



SAVE FOR HEALTH UGANDA

Community solidarity for quality health

ANNUAL REPORT 2025

SHU/2025/No. 16

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Acronyms

BftW	Bread for the World
BURATS	Busoga Region Association of Tweidhandhabe Schemes
CBHF	Community Based Health Financing
CHI	Community Health Insurance
CRD	Customer Relations Desk
CRUMBS	Central Region Urban Munno Mu Bulwadde Scheme
HC	Health Centre
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

2025 AT A GLANCE

**Draft CBHF schemes
Guidelines**

**Submitted to
MoH**

**CHI schemes
supported**

5

**Partner health
facilities**

34

**Cases covered
through CHI**

1,677

**Medical bill cleared by
CHI schemes**

101,112,738

**Partner Health facilities
that embraced Clients
Relations Desks**

25

**Clients'
satisfaction**

96%

**Partner health
facility managers'
satisfaction**

90%

MESSAGE FROM THE BOARD CHAIRPERSON

Leticia Nakimuli Irumba (PhD)



Dear Stakeholders, Partners, and Friends,

On behalf of the Board of Directors of Save for Health Uganda (SHU), I am pleased to present the 2025 Annual Report. This report highlights our achievements, the resilience and collaboration that drive our mission to improve access to quality healthcare in Uganda. The year 2025 marked an important period of growth and impact for SHU. Despite the persistent challenges facing the health sector and vulnerable populations, we remained steadfast in implementing innovative, community-centered solutions that strengthen health systems and improve the well-being of families and communities. The achievements highlighted here are a testament to the collective efforts of our partners, supporters, staff, and the communities we serve.

As a Board, we remain committed to providing strong strategic leadership and governance to ensure SHU's sustainability, accountability, and long-term effectiveness. I extend my appreciation to my colleagues for their dedication, wisdom, and stewardship throughout the year. I also commend the management and staff whose professionalism, resilience, and tireless service continue to translate our vision into meaningful impact on the ground. SHU aims to create healthier families by simplifying access to quality healthcare through community health financing. Our focus is on three key areas: Community Health Financing, Quality Healthcare Delivery, and Household Livelihood Improvement. These efforts empower communities, enhance healthcare access, and support Uganda's goal of UHC.

We deeply value the partnerships and collaborations that make this work possible. I want to express our heartfelt gratitude to our development partners, healthcare providers, financial institutions, local governments, and community structures that supported SHU throughout the year. In particular, we sincerely appreciate Bread for the World for their continued trust and unwavering support toward our programs and institutional growth.

We also recognize the Ministry of Health, the Ministry of Gender, Labour and Social Development, and fellow Community-Based Health Financing (CBHF) promoters for their collaboration and technical guidance, particularly in developing the CBHF Schemes Guidelines. Once finalized and approved, these guidelines will provide a critical framework to strengthen CBHF implementation in Uganda and accelerate national progress toward UHC. Looking ahead to 2026, the Board is confident in SHU's strategic direction and is committed to enhancing its impact and sustainability. Through partnerships and innovation, we will continue transforming lives and advancing equitable healthcare access for all Ugandans.

On behalf of the Board of Directors, I thank all our stakeholders, partners, and friends for your continued trust, collaboration, and support.
Thank you.



EXECUTIVE DIRECTOR'S MESSAGE

Makaire Fredrick

I am pleased to present the Annual Report for 2025, a year in which SHU solidified its position as a leader in promoting equitable access to healthcare through community-based health financing initiatives.

A key achievement was hosting the 8th National Community Health Financing (CHF) Conference, themed “Expanding Community Health Insurance Schemes: A Pathway to Universal Health Insurance Coverage and Equitable Access to Quality Healthcare Services in Uganda.” The conference brought together stakeholders from various sectors, including government ministries, development partners, civil society, academia, local governments, health cooperatives, and community health insurance schemes. The resolutions adopted at the conference, such as finalizing the Community-Based Health Financing (CBHF) Guidelines, harmonizing existing models, and strengthening digital systems, mark a significant advancement towards integrating CBHF schemes into the National Health Insurance Scheme and broader national frameworks.

