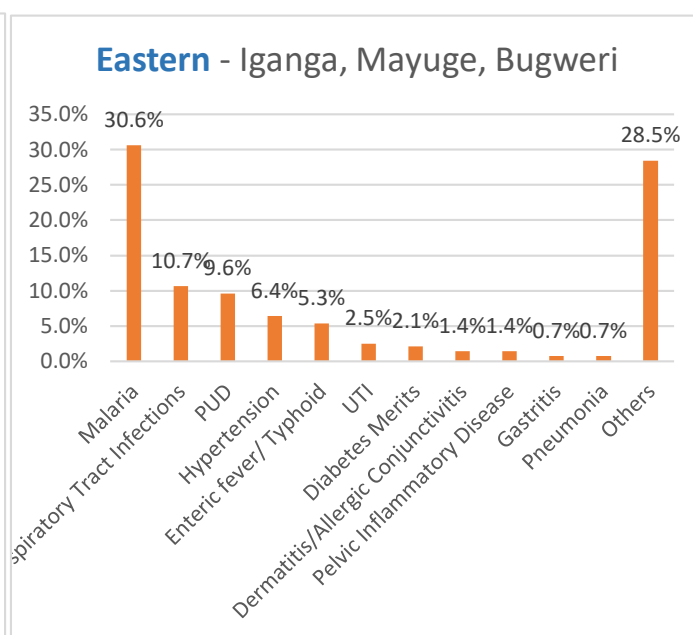
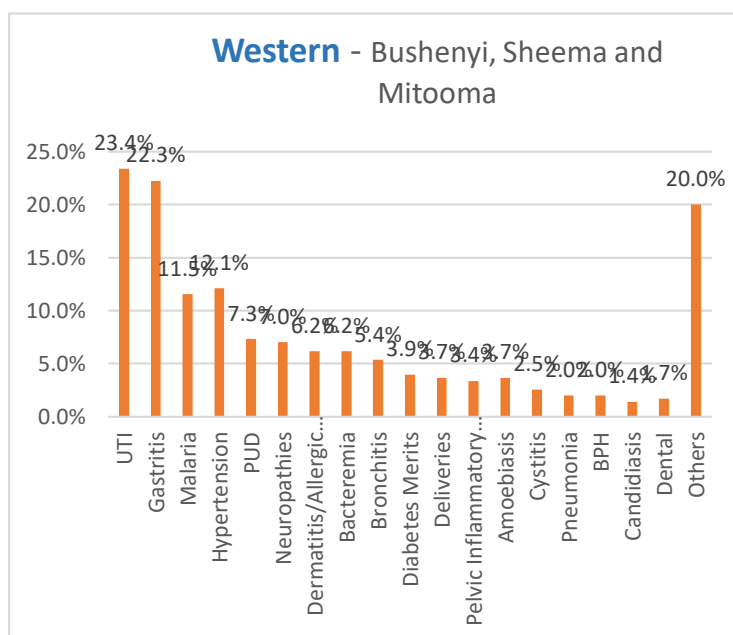
Illnesses	MBUSO	MSCOM	WATSA	BURATS	CRUMBS	TOTAL	%
Malaria	356	82	41	86	71	636	19.4%
Hypertension	348	0	43	18	43	452	13.8%
Respiratory Tract Infections	188	4	0	30	113	335	10.2%
UTI	148	4	83	7	25	267	8.2%
PUD	114	4	26	27	35	206	6.3%
Gastritis	67	0	79	2	0	148	4.5%
Enteric fever/ Typhoid	55	0	0	15	32	102	3.1%
Diabetes Merits	67	0	14	6	8	95	2.9%
Neuropathies	36	0	25	0	0	61	1.9%
Bacteremia	29	3	22	0	0	54	1.6%
Deliveries	27	0	13	0	1	41	1.3%
Dermatitis	13	0	22	4	0	39	1.2%
Pneumonia	27	0	7	2	0	36	1.1%
Bronchitis	14	0	19	0	0	33	1.0%
Pelvic Inflammatory Disease	15	0	12	4	0	31	0.9%
Candidiasis	21	0	5	1	1	28	0.9%
Cystitis	18	0	9	0	0	27	0.8%
Sickle cell disease	25	0	0	0	0	25	0.8%
Amoebiasis	7	0	13	0	0	20	0.6%
Syphilis	13	4	0	0	0	17	0.5%
Dental	11	0	6	0	0	17	0.5%
BPH	3	2	7	0	0	12	0.4%
Septicemia	8	0	1	1	0	10	0.3%
Others	289	17	71	78	127	582	17.8%
Total	1,899	120	518	281	456	3,274	100.0%

1.1.3.5.2. Common illnesses per region

Malaria was most common in all regions being the highest in the Eastern (30.6%) and in the central (20.6%), but 3rd most common in the western (11.5%). In the central, Hypertension (15.8%) and Respiratory Tract infections (12.3%) followed malaria while in the Eastern, Urinary Tract Infections (10.7%) and Peptic Ulcer Disease (9.6%) followed malaria while in the Eastern, Urinary Tract Infections (10.7%) and Peptic Ulcer Disease (9.6%).



