



SAVE FOR HEALTH UGANDA

Community solidarity for quality health

ANNUAL REPORT 2024

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Community solidarity for quality

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 health financing schemes.

Our Values:

Team Work: We believe in a motivated, committed and a harmonious team where everyone's participation 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 organization, SHU prioritizes and strives to satisfy the clients' 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 stakeholders and have properly stipulated rules and policies that guide it.

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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
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
OOP	Out of pocket
OPC	Out-patient care
SHU	Save for Health Uganda
SHUF	SHU Finance Limited
T/C	Town Council
UGX	Uganda Shillings
WATSA	Western Ankole Tweragurize Schemes Association

MESSAGE FROM THE BOARD CHAIRPERSON



On behalf of the Board, I am pleased to share with you our annual report for the year 2024, highlighting our key achievements, challenges, and the progress we have made together.”

It was yet another remarkable year in which Save for Health Uganda (SHU) registered significant success through our interventions. I am deeply thankful to God for everything we accomplished in 2024. I also extend my heartfelt appreciation to the Board of Directors and all staff members for their commitment and tireless efforts in facilitating SHU’s journey towards achieving its mission.

Guided by our strategic plan, SHU continued to organize its work around three thematic areas: **Community Health Financing, Quality Healthcare Delivery, and Family Livelihood Improvement.**

I sincerely thank all our partners who have continuously supported us in reaching our goals. In a special way, I recognize Bread for the World, our key financing partner, whose generous support has enabled SHU to remain vibrant and deliver effectively on its mandate. I also commend our partner health care facilities and community volunteers who have remained steadfast in organizing communities and delivering quality health care services to our target families.

Special thanks also go to the Ministry of Health for responding positively to SHU’s request to develop guidelines for Community-Based Health Insurance (CBHI) operations in Uganda. Once available, these guidelines will significantly contribute to the expansion of CBHI schemes across the country.

As we await the introduction of the National Health Insurance Scheme (NHIS) in pursuit of Universal Health Coverage (UHC), I call upon all stakeholders to support initiatives aimed at expanding Community Health Financing, which we believe will serve as a strong foundation for the success of NHIS.

SHU envisions healthier families with simplified access to quality health care, and we remain committed to our mission of “enhancing the quality of health of Ugandans through self-managed community health financing schemes.”

I wish you a fruitful year 2025
Leticia Nakimuli Irumba (PhD)
SHU Board Chairperson

MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear readers,

We are delighted to share with you our Annual Report for the year 2024. This report highlights our achievements over the past year and provides an overview of our ongoing efforts.

The year 2024 marked the fourth year of our strategic plan, which spans from 2021 to 2026. Additionally, it was the year when we launched our three-year project titled “Ensuring Equitable Access to Quality Healthcare for Vulnerable Families.”

We extend our gratitude to Bread for the World (BftW) and our other esteemed partners for their invaluable support, which has allowed us to continue our mission in 15 Districts of Uganda.

Thanks to our dedicated team, several significant accomplishments have been registered in 2024. Specifically, four new community-based health insurance sub-schemes were successfully formed by local communities, facilitated by our educational and public awareness campaigns on community health insurance. With our assistance, three partner healthcare facilities received financial support of UGX 130 million from Smart Application International Limited for the installation of a Smart Hospital Management System. The Ministry of Health has approved the proposal put forward by SHU to develop guidelines for community-based health insurance. These guidelines are expected to contribute to the improvement and expansion of community-based health financing programs nationwide. The development of the Luwero District-wide community health financing scheme also continued with our support; the district has formulated a comprehensive implementation plan for the program. Furthermore, twelve additional SHU partner healthcare facilities have established client relations desks to enhance patient experience and satisfaction. Finally, a total of 2,096 patients received medical treatment under the coverage of community health insurance schemes in 2024.

In 2025, our priorities will be supporting the Ministry of Health to develop guidelines for Community Health Insurance operations. We shall also support the Luwero district Local Government in their efforts to establish a district-wide CHF scheme. We shall hold the 8th National Community Health Financing Conference and, lastly, extend the CHI program to new communities.