The impact of SHU was clearly visible at the community level, going beyond just policy changes. The five community-based health financing (CBHF) schemes supported 1,677 medical claims for both outpatient and inpatient care, covering medical bills totaling UGX 101 million. These schemes provided financial protection to households against common illnesses such as malaria, peptic ulcer disease, respiratory tract infections, hypertension, and enteric fever. This outcome highlights the practical benefits of community health financing in safeguarding families from catastrophic health expenses.

The establishment of Client Relations Desks (CRDs) at partner health facilities has been equally significant. These desks have enhanced patient engagement and accountability, achieving a client satisfaction level of 96% and increasing satisfaction among health facility managers to 90%. This progress shows that community-based health financing is not only focused on financial protection but also on enhancing the quality of healthcare delivery and strengthening the trust between providers and communities.

The SHU Board’s supervision missions in the Masaka, Bushenyi, and Mitooma districts have further reinforced stakeholder confidence and generated strategies for the future. These strategies include deeper involvement of partner health facilities in scheme management and the inclusion of corporate groups. Such engagements reaffirm that sustainable progress is achieved through collaboration and shared responsibility.

As we look ahead, SHU remains committed to consolidating these gains, scaling community-based health financing models, and ensuring that every Ugandan has access to affordable, quality healthcare. The achievements of 2025 are a testament to the collective efforts of our staff, partners, especially Bread for the World (BftW), and communities, serving as a foundation for the continued pursuit of universal health coverage.

ABOUT SAVE FOR HEALTH UGANDA (SHU)

About us

Save for Health Uganda is an indigenous non-governmental organisation (NGO) founded in 2002, and mandated to operate country wide. SHU's vision is "Healthier families with simplified access to quality health care" and its mission is "To enhance the quality of health of Ugandans through Self-Managed community health financing schemes"

Our Values:

Team Work: We willingly do what must be done to assist and care for each other.

Client focused: We deliver services and answers that closely match our clients' needs and expectations.

Integrity: We are honest, fair, accountable and transparent in all our activities and take responsibility for our actions

Professionalism: we continuously create, seek and share knowledge and information on our work, and base our decisions on evidence

Ownership: We share, and collectively own opportunities, responsibility and challenges of the organization

Trust in God: We trust in God and respect the different religions and expressions
Economically Oriented: We are efficient and highly productive in our actions

Respect: We conduct ourselves with dignity and give credit where credit is due

Our Work

A) Promoting Community Health Financing (CHF) schemes:

At community level, SHU mobilizes and educates families to establish Community Based Health Financing schemes, providing them with knowledge and skills needed to manage these schemes effectively. At the district level, SHU advocates for and supports the creation of district-wide CBHF schemes. At the national level, SHU advocates for the establishment of a fair and universal National Health Insurance scheme in which CBHF schemes play an active role.



B) Advocating for the delivery of quality healthcare services

SHU builds capacity of partner healthcare service providers to offer quality healthcare services. This is done through accrediting healthcare facilities annually, promoting patient centered care practices, advocating for improved service delivery, organizing partner healthcare facilities in a formal referral arrangement for scheme beneficiaries, conducting services audits and satisfaction surveys annually, and formalizing relationships between health facilities and CBHF schemes.



C) Improving Household Livelihood

SHU builds capacity of the target families in vocational skills, business management and finance literacy to enable low income and vulnerable families in the target communities to engage in appropriate Income Generating Activities (IGAs).

