

SAVE FOR HEALTH UGANDA

THE WORK WE DO ON COMMUNITY HEALTH FINANCING (CHF)

What is our mission?

To improve the quality of health of Ugandans through community health financing approaches in the target districts.

What do we focus on?

1. Improving access to quality health care facilities and services
2. Protecting families from catastrophic health expenditures.

What do we do to improve access to quality health care facilities and services?

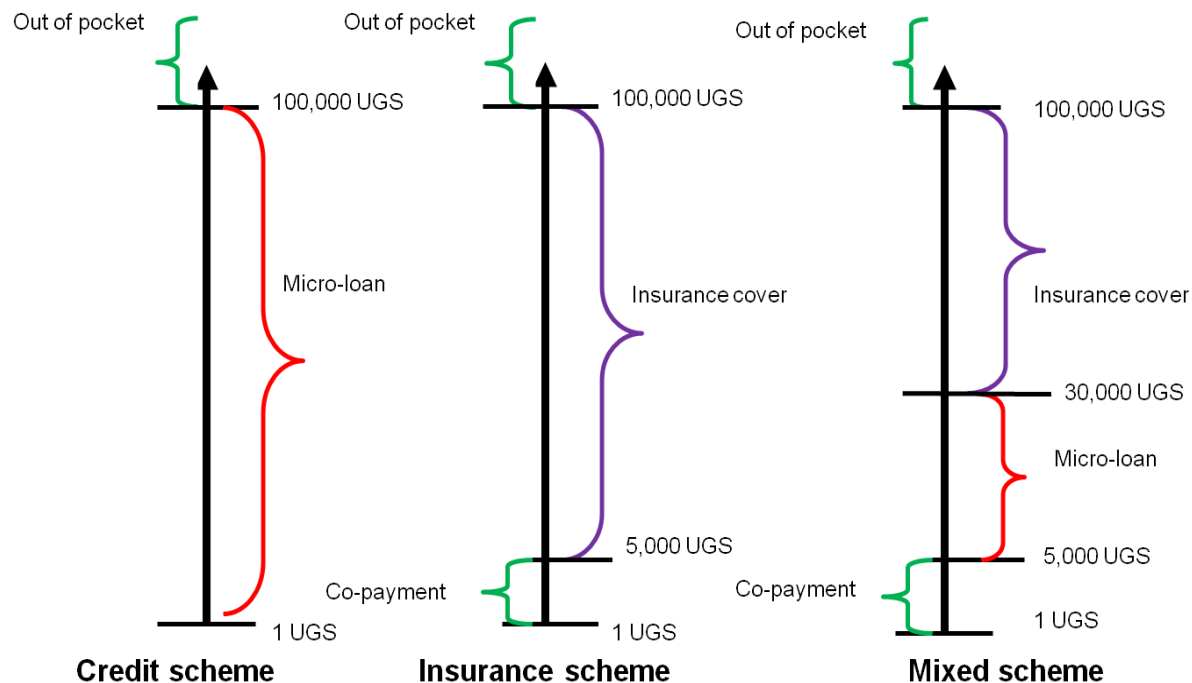
- a) We organize communities into formal groups operating at a parish level. Each group sets up structures and elects leaders to run the new structure. Through this structure, families meet to discuss issues related to their disease burden, health care services availability, organization and quality.
- b) We facilitate negotiations between health care service providers (of quality) and organized communities. New communication channels are established through which both parties participate in the others' activities. Through this new channel, communities give feedback to service providers on the quality of services they offer, as well as on their felt needs that the service providers should make available and accessible. The service providers use the channel to provide information to the communities on the services available and up-dates. The providers use the channel to give answers to complaints by patients who leave dissatisfied.
- c) We prepare and facilitate the formalization of the new relationship by both the interested health care service providers and the interested communities done by signing partnership and service contracts.
- d) We follow up and accompany the collaboration of service providers and organized communities. We participate in follow up meetings to support the growth of the partnership and respect of the contracts.
- e) We provide technical support services by doing medical audits and satisfaction surveys. The findings are used as feedback to each party to act in areas where weaknesses are identified.
- f) We sensitize communities about saving for health care.
- g) We conduct patient-centered awareness trainings to health care service provider staff and to community members. Bad reception is the commonest reason for low access.

What do we do to protect families from catastrophic health expenditures?

- We educate families about health related risks, diseases, and how to manage cases of illness. This we do through health education.
- We educate families about health insurance principles and schemes
- We support communities to create and run community health insurance schemes. Through the schemes, families reduce payments out-of-pocket at the point of service. For this, we do social marketing campaigns and capacity building for active participation in managing the insurance schemes
- We mobilize and avail subsidies to poor families. This enables the majority of the families to enroll into the Insurance schemes.

Which community health financing (CHF) schemes are we promoting?