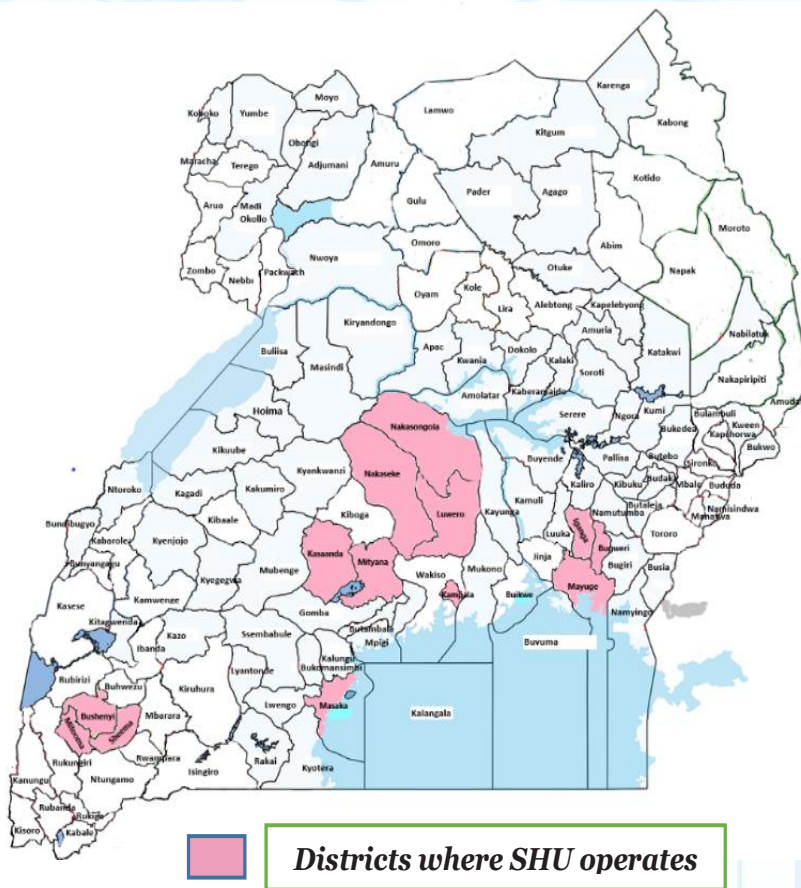
For God and my Country.

Makaire Fredrick
Executive Director

ABOUT SAVE FOR HEALTH UGANDA (SHU)

Legal status and work

Save for Health Uganda is a national non-governmental organisation (NGO) founded in 2002 to promote rational health seeking behaviours; protect families from catastrophic health spending; and enhance health care quality. The organization currently operations across the central, Western and Eastern regions of the country, covering 13 districts of Kampala, Luwero, Nakaseke, Nakasongola, Mityana, Kassanda, Masaka, Bushenyi, Sheema, Mitooma, Iganga, Bugweri and Mayuge.



The organization's work focuses on three thematic areas:

A) Community Health Financing:

Under this thematic area, the organization's work focuses on two activities:

- 1) Promoting Community health Insurance schemes and community savings: The organization strives to enhance access to quality health care services. Families are empowered with essential knowledge and information to support them make the right decisions to enroll and actively participate in managing these schemes effectively.
- 2) Advocating for a Luwero District Community Health Financing scheme and a fair, universal National Health Insurance Scheme (NHIS) that acknowledges and integrates CHI efforts.



B) Quality Healthcare services delivery:

SHU is dedicated to advancing patient centered care practices within partner health care facilities aimed at enhancing the quality of healthcare services provided and ensure clients' satisfaction.

Additionally, SHU promotes formal collaboration between communities and health care providers to strengthen the relationship with community, and establish effective feedback channels between Healthcare Providers and CHI scheme members.



C) Household livelihood improvement:

SHU enhances community capacity to secure sustainable income sources ensuring family welfare and access to health care. The organization equips low-income and vulnerable families in target communities with vocational skills, business management knowledge, and financial literacy.

These efforts enable families to participate in appropriate income-generating activities through the establishment of savings and credit cooperatives, as well as by mobilizing Micro Finance Institutions (MFIs) to provide loans at affordable interest rates.



SHU governance and management

SHU's success is anchored on the exceptional leadership of a diverse governance and management team, whose collective expertise spans strategic oversight to community development, finance and operational management

Board of Directors during 2024



**Leticia Nakimuli Irumba
(Phd)
Chairperson**



**Mr. Fredrick Makaire
Executive Director/
Secretary**



**Mr. Douglas Opio
Treasurer**



**Dr. Martin Ruhweza
Member**



**Mr. David Sekyanzi
Member**

Senior Management Team



Mr. Fredrick Makaire
Executive Director



Juliet Nazibanja Kibirige (Mrs.)
Programs Manager



Ms. Veronica Asio
Finance Manager



Mr. Moses Friday
Resource Mobilization
Officer



Mr. Robert Kabaale
Projects Monitoring
and Evaluation Officer



Mr. Keneth Waiswa
Promotion and
Marketing Officer

SHU's partners

SHU works with various partners to fulfil its mandate.

Financing partner

Concerning financial partnerships, Brot für die Welt (Bread for the World) has been SHU's main funder for a long period of time. Bread for the World is part of the Protestant Agency for Dia-konie and Development (EWDE). As an aid agency of the Protestant regional and free churches in Germany, the organization is a member of various national and international networks and works closely with other aid agencies. Empowering the poor, peace building and care for creation form the core of its work.