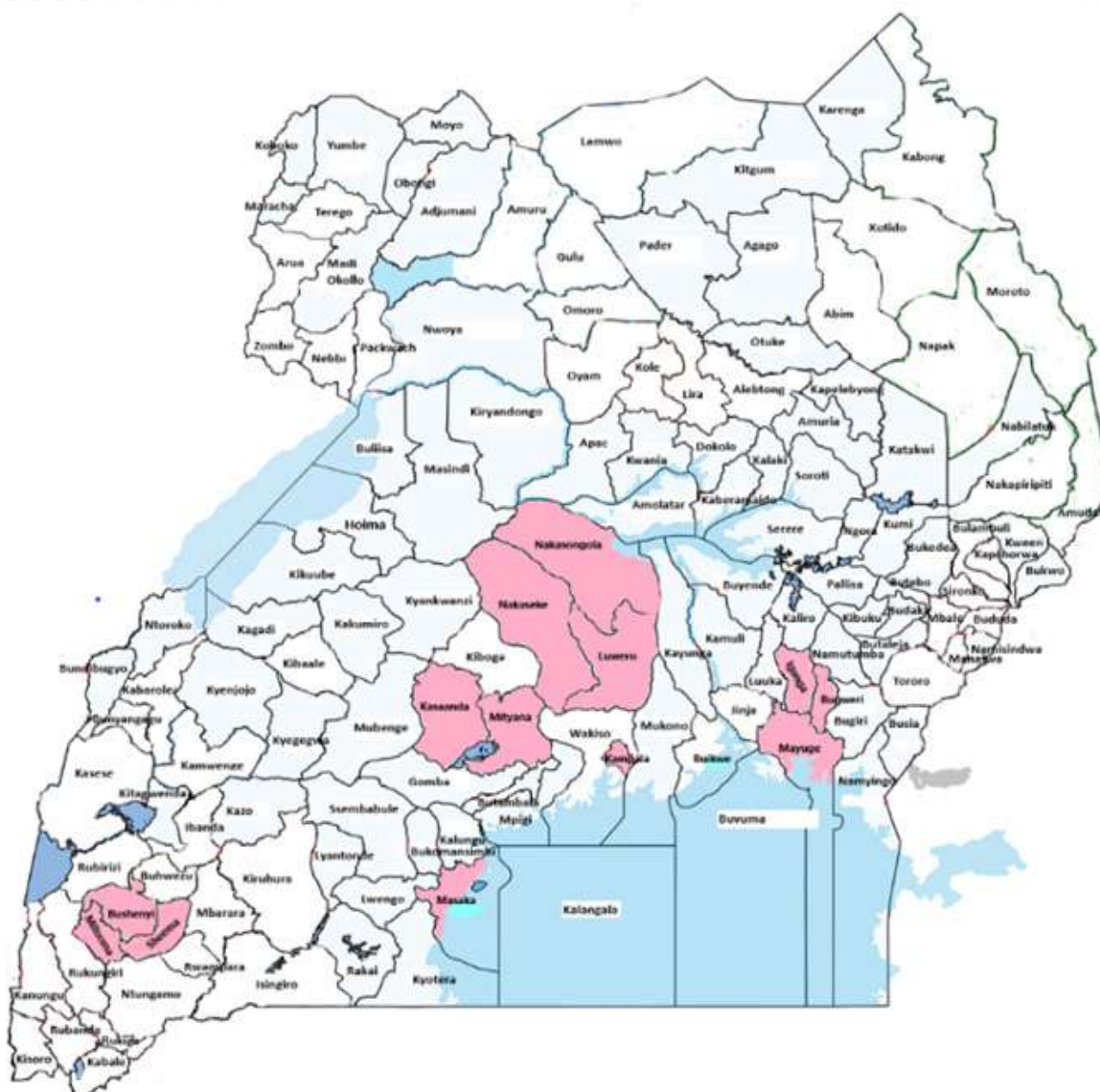
This is done through creating partnerships for IGAs, entrepreneurship skills and scaling up Micro-finance services. SHU also supports CHF scheme networks to establish SACCOs



Our Reach

SHU currently operations across the central, Western and Eastern regions of the country, covering 13 districts namely: Kampala, Luwero, Nakaseke, Nakasongola, Mityana, Kassanda, Masaka, Bushenyi, Sheema, Mitooma, Iganga, Bugweri and Mayuge.

Map of Uganda showing districts where SHU currently operates



Our leaders and network

SHU's Board of Directors during 2025

SHU is governed by a diverse, visionary and highly competent team, whose collective expertise spans strategic direction, institutional development, and financial stewardship.



*Dr. Leticia Nakimuli Irumba
(Phd)
Board Chairperson*



*Mr. Fredrick Makaire
Executive Director/
Secretary*



*Mr. Douglas Opio
Board Treasurer*



*Dr. Martin Ruhweza
Board Member*



*Mr. David Sekyanzi
Board Member*

Our Senior Management Team

SHU is managed by a team of dedicated and experienced professionals, who ensure successful implementation of its projects and programs.