In the Western, the most common illnesses were Urinary Tract Infections (23.4%), followed by Gastritis (22.3%).



1.2. Challenges faced in promoting Community Health Insurance

Low capacity of families to pay premiums

The post covid-19 lock-down effects are still felt by the target communities. Many of the families lost their businesses during the lockdown! Until today families are still in financial struggle, a situation that has compromised their ability to pay premiums each year. This situation coupled with the ever-increasing prices of essential commodities which compete with healthcare needs, results to low enrollment into the CHI schemes. This consequently leads to low revenues which results into depletion of health care funds and/or reduction in scheme benefits.

As a way to address the above problem, we are integrating saving and loan services into CHI by creating more partnerships with local microfinance institutions to offer low interest loans to boost family incomes as well as build their capacity in finance literacy. We are also promoting a variety of products in order to provide options for families to pay for what they can afford.

Absence of a regulatory framework for Community Health Insurance schemes in Uganda.

Whereas the schemes are providing a great opportunity for many families in rural and urban communities to access quality healthcare services without encumbrances, the CHI schemes in Uganda are not regulated. Because of this, there is limited political and financial support for CHI in the country. Moreover, countries like Ethiopia and Rwanda whose efforts in CHF are facilitated by a legal framework have registered significant growth in the number of people covered through CHI and insurance coverage generally. Therefore, our hopes for progress and success in expanding insurance coverage in the country are in establishing a regulatory framework for CHI. Going forward, we shall continue collaborating with other like-mind CHI proponents in the country to support Ministry of Health with evidence and lessons that will facilitate the development of a regulatory framework.

Long distances to the contracted health care providers

Some of the available contracted health care providers are located far from the sub schemes which limits access to services and causes members' dissatisfaction with the scheme services. The government facilities which are well distributed in the target communities are limited to collaborate with the CHI schemes because of the free health care policy.

As a way forward, we shall advocate for introduction of private wings at government facilities at level III so that scheme members can collaborate with government facilities even those at lower levels. In places where there are government facilities without private wings, we shall identify nearby pharmacies and contract them to provide services to scheme members who visit the government facilities.

2. Advocating for quality health care services delivery

Our advocacy for quality health care delivery was done in 36 partner health facilities located in 12 districts where CHI schemes operate. These include 7 hospitals, 4 HC IVs, 18 HCIIIs, 4 HCIIIs and 3 pharmacies. Among these facilities, 31 are private not for Profit, 3 are private for profit while 2 are public as shown below:

Table 7: Showing health care providers contracted by CHI scheme during 2023

	Luwero	Nakasongola	Nakasongola	Mityana	Kasanda	Masaka	Bushenyi	Sheema	Mitoma	Iganga	Mayuge	Bugweri	TOTAL
Contracted health care providers per level per district													
Hospital	1	2	0	0	0	1	1	1	0	0	1	0	7
HCIV	2	0	1	1	0	0	0	0	0	0	0	0	4
HCIII	6	2	1	0	1	0	1	2	1	3	0	1	18
HCII	0	1	0	1	1	0	0	0	0	1	0	0	4
Pharmacies	1	1	0	0	1	0	0	0	0	0	0	0	3
Sub-Total	10	6	2	2	3	1	2	3	1	4	1	1	36
Contracted health care providers per type per district													
PNFP	10	3	2	2	2	1	2	2	1	4	1	1	31
PPF	0	2	0	0	1	0	0	0	0	0	0	0	3
Public	0	1	0	0	0	0	0	1	0	0	0	0	2
Sub-Total	10	6	2	2	3	1	2	3	1	4	1	1	36
Contracted health care providers per Ownership/ Affiliation per district													
UCMB	9	2	2	1	1	1	1	1	1	0	1	0	20
UPMB	0	1	0	0	0	0	1	0	0	0	0	1	3
UMMB	0	0	0	0	0	0	0	0	0	1	0	0	1
NGO/Community	1	0	0	1	1	0	0	1	0	3	0	0	7
Private	0	2	0	0	1	0	0	0	0	0	0	0	3
Gov't	0	1	0	0	0	0	0	1	0	0	0	0	2
Sub-Total	10	6	2	2	3	1	2	3	1	4	1	1	36

We promoted the Clients Relations Desk initiative to the recently contracted 6 partner health care facilities found in Iganga, Mayuge and Bugweri districts with the aim of improving reception and to render a conducive environment for patients as well as encourage utilization of services. The facilities include St Francis Hospital Buluba, Musana Community HC, Naluko Womens' Hospital, Hope and Healing HC, Ibulabku HC and Kiwanyi HC. We facilitated experience sharing for managers of these facilities from the facilities that have already adopted the initiative and also held facility-based meetings to support them on how the desks can be established.