Healthcare service providers

SHU has also established partnership with 36 healthcare facilities to provide services to CHI schemes across the target districts. The following table presents healthcare facilities with whom SHU is in partnership

SHU'S partner health facilities:

Kiwoko Hospital, Nakaseke Hospital, Bishop C. Asili Hospital, Ishaka Adventist Hospital, Kitagata Hospital, Kitovu Hospital, St Francis Hospital Buluba, St Luke Namaliga HC, St. Mary's Mother of Jesus, Franciscan HC, Good Samaritan HC, SOS Medical Centre, St Matia Mulajje HC, St. Mary's Kasaala HC, St Kizito Nattyooole HC, Our lady of Lourdes HC, Holy Cross Kikyusa HC, St Francis Kijjaguzo HC, St Jerome – Cove Health Unit, Kisakye Medical Centre, Kaludo Pharmacy, Yaffe Pharmacy, Mushanga Health Centre, Bitooma Health, Nyakatsiro HC, Hope Medical Centre – AMG Bugongi, St Francis Community HC/ HOSFA, Kitokolo HC, St Gabriel Mirembe Maria HC, Holy Family Naluggi HC, Musana Community HC, Alebosam Pharmacy, Hope and Healing Centre, Kiwanyi HC, Ibulanku HC, Naluko Womens' Hospital.

Microfinance institutions

SHU also partners with SHU Finance limited and Butaba Company Limited in providing low interest loans and finance literacy trainings to enhance the welfare of families in the Community Health Insurance schemes in order to sustain their ability to access health care.

Government / local governments

Formal partnerships have also been established with 12 districts where SHU operates which include: Luwero, Nakaseke, Nakasongola, Mityana, Kassanda, Masaka, Bushenyi, Sheema, Mitooma, Iganga, Bugweri and Mayuge.

The 5 Community Health Insurance (CHI) schemes SHU is supporting

The CHI schemes SHU supports are registered community Based organizations (CBOs) that oversee various parish-based sub-schemes within their respective regions. Of the five schemes, four are managed by members, where families actively participate in their operations, while one is managed by a third party, with SHU handling its management functions. Together, the five schemes comprise a total of 127 sub-schemes across 38 sub-counties, 9 town councils, and 1 city spread in the 12 districts where SHU operates. The schemes are outlined as shown below;



MBUSO is a member-managed scheme that was formed in 2006. MBUSO currently operates in the districts of Luwero, Nakaseke and Nakasongola and supports 75 parish based sub schemes located in 19 sub counties across the 3 districts



CRUMBS is a Third Party managed CHI scheme formed in 2013. CRUMBS operates in the districts of Luwero, Nakaseke, Nakasongola and Masaka targeting corporate organizations/ institutions and communities across the 4 districts. Currently, CRUMBS supports 3 corporate and 2 semi urban sub schemes in 5 Town councils and 1 city



MSCOM is a member-managed scheme that was formed in 2016. MSCOM currently operates in the districts of Mityana and Kasanda and supports 12 parish based sub schemes located in 2 Sub counties in and 1 Town Council in the 2 districts



WATSA is a member-managed CHI scheme that was formed in 2011. WATSA currently operates in the districts of Bushenyi, Sheema and Mitooma and supports 20 sub schemes located in 12 Sub counties and 2 Town Council across the 3 districts



BURATS is a member-managed CHI scheme that was formed in 2021. BURATS currently operates in the districts of Iganga, Bugweri and Mayuge. The scheme supports 15 sub schemes located in 5 Sub counties and 1 Town Council across the 3 districts