Mr. Fredrick Makaire
Executive Director



Juliet Nazibanja Kibirige
(Mrs.)
Programs Manager



Ms. Veronica Asio
Finance Manager



Mr. Robert Kabaale
Monitoring and
Evaluation Officer



Mr. Moses Friday
Resource Mobilization
Officer



Mr. Keneth Waiswa
Promotion and
Marketing Officer

Our partners

Various entities support SHU in fulfilling its mandate who include financing partners, healthcare facilities, Micro Finance Institutions (MFIs) and the government.

Financing partners



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 a globally active development agency of the Protestant churches in Germany. The organization is part of a global movement that is working for change worldwide while advocating for a just world in which everyone lives in dignity, has equal rights, resources are fairly shared and planetary boundaries are respected today and in the future

Program Implementation Partners

Health service providers

SHU has continued its partnership with 34 healthcare facilities to provide services to CBHF schemes across the target districts. Among the facilities include; 7 hospitals, 4 HCIVs, 16 HCIIIs, 4 HCIIIs, and 3 pharmacies. In addition, 30 are Private Not for Profit, 2 are Private for Profit, while 2 are Public.

Health Facility	District	Level	Type
1. Bishop Caesar Asili Hospital	Luwero	General Hospital	PNFP
2. Kiwoko Hospital	Nakaseke	General Hospital	PNFP
3. Nakaseke Hospital	Nakaseke	Regional Referral Hospital	Public
4. Kitagata Hospital	Sheema	General Hospital	Public
5. Ishaka Adventist Hospital	Bushenyi	General Hospital	PNFP
6. Kitovu Hospital	Masaka	General Hospital	PNFP
7. St Francis Hospital - Buluba	Mayuge	General Hospital	PNFP
8. St Mary Mother of Jesus Kalule Health Centre	Luwero	HCIV	PNFP
9. St Francis Community Health Centre – HOSFA	Mityana	HCIV	PNFP
10. St Luke Namaliga	Luwero	HCIV	PNFP
11. Franciscan Health centre	Nakasongola	HCIV	PNFP
12. Good Samaritan Health Centre - Katikamu	Luwero	HCIII	PNFP
13. St Mary Kasaala Health Centre	Luwero	HCIII	PNFP
14. St Kizito Nattyooole Health Centre	Luwero	HCIII	PNFP
15. St Matia Mulumba Health Centre Mulajje	Luwero	HCIII	PNFP
16. Holy Cross Health Centre	Luwero	HCIII	PNFP
17. SOS Medical Centre	Luwero	HCIII	PNFP
18. St Francis Kijaguzo Health Centre	Nakaseke	HCIII	PNFP
19. Our Lady of Lourdes Health Centre	Nakasongola	HCIII	PNFP
20. St Gabriel Mirembe Maria Health Centre	Kassanda	HCIII	PNFP
21. Nyakatsiro Health Centre	Mitooma	HCIII	PNFP

22. Hope Medical Centre/ AMG	Sheema	HCIII	PNFP
23. Mushanga Health Centre	Sheema	HCIII	PNFP
24. Bitooma Health Centre	Bushenyi	HCIII	PNFP
25. Hope and Healing Centre	Iganga	HCIII	PNFP
26. Musana Community Health Centre	Iganga	HCIII	PNFP
27. Ibulanku Community Health Centre	Bugweri	HCIII	PNFP
28. St Jerome - Cove Health Centre	Nakaseke	HCII	PNFP
29. Kitokolo Health Centre	Kassanda	HCII	PNFP
30. Holy Family Naluggi Health Centre	Mityana	HCII	PNFP
31. Kiwanyi Health Centre	Iganga	HCII	PNFP
32. Kaludo Pharmacy	Luwero	Pharmacy	PNFP
33. Zekiah-Alebosam Pharmacy	Kassanda	Pharmacy	PFP
34. Ya Ffe Pharmacy	Nakaseke	Pharmacy	PFP

Microfinance institutions:



SHU has continued partnerships with SHU Finance limited and Butaba Company Limited. The two Micro Finance Institutions provide 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 and Regulatory Partners

Our stewards

SHU closely works with the Ministry of Health, and the Ministry of Gender, Labour and Social Development who provide support supervision for our work. Formal partnerships have also been established with the 12 districts where CHF schemes have established. The districts include: Luwero, Nakaseke, Nakasongola, Mityana, Kassanda, Masaka, Bushenyi, Sheema, Mitooma, Iganga, Bugweri and Mayuge.