In other facilities where the concept had previously been promoted, we supported them to make the desks functional by sharing viability reports showing how other facilities have benefited from the desk. The ultimate goal is for each facility to institutionalize the CRD by:

- 1) Creating office space for the Client Relations Assistant (CRA) to operate,
- 2) Appointing/ contracting staff with defined terms of reference for a client relations Assistants
- 3) Including a position of a CRA on the structure of the health facility's human resource and including the CRA on the facility's pay roll as full employee of the health facility.
- 4) Supervising the CRA to submit and present a written report to the health facility management or supervisory office.



SHU programs Manager in a session to promote the CRD initiative to the managers of contracted facilities in Iganga, Bugweri and Mayuge districts.

We also accredited the available health care providers for establishing possible collaboration in order to extend health care services closer to the CHI scheme members. The assessment based mainly on their capacity to provide the required quality services and their willingness to enter into the CHI collaboration. We established this through collecting data on each of the contracted and other available health facilities in the schemes' catchment areas.

2.1. Key results on advocacy for delivery of quality health services

2.1.1. CHI schemes contracted 36 health care providers

As a result of the accreditation process, CHI schemes renewed service contract with 31 health facilities and contracted 5 new health facilities. The new facilities include; Hope & healing HCIII and Musana Community HCIII both in Iganga district, SOS Medical Centre in Luwero district and Kisakye Medical Centre in Nakaseke district and Alebosam Pharmacy in Kassanda district.

2.1.2. Clients Relation Desks were established at 26 Health facilities

By the end of the year, a total of 13 health facilities had institutionalized Clients Relations Desks while the rest had made them operational bringing the total to 26 as shown below:

Table 8: Showing health care providers which established CRDs in 2023

Facilities with institutionalized CRDs	Facilities with operational/ set up CRDs
1. Kiwoko Hospital	1. Nakaseke Hospital
2. Bishop Caesar Asili Hospital	2. St Gabriel Mirembe Maria HCIII
3. Franciscan Health Centre IV	3. Kitovu hospital
4. Ishaka Adventist Hospital	4. Naluko Women's hospital
5. Hope Medical Centre III	5. St Mary's Kasaala HCIII
6. Bitooma HCIII	6. Mushanga HC III
7. Nyakatsiro HCIII	7. Kitagata Hospital
8. St Francis Community HCIV- HOSFA	8. Good Samaritan Katikamu HCIII
9. St. Mary Mother of Jesus HCIV Kalule	9. St Luke Namaliga HCIV
10. St. Francis Kijaguzo HCIII	10. Kaludo pharmacy
11. Our lady of Lourdes HCIII	11. Kitokolo HC II
12. Holy Cross Kikyusa HCIII	12. St. Matia Mulumba – Mulajje HCIII
13. St. Jerome COVE HC II	13. Holy Family HCII

2.1.3. Most clients utilized the Clients Relations Desks for inquiries and feedback

Health care facilities who have established CRDs have used them to play various functions including the following:

- 1) Welcoming and directing visitors/clients
- 2) Registering clients.
- 3) Recording inquiries, complaints, compliments and suggestions.
- 4) Handling and solving minor complaints
- 5) Following up complaints to be addressed by management.
- 6) Giving information and updates to clients about the facility services.
- 7) Entering data and reporting to management and lastly,
- 8) Promoting CHI at Health facility.

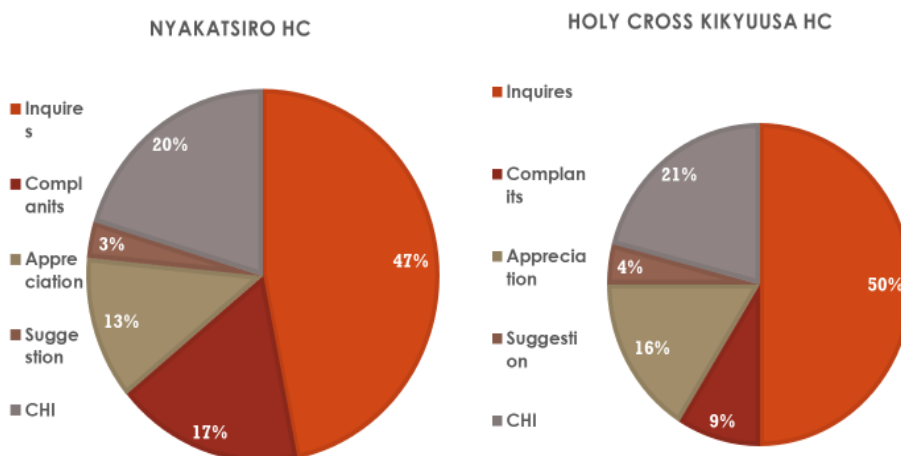


A Clients' Relations Agent attending to a client at Kiwoko Hospital where the CRD has been institutionalised