HIGHLIGHTS OF 2024

Four (4) new CHI sub schemes established by communities

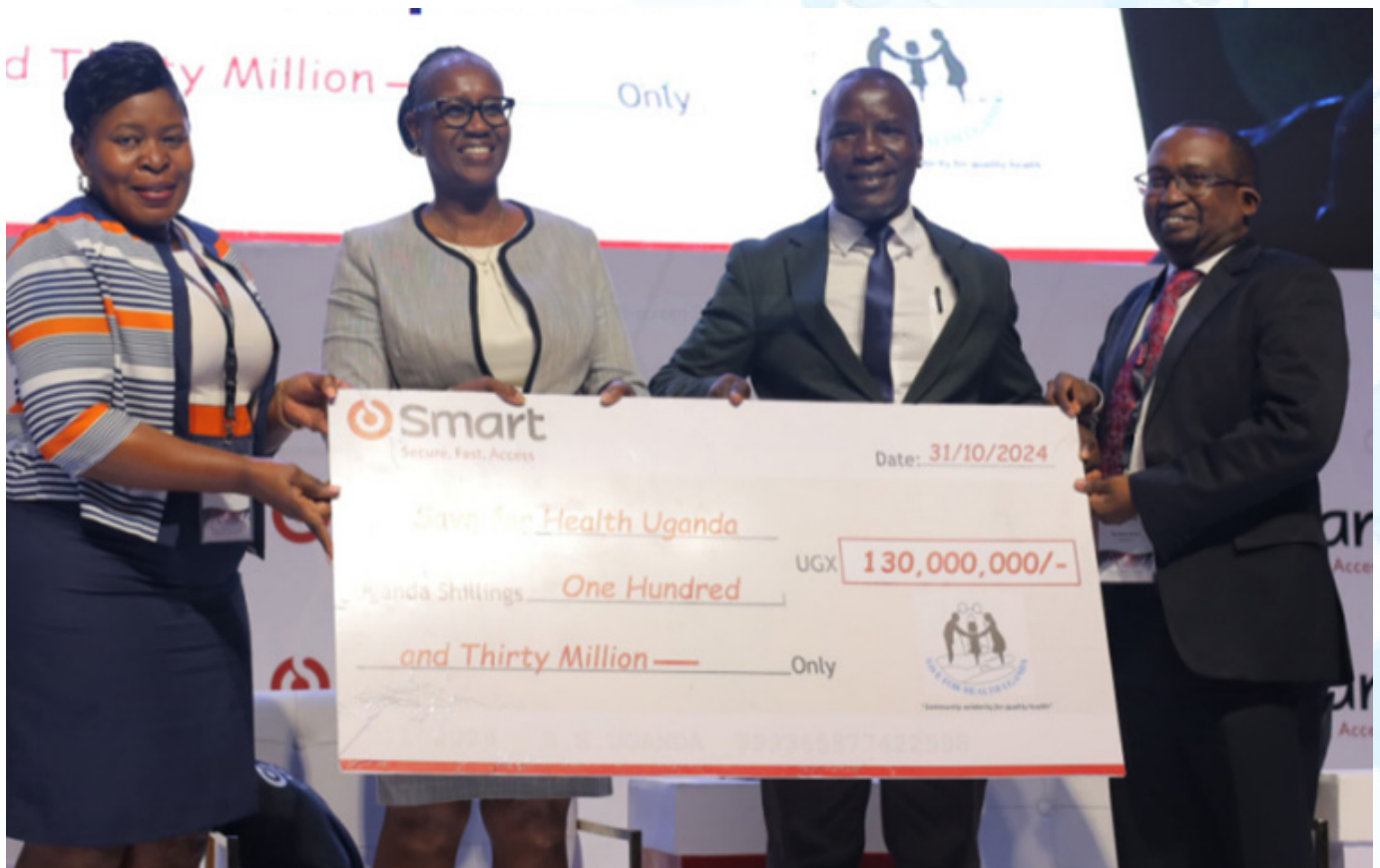
Following a series of health insurance education and CHI scheme sensitization in 23 parishes in Bugweri district, families were inspired to establish 4 community managed CHI sub schemes. The communities that are located in Bugweri district include Kigulamo and Makuutu parishes in Makuutu subcounty, Buwooya parish in Buyanga Subcounty, and Namunyumya parish in Namalemba subcounty. The local leaders who had earlier been sensitized by SHU participated in subsequent planning meetings and played a crucial role in mobilizing residents to attend the sensitization sessions.



SHU – ED sensitizing community members in one of the formed CHI schemes in Bugweri District.

Three partner health facilities got a donation of the Smart Hospital management system worth UGX 130 million

During the year, SHU through its partnership with Smart applications international Group received a donation worth UGX 130,000,000 to support the installation and operationalization of a Smart Hospital Management system at 3 SHU partner health facilities. The beneficiaries of the system are: Our Lady of Lourdes Health Centre III located in Nakasongola district, Franciscan Health Centre IV located in Nakasongola District, and St Jerome – Cove Health Centre II located in Nakaseke District.



SHU Executive Director (second from right) receiving a donation from Smart applications international's Group Managing Director (far right)

Ministry of Health okayed SHU's request to draft CHI guidelines

Currently, Uganda does not have a regulatory framework for the implementation of Community Based Health Insurance (CBHI) schemes, despite these schemes having been introduced in 1996. This constitutes a significant barrier to the expansion and the wide-spread adoption of this concept across the country.

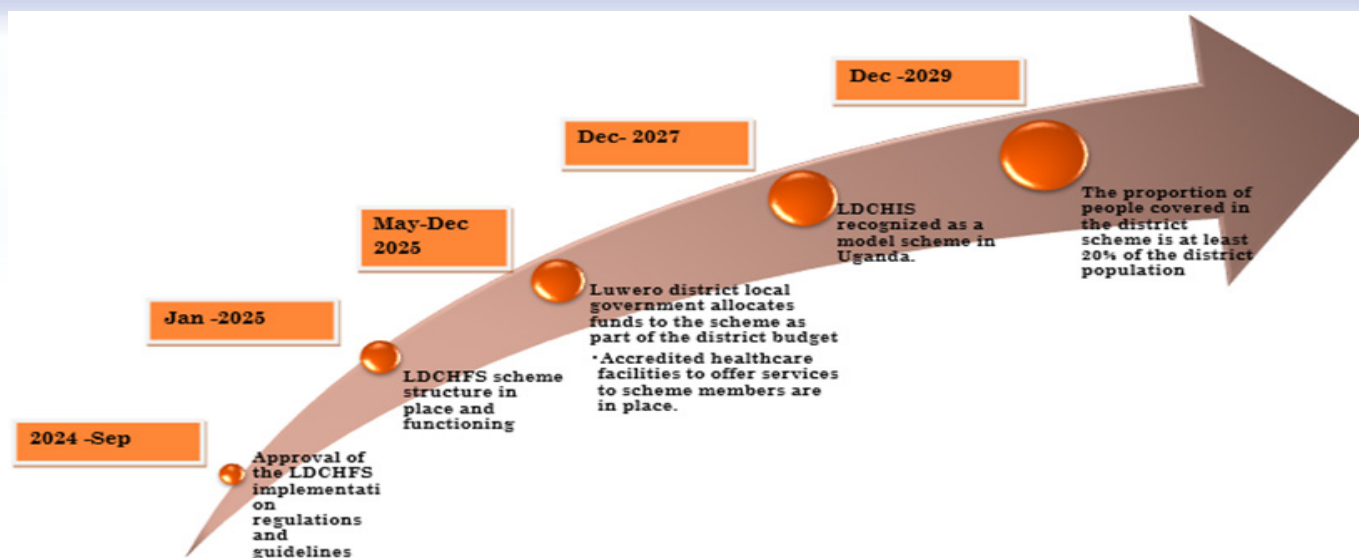
Due to the delayed introduction of the National Health Insurance scheme that would streamline operations of CBHIs in the country, SHU held a meeting with the State Minister for Health in charge of primary health care in August 2024 to request the ministry develop guidelines for CBHI operations in Uganda. The minister agreed that the ministry with support from SHU is to start developing the CHI guidelines.