The networks where we belong

SHU is a member of the Uganda National NGO Forum, and the Federation of Uganda Employers.

The 5 Community Based Health Financing (CBHF) schemes SHU is supporting.

The CBHF 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 Kassanda 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

KEY 2025 HIGHLIGHTS

The 8th National Community Health Financing (CHF) Conference discussed the NHIS and how CBHF schemes can be integrated in a unified national framework. SHU hosted the 8th National CHF conference under the theme “Expanding Community Health Insurance Schemes: A Pathway to Universal Health Insurance Coverage and Equitable Access to Quality Healthcare Services in Uganda”.

The conference which ran from 18th –22nd August 2025 at Imperial Golf View Hotel, Entebbe brought together stakeholders from government ministries, Development Partners, Civil Society, Academia, Local Governments, Health Co-operatives, and Community Health Insurance (CHI) Schemes.



The 8th National CHF conference participants after the official opening



Dr. Olaro Charles the Director General of Health Services officially opening the Conference

The conference was opened by Dr. Olaro Charles, the Director General of health services in the Ministry of Health. Discussions centered on guidelines for CBHF schemes in Uganda, and how the schemes can be integrated in the NHIS and other unified national frameworks.



Mr. Makaire Fredrick, Executive Director (SHU), delivering the conference welcoming remarks.

The 8th National CHF Conference resolutions

1. To finalize, validate, and submit the Draft CBHF Guidelines to the Ministry of Health for official approval by December 2025.
2. To promote harmonization of existing CBHF models into a unified national framework that ensures sustainability, accountability, and transparency.
3. To advocate for the integration of CBHF into the National Health Insurance Scheme (NHIS) and broader government health financing frameworks.
4. To establish multi-stakeholder collaboration platforms for continued dialogue, knowledge sharing, and policy engagement.
5. To strengthen digital systems for data collection, enrolment, and scheme monitoring in order to improve efficiency and impact assessment.

The first ever draft CBHF schemes' guidelines were developed, harmonized, documented and submitted to the Ministry of Health

SHU spearheaded the process of developing CBHF schemes' guidelines. This followed a meeting with the State Minister in charge of Primary Healthcare held in August 2024 where SHU was tasked to support the ministry develop the CBHF schemes guidelines.

The purpose of the Guidelines is to standardize the implementation of Community Based Health Financing Schemes and promote their expansion, thereby advancing Universal Health Coverage in Uganda. The overall objective of these Guidelines is to provide a framework for and guide the governance and management of CBHF schemes in the delivery of healthcare services.

During the year, SHU held several engagements with different stakeholders including the Ministry of Health, Ministry of Gender Labour and Social Development, local governments, and the CHF promoters to come up with the draft guidelines. The process involved making consultations, discussing proposals, drafting the guidelines, harmonizing and documenting the final product.



Representatives from MoH, MoGLSD, Luwero District, SHU, UPMB and UHC documenting the draft CBHF schemes Guidelines



Mr. Fredrick Makaire the Executive Director Save for Health Uganda (Third left) along with other CBHF promoters submitting a draft copy of the CBHF Guidelines to Dr. Olaro Charles the Director General Ministry of Health (centre)

The draft guidelines were later handed over to the Director General of Health services at the Ministry of Health.

Once approved, they will not only represent a significant milestone in the development of CBHF schemes in Uganda, but also, should be viewed as only the first step in a continuous learning process.