During the year, 49% of the issues that were handled by the Clients Relations Desks were inquiries about the services, followed by issues related to joining the CHI schemes (20%), feedback which

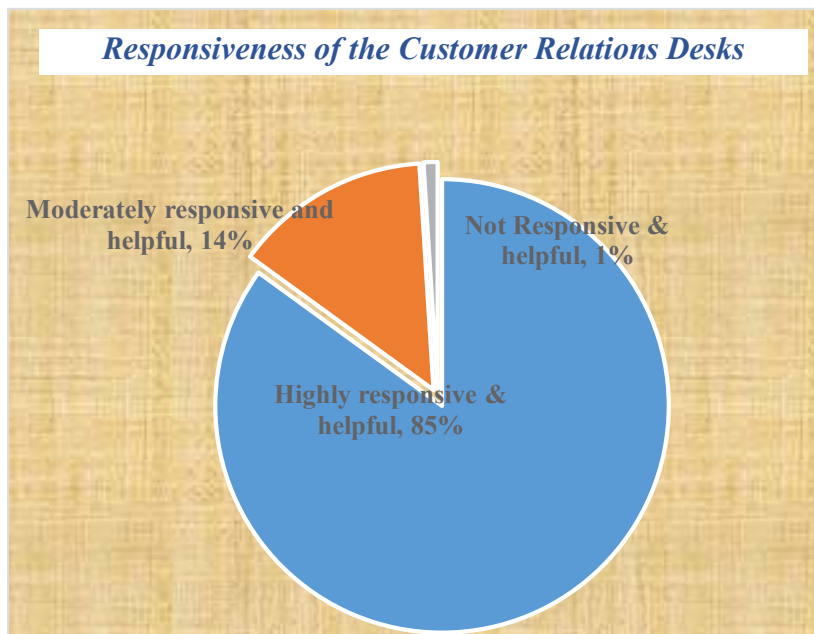
include appreciation of the services provided (15%), complaints (12%), and suggestions for improvement (4%)

Sampled cases of what CRDS captured in 2023

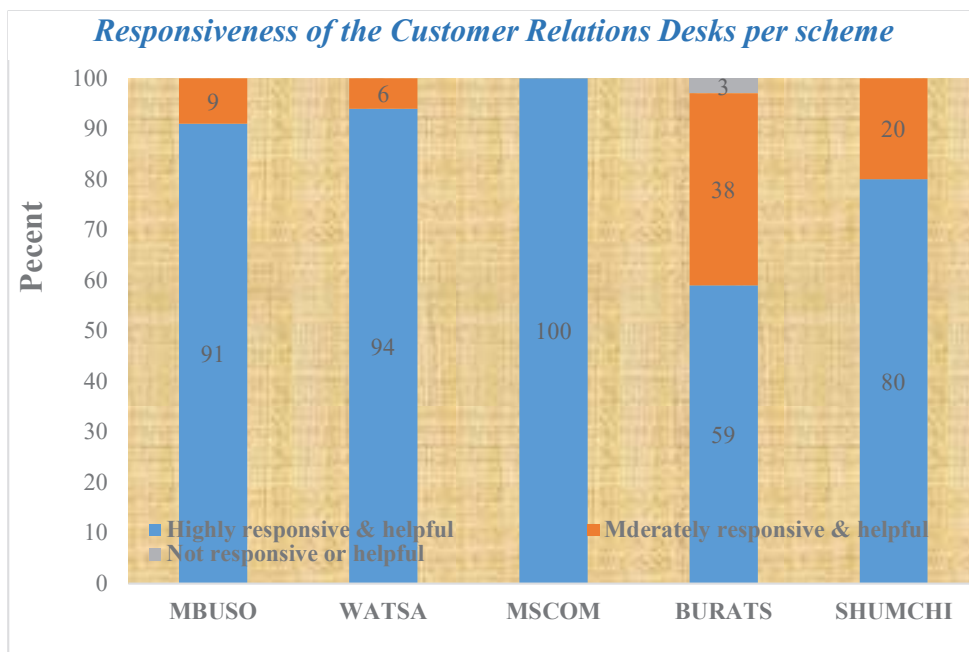


2.1.4. 94% of the Clients were satisfaction with the quality of health care provided