The state minister for Primary Health Care Hon. Margret Muhanga (third from right) after meeting the team from Save for Health Uganda together with the DHO-Luwero (far left) regarding the development of the CBHI guidelines

The formulation process of the Luwero District Community Health Financing Scheme continued in 2024

With support from Save for Health Uganda (SHU), Luwero district Local Government developed a roadmap to implement the district-wide CHF scheme which they submitted to the ministry of Health. To facilitate the implementation of the Scheme, a steering committee was established which includes members from Luwero District Local Government, Ministry of Health, Ministry of Local Government, Makerere University School of Public Health and Save for Health Uganda. Efforts are ongoing to fundraise for the implementation of the schemes.



Key Milestones to be achieved in the Luwero District CHF Scheme Road

12 additional SHU Partner health care facilities adopted and institutionalized Client Relations Desks (CRDs)

Our advocacy for the establishment of Clients Relations Desks (CRDs) involves various engagements with managers of SHU partner healthcare facilities to set them up and to continuously improve their performance. Health care facilities use CRDs to welcome and direct visitors/ clients, register clients, record and manage inquiries, complaints, compliments and suggestions, give information and updates to clients about the facility services, enter data for reporting to management and promote CHI at the Health facilities.

Following a dialogue meeting that was organized by SHU in Kampala between partner health facilities and the schemes where experiences were shared by the facilities which had earlier adopted the desks, 12 partner health care facilities institutionalized the CRDs during the year, in addition the 13 that had already adopted them.



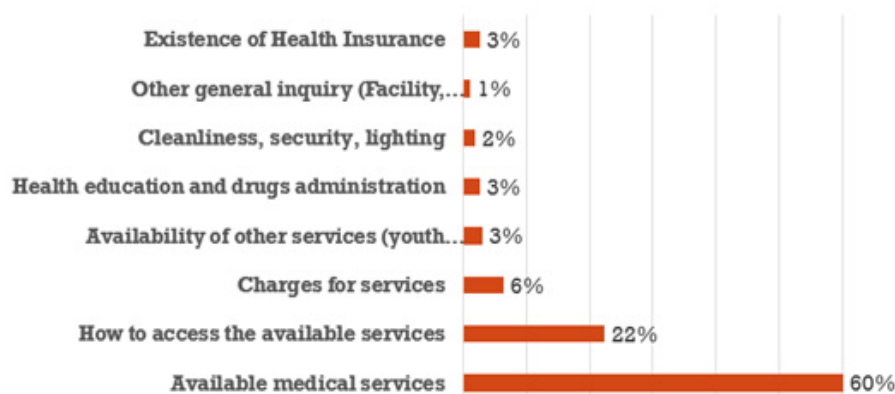
Representatives from Health Care Providers affiliated with CHI schemes, along with Chairpersons of CHI schemes and staff from SHU after a dialogue workshop to assess the effectiveness of their partnership and the institutionalization of the Customer Relations Desks with in the Health Care Facilities.

SHU partner healthcare facilities that adopted CRDs

<i>Health facilities that institutionalized CRDs in 2023 and before</i>	<i>Health facilities that institutionalized CRDs in 2024</i>
1. Kiwoko Hospital	14. Kitovu hospital
2. Bishop Asili hospital	15. St. Gabriel Mirembe Maria
3. Franciscan Health Centre	16. St. Mary's Kasaala Health Centre
4. Ishaka Adventist Hospital	17. Mushanga Health Centre
5. Hope and Healing Centre	18. Kitagata hospital
6. Bitooma Health Centre	19. Good Samaritan Health Centre
7. Nyakatsiro Health Centre	20. St Luke Namaliga Health Centre
8. St Francis Community HC/ HOSFA	21. Kaludo Pharmacy
9. St. Mary's Mother of Jesus	22. Kitokolo HC
10. St Francis Kijjaguzo Health Centre	23. St Matia Mulumba Health Centre
11. Our lady of Lourdes	24. Holy Family Naluggi Health Centre
12. Holly Cross Kikyusa Health Centre	25. Musana Health Centre
13. St Jerome – Cove Health Unit	

