

WHAT WE ARE CURRENTLY PROMOTING

1. Legal status and mandate of SHU

Save for Health Uganda (SHU) is a company limited by guarantee and a local (Ugandan) not-for-profit Non Governmental Organization (NGO) formed in 2002 and registered on the 7th of March 2003. SHU is mandated to implement activities aiming at improving access to quality health care and facilities country-wide.

2. Strategic direction of the organization 2011 /2012 – 2016/2017

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

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

2.3. Goal: To contribute to: the reduction of the disease burden in Uganda; and the achievement of Uganda's millennium development goals 4 and 5 commitments.

2.4. Program areas and strategic objectives:

Program	Strategic objective
1. Community health financing (CHF)	1. To improve access to health care services by expanding and extending well managed health micro-prepayment schemes to target communities.
2. Women's health and empowerment	2. To improve the health status of women in the target areas by: reducing maternal and child morbidity and mortality arising from preventable causes; and increasing their role in leadership.
3. Household livelihood	3. To improve incomes of families in the target communities to meet their health financing needs.
4. Healthcare service delivery	4. To Improve health care service delivery to the targeted communities

3. The Community Health Financing (CHF) Program

The objective is to improve access to health care services by expanding and extending well managed health micro-prepayment schemes to target communities.

Specifically, the program aims at/ focuses on:

1. Improving access to quality health care facilities and services.

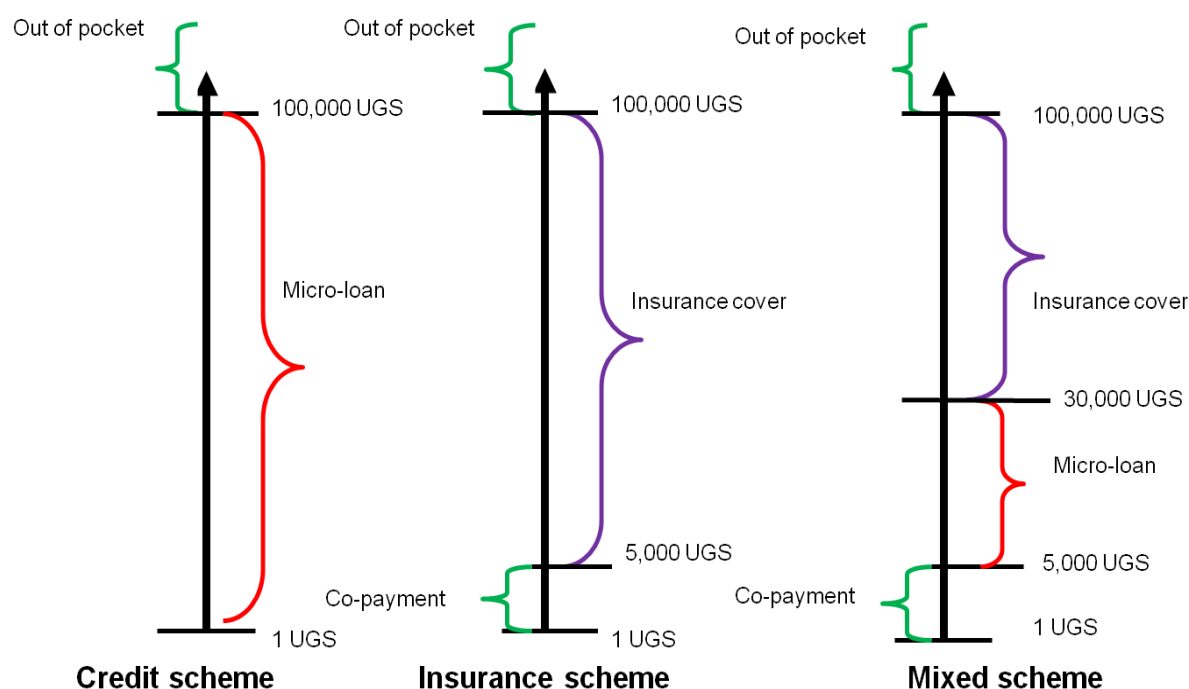
- a. Communities are supported to create Community Health Financing (CHF) schemes which then provide health insurance to the member families. With an insurance card, a family member can access all out-patient services, all admission services including surgery except if the service cannot be offered at the contracted facility/ facilities.
- b. The created CHF schemes are supported to contract service providers and on a monthly basis to pay for the medical services offered to the scheme members.