Our advocacy for provision of quality healthcare services by the partner healthcare providers resulted into client satisfaction with services provided at those facilities. According to an external evaluation carried out during the year, the proportion of clients satisfied with the perceived quality of health care services provided was 94%. Clients were mostly satisfied with availability/ access to the services (93.1%), followed by reception services (86.3%) and capacity of the facilities to offer the services (81.22%). This shows an increase in satisfaction by 8% from 87% which is linked to the establishment of Clients Relations Desks whereby, 95% of the scheme members rate Clients Relations Desks as responsive and helpful (85% highly responsive while 14% moderately).



By region/ scheme, Clients' Relations Desks were found to be very responsive and helpful in almost all schemes but slightly less in the Busoga region (BURATS) where SHU has recently established them.



2.2. Challenge faced concerning delivery of quality health care

Inability of people to pay for medical bills

Families that have not been able to join the CHI schemes have continued to face hardship in paying their health care bills at the point of need. As a result, health facilities experience cost recovery challenges including run-away cases which affect their ability to offer the required quality health care. This challenge justifies the need for CHI schemes and their importance. We shall therefore continue to promote CHI in all areas as an intervention to make healthcare services affordable and accessible to everyone.

Limited financial capacity of some facilities to offer the expected quality of services

Many health facilities are being challenged to offer quality services due to their limited resource envelop which limits deployment of the required staff, procurement of appropriate equipment, patient centered care facilities and supplies to guarantee quality

We shall lobby for additional funding to the ministry of Health to improve services at all levels.

Inability to attract potential staff in rural areas

Some health care providers are located in remote areas where it is hard to attract and maintain certain category of medical staff which is a challenge in providing the required quality.

3. Improving household livelihood

Our efforts concerning household livelihood improvement were concentrated in 95 parishes in 5 districts of Luwero, Nakaseke, Nakasongola, Mityana and Kassanda.

Table 9: Showing districts where SHU targeted families for household improvement in 2023

CHI scheme	Districts	No. of Parishes
Munno mu Bulwadde Union of Schemes Organization (MBUSO)	Luwero	49
	Nakaseke	20
	Nakasongola	7
Munno mu Bulwadde Schemes Cooperation Mechanism (MSCOM)	Mityana	10
	Kassanda	9
TOTAL	5	95

We continued to link scheme members in these parishes to low interest credit facilities through the partnership with Micro finance institutions. The loans facilitate business and agricultural growth plus home improvement. We supported this arrangement mainly through organising scheme-based meetings and outreaches for the MFIs to create awareness about the available loan products. In addition, families also benefited from the loan management and financial literacy sessions when accessing the loans.

3.1. Key results on household livelihood improvement

3.1.1. Families benefited from the low interest loans

During the year, a total of 273 families received loans out of which, 52% were for business, 34% for agriculture and 14% for Home improvement.

Female borrowers were 96 (35%) while 177 (75%) were male.



Ms. Nantongo Bernaleta, a scheme member from Kibirizi village, Luwero District who accessed a loan from one of the partner (MFIs) show her poultry business.

Loan Type	Families that accessed loans			% on loan type
	Male	Female	Total	
1. Business loan	93	48	141	52%
2. Agricultural loan	66	27	93	34%
3. Home Improvement loan	18	21	39	14%
TOTAL	177	96	273	100%

3.1.2 . A total of 2,106 beneficiaries were enrolled through the partner Microfinance Institutions (MFIs).

The partner Microfinance Institutions were used as an enrollment point for families in MBUSO and MSCOM when accessing loans. This arrangement has eased premium collection by the schemes compared to the usual out of pocket approach.

Scheme	No. of people enrolled	No. of people enrolled through MFI	Percentage
MBUSO	7,810	1,638	25%
MSCOM	468	468	
TOTAL	8,278	2,106	

The result represents 25% of the total membership enrolled during the year in these specific schemes as shown in the table above.

3.2 Challenges faced concerning household livelihood improvement

Few Micro Finance institutions willing to provide low credit facilities to scheme members

Whereas the need for low income credit facilities and financial literacy trainings is evident for many families, there has been a continued challenge of identifying willing financial institutions to serve this purpose. Only two MFIs have collaborated with SHU in this area, with no success to find such for schemes in the Western and Eastern regions.

We shall Introduce village saving and loan schemes in the target areas where we have not been successful with getting partnership with microfinance institutions.