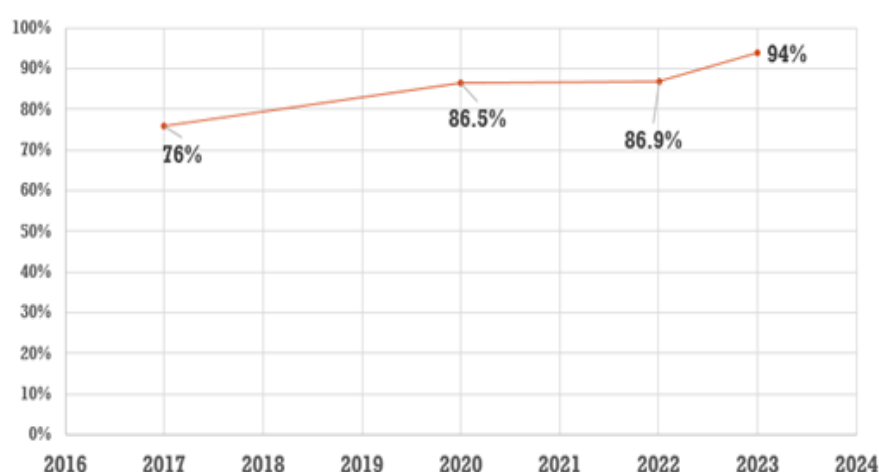
Most clients utilized the CRDS for inquiries on availability of services (60%), how to access the services (22%), charges for services (6%) among others.

Common inquiries captures at the clients Relations Desk



As a result of the Clients Relations Desks, there has been an improvement in the trend of clients' satisfaction with the quality of services they receive at the SHU partner health care facilities over time. Our satisfaction surveys and project evaluations have established this increased from 76% in 2017 to 94.3% in 2024.

Trend of clients satisfaction with quality of services provided by SHU partner health facilities (SHU satisfaction surveys and evaluation reports)



The 2,096 cases presented by scheme beneficiaries in 2024 were covered by the schemes

During the year, the schemes contracted 36 health care facilities to serve their members. These include 7 hospitals, 4 HCIVs, 18 are HCIIIs, 4 HCIIIs and 3 pharmacies. 31 of these facilities are private not for Profit, 3 are private for profit while 2 are public as shown below:

Type and level of health facilities that collaborate with schemes

	Luwero	Nakasike	Nakasongola	Mityana	Kassanda	Masaka	Bushenyi	Sheema	Mitoma	Iganiga	Mayuge	Bugweri	TOTAL
Contracted health care providers per level													
Hospitals	1	2	0	0	0	1	1	1	0	0	1	0	7
HCIVs	2	0	1	1	0	0	0	0	0	0	0	0	4
HCIIIs	6	2	1	0	1	0	1	2	1	3	0	1	18
HCIIIs	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													
PNFPs	10	3	2	2	2	1	2	2	1	4	1	1	31
PFPs	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													
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

Out of the total of 2,096 cases covered, 1,781 were Outpatient care (OPC) services which constituted 85% while 315 were Inpatient care (IPC) services which constituted 15%. The total cost of treatment was UGX 114,035,008. On average, the cost for OPC was UGX 44,200 and UGX 111,600 for IPC

Cases covered under CHI schemes and the medical bills that were cleared

Scheme	Outpatient Care			Inpatient Care			Total		
	Cases	Scheme bill	Total bill	Cases	Scheme bill	Total bill	Cases	Scheme bill	Total bill
MBUSO	767	35,443,406	56,257,652	161	22,862,000	38,438,900	928	58,305,406	94,696,552
WATSA	320	10,851,000	23,583,950	67	4,553,000	11,813,900	387	15,404,000	35,397,850
MSCOM	28	368,500	618,000	35	2,100,000	2,264,000	63	2,468,500	2,882,000
BURATS	275	13,444,795	16,609,296	18	1,653,750	1,993,750	293	15,098,545	18,603,046
CRUMBS	391	18,749,107	23,569,820	34	4,009,450	7,103,573	425	22,758,557	30,673,393
TOTAL	1,781	78,856,808	120,638,718	315	35,178,200	61,614,123	2,096	114,035,008	182,252,841

The commonly presented illnesses among scheme members across all schemes were Malaria (22%), followed by Respiratory Tract Infections (15%), Hypertension (117%) Peptic Ulcer Disease (9%), Urinary Tract Infections (5%) among others.