2. Protecting families from catastrophic health expenditures.

- a. CHF schemes have no limit on the number of episodes to a health care facility per member during a covered year.
- b. For each episode of illness presented at the contracted facility, the scheme pays between 150,000 to 250,000 UGX.
- c. Community members in the target sub counties are provided with both health and insurance education. The education is to help them rationalize their health care seeking behaviours and to join the CHF schemes for protection.

Save for Health Uganda (SHU) promotes three types of CHF schemes:

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



Achievements by December 2012

- a. 68 CHF schemes have been created and are running.

Districts	Pure Insurance	Pure Credit	Mixed Credit and Insurance	Total	
				schemes	beneficiaries
Luwero	2	8	8	18	9,471
Nakasongola	0	0	6	6	3,221
Nakaseke	2	2	13	17	6,579
Bushenyi	17	0	0	17	6,096
Sheema	10	0	0	10	4,124
Total schemes	31	10	27	68	29,491
Total beneficiaries	11,232	5,969	12,290		

- b. Seven Health Care facilities have been contracted as service providers to the schemes. They are: Kiwoko hospital in Nakaseke District; Bishop C. Asili hospital in Luwero district; Franciscan health center in Nakasongola district; Kitagata hospital, Laura health center in Sheema district; Ishaka Adventist hospital and Hope medical center/ AMG Bugongi in Bushenyi district.
- c. Two distinct products have been successfully offered in the schemes:
 - i. The 58 schemes cover any interested family for both out-patient and in-patient services.
 - ii. The 10 schemes in Sheema District cover pregnant women for ANC, deliveries, PNC and child immunizations. Other non pregnant women are free to join the schemes as well.
- d. Two CHF schemes' networks have been successfully formed. The networks federate the schemes in each region into a single but bigger scheme to enable risk pooling at a larger scale but also for performing technical roles that cannot be performed at scheme level. The networks are:
 - i. Munno Mu Bulwadde Union of Schemes Organization (MBUSO). This is the federal scheme for all the individual schemes in Luwero, Nakasongola and Nakaseke.
 - ii. Western Akore Tweragurize Association (WATA). This is the federal scheme for all the individual schemes in Bushenyi and Sheema.

5. The Women's' health and empowerment program

The program objective is to improve the health status of women in the target areas by: reducing maternal and child morbidity and mortality arising from preventable causes; and increasing their role in leadership.

The program focuses on: 1) Families; 2) Adult women; 3) Pregnant women; 4) Children especially the newborns; and 5) the adolescents.

The program and associated projects aim to:

1. Provide vital maternal, child and reproductive health information (including available options/ services and service providers) and knowledge to families through health education sessions and mobile phone text messages. The target is spouses in the target communities
2. Get adult women to actively participate in making decisions related to health care organization and utilization both at home and at community level through: sensitizing men about the role women play in household health, and in organizing health services at community level; negotiating with communities forming community health insurance (CHI) schemes to add constitutional provisions for women leaders in the schemes; training women in leadership skills and encouraging them to take up leadership positions in the CHI schemes.
3. Get pregnant women to: complete all the 4 ANC clinics; prevent malaria in pregnancy by providing them Insecticide Treated Bed nets; deliver from health facilities; and return for PNC services after birth. Transport by boda boda (motor bike) is provided by the CHI scheme to pregnant women to facilitate access.
4. Protect newborn babies from illness and death from preventable causes by providing to their parents skills for healthy child raising and early risk detection; a bed net to every new born baby born to a mother who is a member of a CHI scheme; covering through the CHI schemes all the transport costs to go and complete the immunization doses and other health care needs.
5. Give information about family planning services, methods, and service providers through health education sessions, mobile telephone text messages and public posters.

Achievements by December 2012

- a. 10 CHF schemes have been created with safe motherhood and child survival products in Sheema District. The schemes provide pregnant women with insurance cover for all medical related bills, the pregnant women are transported to and from a health facility using boda-boda bikes to attend all the 4 ANC clinics, to deliver, for immunization of the baby and for one PNC clinic. A free bed net is given to a pregnant woman and another to a new born baby.
- b. Overall, 44% of all leadership positions in the CHF schemes and their networks are occupied by women.
- c. ANC 4 completion in the schemes in Sheema district is 80.4%
- d. Institutional delivery in the 10 CHF schemes in Sheema district is 78%.