Un predictable weather conditions for families engaged in agriculture

Many families in the CHI schemes majority of whom engage in agriculture to earn a living are challenged with the unpredictable weather conditions which is characterized by prolonged droughts and sometimes excessive rainy seasons. This heavily affects their yield in relation to the inputs they inject which are sometimes financed by loans.

To address the above risk, SHU shall work with partners to extend agricultural insurance to the farmers. We shall also partner with organizations to train farmers in better farming methods to improve on their yields.

OUR KEY PRIORITIES FOR 2024

In our plan for 2024, we together with partners and stakeholders shall work on the following areas:

1. Supporting the Ministry of Health to develop regulations for promoting and scaling up Community Health Insurance.
2. Support Luwero District Local Government to develop a road map and guidelines for implementing its district-wide scheme.
3. Expand SHU activities in all the 3 thematic areas to reach more beneficiaries, and 4) Advocate for the introduction of a fair universal National Health Insurance Scheme.

ANNEXES

1. Health services utilization per contracted health care provider during 2023

Health care provider	Outpatient Care			Admission			Total		
	Total cases	Scheme bill	Total bill	Total cases	Scheme bill	Total bill	Total cases	Scheme bill	Total bill
1. Kiwanyi HC	-	-	-	-	-	-	-	-	-
2. Ibulanku Comm. HC	2	92,000	132,000	3	150,000	210,000	5	242,000	342,000
3. Naluko Women's Hospital	20	823,400	1,023,400	7	500,100	757,600	27	1,323,500	1,781,000
4. St Francis Buluba Hospital	36	1,864,847	2,384,850	9	1,111,500	1,399,600	46	2,976,347	3,784,450
5. Musana Comm. HC	9	701,700	1,060,800	1	180,000	870,700	10	881,700	1,931,500
6. Hope and Healing HC	189	6,871,800	8,960,500	5	740,100	1,534,800	194	7,611,900	10,495,300
7. St Francis Comm. HCIII	4	187,300	298,400	1	180,000	334,400	5	367,300	632,800
8. Kitokolo HCII	-	-	-	-	-	-	-	-	-
9. Naluggi HCII	-	-	-	-	-	-	-	-	-
10. St Gabriel Mirembe Maria HCIII	36	575,000	739,000	72	2,160,000	4,352,000	108	2,735,000	5,091,000
11. Alebosam Pharmacy	7	101,000	122,000	-	-	-	7	101,000	122,000
12. Bitooma HCIII	-	-	-	-	-	-	-	-	-
13. Mushanga HCIII	158	4,497,000	6,097,000	45	3,203,000	4,056,000	203	7,700,000	10,153,000
14. Hope Medical Centre	-	-	-	-	-	-	-	-	-
15. Nyakatsiro HCIII	56	839,000	1,505,400	27	1,601,900	2,731,400	83	2,440,900	4,236,800
16. Ishaka Adventist Hospital	215	8,564,000	20,166,452	17	1,445,000	4,106,100	232	10,009,000	24,272,552
17. Kitagata Hospital	-	-	-	-	-	-	-	-	-
18. Bishop C. Asili Hospital	374	21,615,201	31,397,201	69	9,483,000	14,647,500	443	31,098,201	46,044,701
19. Franciscan HCIV	103	3,437,000	5,807,000	29	2,581,000	4,050,000	132	6,018,000	9,857,000
20. Kaludo Pharmacy	144	3,559,600	7,846,100	-	-	-	144	3,559,600	7,846,100
21. Kitovu Hospital	114	5,306,889	6,706,864	10	1,252,670	1,520,885	124	6,559,559	8,227,749
22. Kiwoko Hospital	568	27,804,655	45,791,395	246	40,422,198	62,978,398	814	68,226,853	108,769,793
23. Our Lady of Lourdes HCIII	18	722,500	952,500	1	168,000	188,000	19	890,500	1,140,500
24. St Matia Mulajje HCIII	2	46,000	56,000	3	102,000	117,000	5	148,000	173,000
25. Good Samaritan HCIII	10	532,000	832,000	1	100,000	140,000	11	632,000	972,000
26. Holy Cross HCIII	106	4,233,998	6,100,998	43	4,038,500	5,574,501	149	8,272,498	11,675,499