Common illnesses presented by scheme members

Illnesses	MBUSO	MSCOM	WATSA	BURATS	CRUMBS	TOTAL	%
Malaria	212	24	26	131	70	463	22.1%
Respiratory Tract Infections	191	7	0	5	105	308	14.7%
Hypertension	104	6	29	35	51	225	10.7%
Peptic Ulcer Disease	68	2	19	78	23	190	9.1%
Urinary Tract Infections	0	0	62	16	34	112	5.3%
Enteric fever/ Typhoid	34	15	16	0	0	65	3.1%
Deliveries/ SVD	52	0	3	3	6	64	3.1%
Gastritis	0	0	57	0	0	57	2.7%
Bacteremia	10	0	32	0	10	52	2.5%
Pelvic Inflammatory Disease	22	0	11	3	0	36	1.7%
Diabetes Merits	0	0	22	5	5	32	1.5%
Neuropathies	21	0	0	7	0	28	1.3%
Syphilis & Candidiasis	18	3	0	0	0	21	1.0%
Lumber spondylitis	0	0	14	0	0	14	0.7%
Osteitis	13	0	0	0	0	13	0.6%
Brucellosis	9	0	0	0	0	9	0.4%
Septicemia	8	0	0	0	0	8	0.4%
Pneumonia	6	0	0	0	0	6	0.3%
Bronchitis	0	0	6	0	0	6	0.3%
Hernia	5	0	0	0	0	5	0.2%
Dental	5	0	0	0	0	5	0.2%
Cystitis	0	0	4	0	0	4	0.2%
Others	150	6	86	10	121	373	17.8%
Total	928	63	387	293	425	2,096	100%

MESSAGE FROM SHU PARTNERS AND BENEFICIARIES

Appreciation message from Sr. Monica Tuhaisemukama In charge - Mushanga HCIII



At Mushanga Health facility, we started the partnership with SHU as health care providers of community health insurance schemes in the parishes surrounding our facility in 2016. Before this partnership, one of the challenges the facility faced was reduced utilization of services from the villages neighboring our facility. And the major reason was that cost of care for the services was expensive since most of the people around their source of income is from selling farm produce and small income generating projects like pigs, goats etc. When these people were sensitized about community health insurance

*schemes, some of the families joined and were able to access health services with ease since the issues of paying out of pocket was solved. As the health facility we noticed an increase in service utilization and this not only improved our finances but also reduced the number of run-away cases for the clients that would fail to meet medical expenses. Since we had a reliable source of income, we are able to get a loan to purchase medical equipment like the complete blood count machine and Ultrasound scan to improve on service delivery. I sincerely thank **Save for Health Uganda** through WATSA for good partnership we have had for now 9 years and for all we have achieved with your support in many ways. You are a reliable NGO that one would admire to work with.*

May the good Lord continue to bless the work of your hands.

Appreciation message from Ms. Nabweteme Jesca, a member of Kyeyindula sub scheme



I thank SHU for linking me and other sub scheme members to SHU Finance Limited (SHUF), their Micro Finance Institution partner.

I accessed a loan from SHUF to improve my house which is old. The loan has fair terms and indeed, it is of low interest rate and so far, I have not got any challenge in repaying it.

After paying the current loan, I have high hopes to get another one to roof my new home





**Federation of
Uganda Employers**
The Voice of Employers



Are you an Employer
seeking operational support, legal advice, and knowledge
on compliance standards for organisational growth?

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Our Priorities for 2025

1. Holding the 8th National Community Health Financing Conference.
2. Supporting the Ministry of Health to develop Community Health Insurance schemes operations guidelines.
3. Supporting Luwero district Local Government in their efforts to establish the district wide CHF scheme
4. Extend the CHI program to new communities in Eastern Uganda.

Healthcare services utilization per contracted healthcare facility during 2024

Health facility	Out Patient Care			In Patient Care			Total	
	Cases	Scheme bill	Total bill	Cases	Scheme bill	Total bill	Cases	Scheme bill
1. Hope and Healing Centre	75	2,075,700	3,290,400	1	50,000	70,000	76	2,125,700
2. Ibulanku HC	11	390,000	500,000	7	373,000	503,000	18	763,000
3. St Francis Buluuba Hospital	189	10,979,095	12,818,896	10	1,230,750	1,420,750	199	12,209,845
4. St Gabriel Mirembe Maria HC	22	220,000	433,000	35	2,100,000	2,264,000	57	2,320,000
5. Alebosam Pharmacy	6	148,500	185,000	-	-	-	6	148,500
6. Ishaka Adventist Hospital	248	9,205,000	20,690,750	20	1,625,000	7,105,000	268	10,830,000
7. Nyakatsiro HC	31	310,000	900,200	26	1,637,000	2,982,900	57	1,947,000
8. Mushanga HC	34	1,301,000	1,811,000	13	1,030,000	1,315,000	47	2,331,000
9. Bitooma HC	7	35,000	182,000	8	261,000	411,000	15	296,000
10. Kiwoko Hospital	359	20,740,509	33,039,159	86	14,119,500	25,111,400	445	34,860,009
11. Bishop.C.Asili Hospital	191	10,391,997	15,248,493	45	6,202,500	9,610,500	236	16,594,497
12. Holy Cross HC	33	1,801,000	2,288,000	24	2,400,000	3,218,000	57	4,201,000
13. Kaludo Pharmacy	84	2,422,200	4,843,100	0	0	0	84	2,422,200
14. SOS Medical Centre	99	985,000	1,480,000	0	0	0	99	985,000
								1,480,000