6. The Household livelihood improvement program

The objective is to improve incomes of families in the target communities to meet their health financing needs.

The program focuses on: 1) Families; and 2) Communities.

The program and associated projects focus on:

1. Training interested community members in identified but appropriate Income Generating Activities (IGAs) as well as helps identify markets for the products. The IGAs are as well promoted to other communities as appropriate.
2. Linking members of the community health financing (CHF) schemes to micro finance institutions (MFIs) for low interest loans to finance IGAs.
3. Providing to CHF scheme members low interest loans using both SHU and CHF schemes money for: a) transport to the health facility; b) school fees; c) starting up a business; d) improving on a current business; e) agriculture/ farming; and f) other genuine emergencies which if not financed by a low cost and easy to access loan could lead a family into catastrophic spending.
4. Getting borrowers into community health financing (CHF) schemes in order to protect their IGAs. If not insured, illness can lead to diversion of the borrowed funds for treatment.

To successfully implement the project(s), the communities where community health financing (CHF) schemes are running are targeted. The CHF schemes structures are used to implement the activities.

Achievements since July 2011

- a) 222 families have been trained in soap making skills. Eighty five (85) families in Luwero and Nakaseke districts are now engaged in soap making (both bar and liquid) and are selling to their local markets.
- b) 310 dairy goats have been distributed to CHF schemes families in Luwero district. This has been possible through a partnership with Bishop C. Asili Hospital in Luwero District, Just Like My Child Foundation and Heifer International
- c) 405 CHF schemes families in Luwero district have been trained and are engaged in vegetable gardening.
- d) 119 low interest loans (82 for IGAs and 37 for emergencies) have been provided to CHF schemes members in the districts of Luwero, Nakasongola and Nakaseke.
- e) 120 individuals have joined the CHF schemes through the process of accessing the micro loans.
- f) 75% of the loans have been recovered on time.

7. The Health care services delivery program

The objective is to improve health care service delivery to the targeted communities.

The program and associated projects focus on:

- a. Promoting public-private sector partnerships for improved health care delivery.
Partnership between a community in this case a CHF scheme and one or more health care facilities is formalized under two formal agreements: A service contract with each individual health facility and a referral agreement bringing together all the parties. At the contract signing, the communities present to the health facilities their felt needs and the health facilities try to satisfy these needs.
- b. Improving community voice; and participation in the management and delivery of health care services. The service contracts that are signed between the CHF schemes and each health care provider give the scheme members a voice. Besides, the contracts provide for annual meetings between the managers of both the health facilities and the schemes. The health care facilities appoint a coordinator who frequently visits the schemes in the community to collect views and to give feedback on the previously raised issues.
- c. Increase health resources support to partner health facilities. Where resources allow, SHU provides support to the partner health facilities with some key resources that aim to boost the satisfaction levels of the facility users.

Achievements so far

- a) None of the contracted service providers has found the partnership dissatisfying. All the contracted health facilities are still involved in the program. Kiwoko hospital was first contracted in the year 2000 and is still serving the schemes. Scheme members too are satisfied with the service providers.
- b) Ishaka Adventist hospital and Bishop C. Asili hospital were supported with a motor bike each to facilitate the communication with the CHF schemes. The communication channels are highly appreciated by both parties.
- c) The maternity ward at Kitagata hospital has been partitioned using curtains. The pregnant women coming to deliver can now enjoy some privacy. The hospital and the community have appreciated this support and are enjoying it.

8. Our current areas of operation

As of December 2012	
District	Sub-county

Luwero	Butuntumula
	Luwero
	Katikamu
Nakaseke	Kikamulo
	Wakyato
	Nakaseke
	Kasangombe
	Kito
Nakasongola	Kakooge
Bushenyi	Bumbaire
	Ishaka Div
	Ibaare
	Kyeizooba
	Nyabubaare
Sheema	Kasaana
	Bugongi
	kitagata

9. How we can be contacted

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