27. St Francis Kijaguzo HCIII	3	111,500	201,500	2	200,000	341,000	5	311,500	542,500
28. St Jerome Cove HCII	11	573,000	893,000	1	70,000	129,000	12	643,000	1,022,000
29. St Kizito Nattyooole HCIII	35	1,045,000	1,335,000	2	163,000	243,000	37	1,208,000	1,578,000
30. St Luke Namaliga HCIV	-	-	-	-	-	-	-	-	-
31. St Mary Mother of Jesus HCIV	33	1,391,500	1,651,500	64	5,892,500	6,632,500	97	7,284,000	8,284,000
32. St Mary Kasaala HCIII	10	451,500	726,500	15	1,176,000	1,994,000	25	1,627,500	2,720,500
33. Yaffe Pharmacy	-	-	-	-	-	-	-	-	-
34. Kisakye Medical Centre	163	5,686,000	5,686,000	-	-	-	163	5,686,000	5,686,000
35. SOS Medical Centre	175	1,729,996	2,604,996	-	-	-	175	1,729,996	2,604,996
36. Nakaseke Hospital	-	-	-	-	-	-	-	-	-
GRAND TOTAL	2,601	103,363,386	161,078,356	673	76,920,468	118,908,384	3,274	180,283,854	279,986,740

2. CHI schemes and sub schemes which ran in 2023 and their location

Munno mu Bulwadde Union of Schemes Organization – MBUSO

No.	Name of sub-scheme	District	Sub County	Year Formed	No. Of families	Beneficiaries	Male	Female
1.	Kakinzi	Luwero	Butuntumula	2002	57	396	163	233
2.	Kakabala	Luwero	Butuntumula	2001	49	332	156	176
3.	Bubuubi	Luwero	Ziobwe	2018	13	79	44	35
4.	Kyawangabi	Luwero	Butuntumula	2006	22	174	75	99
5.	Bukuuku	Nakaseke	Kasangombe	2013	4	22	13	9
6.	Kasaala	Luwero	Luwero	2010	29	215	104	111
7.	Kabakedi	Luwero	Luwero	2011	24	160	80	80
8.	Ngogolo	Luwero	Butuntumula	2002	28	182	86	96
9.	Bamugolodde	Luwero	Butuntumula	2010	10	130	59	71
10.	Kakooge	Nakasongola	Kakooge	2001	35	236	103	133
11.	Bukambagga	Luwero	Butuntumula	2010	11	88	41	47
12.	Kamuli	Nakaseke	Kikamulo	2003	17	134	68	66
13.	Kapeeka	Nakaseke	Kapeeka	2020	10	70	33	37
14.	Kapeke	Nakaseke	Kikamulo	2010	50	347	155	192
15.	Bwaziba	Luwero	Luwero	2011	1	6		6
16.	Kasambya	Nakaseke	Nakaseke	2011	1	5	3	2
17.	Kasana	Nakaseke	Kikamulo	2010	44	325	155	170
18.	Buyuki - SOS	Luwero	Katikamu	2014	74	472	265	207
19.	Migadde	Luwero	Katikamu	2006	19	127	49	78
20.	Katooke	Nakaseke	Wakyato	2008	36	226	105	121
21.	Kagugo/ Kyesa Bukadde	Luwero	Luwero	2006	15	109	56	53
22.	Katuugo Nkl	Nakasongola	Kakooge	2011	19	126	60	66
23.	Kayindu	Luwero	Kalagala	2017	13	77	41	36
24.	Kibirizi	Luwero	Bamunanika	2017	9	56	32	24
25.	Kibose	Nakaseke	Kikamulo	2010	22	137	75	62
26.	Kigombe	Luwero	Luwero	2005	16	103	58	45
27.	Kikamulo	Nakaseke	Kikamulo	2010	1	6	2	4
28.	Nsabweeteka	Luwero	Luwero	2004	27	186	76	110
29.	Kireku	Luwero	Kikyusa	2017	21	134	62	72
30.	Kito	Nakaseke	Kito	2012	16	101	54	47
31.	Kiyanda	Nakaseke	Nyimbwa	2017	11	74	34	40
32.	Kiziba	Luwero	Kikyusa	2017	19	129	56	73
33.	Kyabutayika	Nakasongola	Kakooge	2002	22	137	62	75
34.	Kyalugondo	Luwero	Katikamu	2012	10	65	27	38
35.	Kyambogo	Nakasongola	Kakooge	2011	19	113	60	53
36.	Kyampogola	Luwero	Kikyusa	2018	17	103	49	54
37.	Kyankonwa	Nakasongola	Kakooge	2011	11	69	36	33
38.	Nakikoota	Luwero	Luwero	2011	22	166	87	79
39.	Kyeyindula	Nakasongola	Kakooge	2002	27	193	90	103
40.	Luteete	Nakaseke	Kikamulo	2011	20	154	73	81
41.	Mabuye	Luwero	Kamira	2016	15	94	41	53
42.	Magoma	Nakaseke	Kikamulo	2008	72	507	255	252
43.	Mazzi	Luwero	Kamira	2016	16	105	47	58
44.	Mijjumwa	Nakaseke	Wakyato	2000	11	95	41	54
45.	Mpologoma	Luwero	Bamunanika	2016	13	86	41	45
46.	Nakaseeta	Nakaseke	Kasangombe	2011	13	90	35	55
47.	Kikube	Luwero	Luwero	2010	23	154	76	78
48.	Ngalonkalu	Luwero	Ziobwe	2018	10	60	29	31
49.	Katuugo Lwr	Luwero	Luwero	2010	23	155	60	95