15. St Mary Mother of Jesus HC	18	698,500	793,500	6	611,000	641,000	24	1,309,500	1,434,500
16. Good Samaritan HC	4	181,000	301,000	1	66,000	96,000	5	247,000	397,000
17. St. Jerome Cove Health Unit	2	38,000	98,000	0	0	0	2	38,000	98,000
18. St Mary Kasaala HC	23	1,305,500	1,903,500	6	347,500	927,500	29	1,653,000	2,831,000
19. Franciscan HC	118	3,400,000	5,340,400	12	1,312,000	2,240,000	130	4,712,000	7,580,400
20. Our Lady of Lourdes HC	77	4,261,700	5,421,100	4	445,000	567,500	81	4706700	5988600
21. Kitovu Hospital	150	7,967,107	9,071,220	11	1,367,950	3,130,573	161	9335057	12201793
TOTAL	1,781	78,856,808	120,638,718	315	35,178,200	61,614,123	2,096	114,035,008	182,252,841

CHI schemes and sub schemes which ran in 2024, and their location

Munno mu Bulwaddde Union of Schemes Organization (MBUSO)									
Name of sub-scheme	District	Sub County	Year Formed	Families	People covered	Male	Female		
1. Kakinzi	Luwero	Butuntumula	2002	37	249	95	154		
2. Kakabala	Luwero	Butuntumula	2001	28	183	92	91		
3. Kasaala	Luwero	Luwero	2010	23	152	68	84		
4. Kakoooge	Nakasongola	Kakoooge	2001	16	105	44	61		
5. Bukambagga	Luwero	Butuntumula	2010	14	103	42	61		
6. Kapeke	Nakaseke	Kikamulo	2010	36	257	121	136		
7. Kasana	Nakaseke	Kikamulo	2010	40	287	130	157		
8. Buyuki - SOS	Luwero	Katikamu	2014	45	270	169	101		
9. Katooke	Nakaseke	Wakyato	2008	26	182	87	95		
10. Kibose	Nakaseke	Kikamulo	2010	23	140	80	60		
11. Kireku	Luwero	Kikyusa	2017	17	107	47	60		
12. Kito	Nakaseke	Kito	2012	24	153	70	83		
13. Luteete	Nakaseke	Kikamulo	2011	17	134	59	75		
14. Magoma	Nakaseke	Kikamulo	2008	30	206	100	106		
15. Kikube	Luwero	Luwero	2010	17	106	53	53		
16. Katuugo	Luwero	Luwero	2010	22	145	54	91		
17. Wakayamba	Nakaseke	Kikamulo	2010	18	131	64	67		
18. Wankanya	Luwero	Kikyusa	2016	16	113	55	58		
19. MBUSO Combined	Lwr, Nakaseke, Nakasongola		2024	131	858	417	441		
TOTAL				580	3,881	1,847	2,034		

Munno mu Bulwaddde Schemes Cooperation Mechanism - MSCOM					
Name of sub-scheme	District	SubCounty	Year Formed	Families	People covered
1. Namiringa	Kasanda	Kasanda	2014	24	121
2. Kizibaawo	Kasanda	Bukuya	2014	31	155
TOTAL				55	276
				134	142

Western Ankole Tweragurize Schemes Association – (WATSA)								
Name of sub-scheme	District	Sub County	Year Formed	Families	People covered	Male	Female	
1. Bitooma-Katenga	Mitooma	Katenga	2013	51	274	129	145	
2. Busheregyenyi	Mitooma	Biterekero	2016	26	143	74	69	
3. Rushozi	Sheema	Sheema Div.	2016	21	117	56	61	
4. Kanyebero	Bushenyi	Nkanga	2013	15	78	33	45	
5. Kibazi	Bushenyi	Kyamuhunga	2013	15	79	29	50	
6. Kakanju	Bushenyi	Kakanju	2013	18	96	45	51	
TOTAL				146	787	366	421	

Busoga Region Association of Tweidhandabe Schemes - BURATS							
Name of sub-scheme	District	Sub County	Year Formed	Families	People covered	Male	Female
1. Little Sister	Iganga	Bulamagi	2022	16	95	35	60
2. Nawansega	Bugweri	Ibulanku	2022	5	29	12	17
3. St Francis – Buluba	Mayuge	Lukone	2022	38	114	46	68
				10	32	14	18
4. Twesige Katonga	Iganga	Nawandala	2023	28	185	87	98
5. Lukone	Mayuge	Baitambogwe	2024	4	20	10	10
6. Nsale	Bugweri	Buyanga	2024	18	105	47	58
TOTAL				119	580	251	329

Central Region Urban Munno mu Bulwaddde Schemes - CRUMBS							
Name of sub-scheme	District	Sub County	Year Formed	Families	People covered	Male	Female
1. Luwero District Corporate	Luwero	Luwero TC	2013	7	18	8	10
2. Masaka district Corporate	Masaka	Masaka Mun.	2013	15	81	38	43
3. Nakasongola District Corporate	Nakasongola	Nakasongola TC	2024	21	38	15	23
4. Nakaseke Corporate	Nakaseke	Nakaseke TC	2024	3	9	2	7
5. Luwero TC Semi Urban	Luwero	Luwero TC	2018	105	637	234	403
TOTAL				151	783	297	486

Overall families and people covered				Families	People covered	Male	Female
				1,051	6,307	2,895	3,412



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