- Pure Insurance Schemes (PIS)
- Pure Credit Schemes (PCS)
- Mixed Insurance and Credit Schemes (MICS)



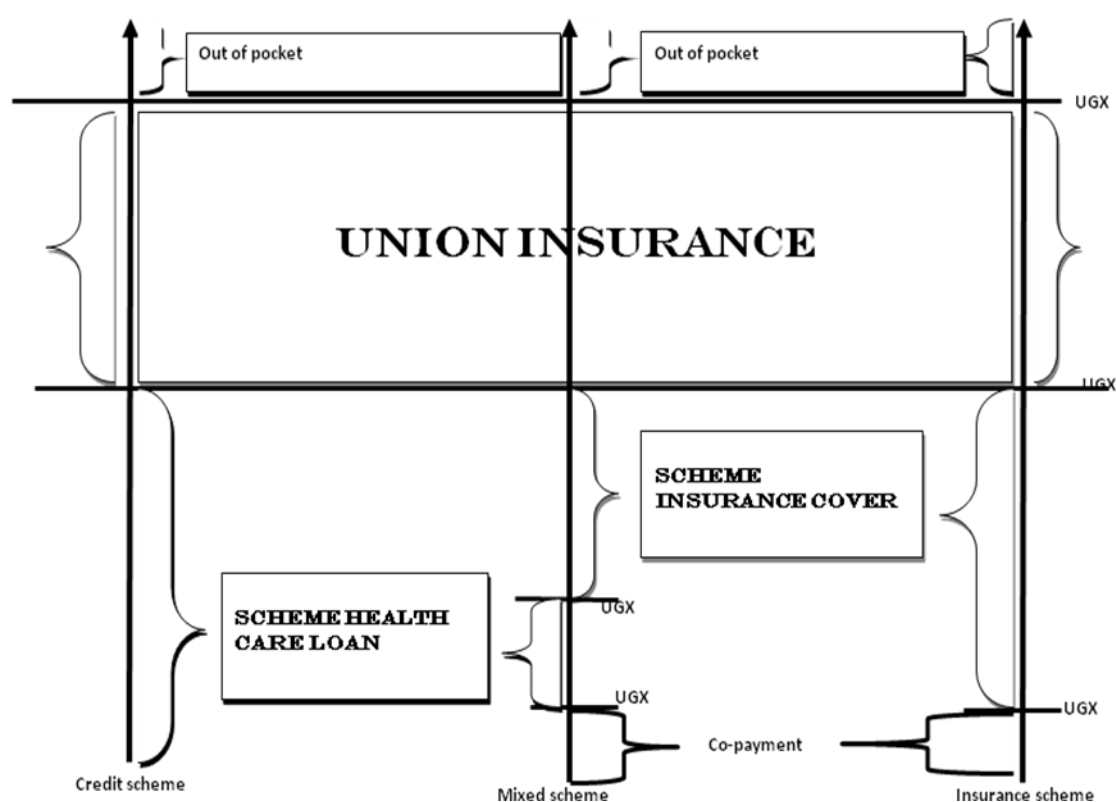
What are our strategies for sustaining the CHF schemes and benefits?

SHU has supported schemes to federate with a technical secretariat to perform all the joint and technical activities on behalf of each individual scheme. The new bodies are called “union of schemes”. These unions of schemes organizations/ networks are funded partly by the schemes and also by donor funds.

How are our CHF schemes protecting people from catastrophic expenses?

By design (see figure below), the protection of families is at two levels:

1. Scheme level: At this level, the scheme covers a patient up-to an agreed amount (ceiling) per episode of illness.
2. Union of schemes (network) level: At this level, the union covers a patient for the bill amount above the scheme ceiling up-to an agreed amount (ceiling) per episode. This is only applicable if the bill exceeds the amount covered at scheme level.



Which products are offered to CHF schemes beneficiaries?

SHU has designed four products which are currently on sale. They are detailed in the table below.

Product name	Benefit package	Conditions
1. Advanced	• All OPD & IPD (with exclusions) • Transport for obstetrics care (including referral) & dead body • Funeral support (80,000) • A bed net for pregnant women and newborns	• Automatic coverage (universal coverage) • Village premium

2. Comprehensive	• All OPD & IPD (with exclusions) • Transport for obstetrics care & dead body • A bed net for pregnant women and newborns • Automatic membership for newborns	• Voluntary membership • 350 people minimum
3. Essential	• All OPD & IPD (with exclusions) • Transport for dead body • Condolences fee (20,000)	• Voluntary membership • 350 people minimum
4. Basic	• All OPD & IPD (with exclusions) • Transport for dead body • Condolences fee (20,000)	• Voluntary membership • 350 people minimum

Where are we implementing CHF schemes?

We are currently (2013) promoting and supporting CHF schemes in five Districts of Uganda found in the central and western regions. The Districts and other details are:

Region	District	Distance from Kampala (KMs)	District population
Central	Luwero District	64	440,200
	Nakaseke District	117	188,900
	Nakasongola District	117	156,100
Western	Bushenyi District	346	251,400
	Sheema District	340	215,900