50.	Katikamu	Luwero	Katikamu	2019	8	49	24	25
51.	Wakayamba	Nakaseke	Kikamulo	2010	26	174	80	94
52.	Wankanya	Luwero	Kikyusa	2016	21	158	69	89
53.	Nambeere	Luwero	Kamira	2017	4	24	13	11
54.	Buvuma	Luwero	Nyimbwa	2016	1	6	4	2
55.	Kalwe	Luwero	Bamunanika	2016	1	5	1	4
56.	Kalanamu	Luwero	Kalagala	2017	14	84	31	53
	Total				1,142	7,810	3,694	4,116

Western Ankole Tweragurize Schemes Association - (WATSA)								
No.	Name of sub-scheme	District	Sub County	Year formed	No. Of families	Beneficiaries	Male	Female
1.	Kitojo	Sheema	Sheema Div.	2015	20	100	43	57
2.	Rwamujojo	Sheema	Sheema Div.	2016	20	107	43	64
3.	Busheregyenyi	Mitooma	Biterekero	2016	40	215	105	110
4.	Bitooma-Katenga	Mitooma	Katenga	2013	60	329	158	171
5.	Rushozi	Sheema	Sheema Div.	2016	24	131	57	74
6.	Nyarweshama	Sheema	Sheema Div.	2015	25	132	68	64
	TOTAL				189	1,014	474	540

Central Region Urban Munno mu Bulwade Schemes - CRUMBS								
No.	Name of sub-scheme	District	Sub County	Year Formed	No. Of families	Beneficiaries	Male	Female
1.	Luwero District Corporate	Luwero	Luwero TC	2013	253	271	223	45
2.	Masaka district Corporate	Masaka	Masaka Mun.	2013	18	90	41	49
3.	Luwero Town Council	Luwero	Luwero TC	2018	10	54	25	32
4.	Nakasongola Town Council	Nakasongola	Nakasongola TC	2023	16	71	28	43
	TOTAL				297	486	317	169

Munno mu Bulwade Schemes Cooperation Mechanism - MSCOM

S/N	Name of sub-scheme	District	Sub County	Year Formed	Period in 2023	No. Of families	Beneficiaries	Male	Female
1	Namiringa	Kasanda	Kasanda	2014	Jan - Jun	69	352	146	206
2	Nabugondo	Kasanda	Bukuya	2014	Mar - Dec	23	116	54	62
	TOTAL					92	468	200	268

Busoga Region Association of Tweidhandabe Schemes - BURATS

S/N	Name of sub-scheme	District	Sub County	Year Formed	Period in 2023	Families	Beneficiaries	Male	Female
1.	Bukoyo	Iganga	Bulamagi	2022	Jan - Feb	37	210	95	115
2.	Calvary Chapel	Iganga	Nawandala	2022	Jan - Feb	89	499	202	297
3.	Central Busoga Diocese	Iganga	Iganga Municipality	2022	Jan - Feb	35	200	92	108
4.	Iwawu East	Iganga	Bulamagi	2022	Jan - Feb	66	392	162	230
5.	Kiwanyi	Iganga	Nawandala	2022	Jan - Feb	54	306	150	156
6.	Little Sister	Iganga	Bulamagi	2022	Jan - Feb	26	172	64	108
7.	Namasoga	Iganga	Nawandala	2022	Jan - Feb	61	376	169	207
8.	Nawangaiza	Iganga	Nawandala	2022	Jan - Feb	42	237	96	141
9.	Buniantole	Bugweri	Ibulanku	2022	Jan - Feb	36	188	75	113
10.	Nawansega	Bugweri	Ibulanku	2022	Jan - Feb	48	216	100	116
11.	Walanga	Bugweri	Igombe	2022	Jan - Feb	35	213	95	118
12.	Lugolole	Mayuge	Waitambogwe	2022	Jan - Feb	71	408	173	235
13.	Waihna	Mayuge	Waitambogwe	2022	Jan - Feb	34	218	103	115
14.	St Francis - Buluba	Mayuge	Lukone	2022	Jan - Feb	78	442	188	254
					Mar - Dec	10	32	14	18
15.	Twesige Katonga	Iganga	Nawandala	2023	Mar - Dec	28	185	87	98
	TOTAL					750	4,294	1,865	2,429
	Overall performance					Families	Beneficiaries		
						2,470	14,072		