The 5 CBHF schemes continued to operate, covered a total of 1,677 medical claims and paid the scheme bills fully

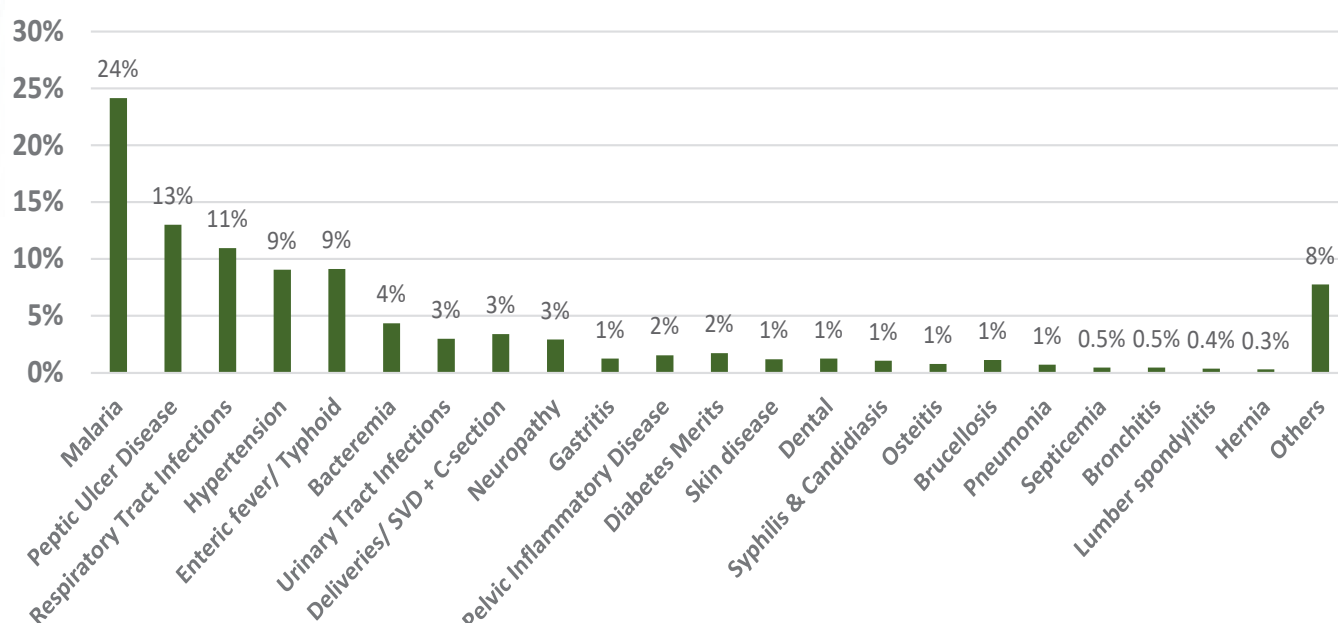
The 5 CBHF schemes covered a total of 1,677 cases at the contracted health facilities during the year out of which 1,361 (81%) were Outpatient and 316 (19%) were admissions. The schemes cleared a total of UGX 101,112,738 at the contracted health care facilities out the total medical bill of UGX 152,317,945

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

Schemes	Outpatient Care			Inpatient Care			Total		
	Cases	Scheme bill (ugx)	Total bill (ugx)	Cases	Scheme bill (ugx)	Total bill	Cases	Scheme bill (ugx)	Total bill (ugx)
MBUSO	728	35,865,994	55,255,749	162	23,522,400	38,030,600	890	59,388,394	93,286,349
WATSA	148	5,948,200	11,285,240	47	2,059,500	5,864,750	195	8,007,700	17,149,990
MSCOM	71	1,070,000	1,909,000	70	4,100,000	5,215,000	141	5,170,000	7,124,000
BURATS	186	10,870,445	12,910,445	16	1,263,000	1,851,900	202	12,133,445	14,762,345
CRUMBS	228	13,554,663	15,026,363	21	2,858,536	5,022,898	249	16,413,199	20,049,261
TOTAL	1,361	67,309,302	96,386,797	316	33,803,436	55,985,148	1,677	101,112,738	152,371,945

Overall, Malaria was the commonly presented illness in all the CBHF schemes constituting 24%, followed by Peptic Ulcer disease (13%), Respiratory Tract Infections (11%), Hypertension (9%), and Enteric fever (9%) as shown below:

The cases presented at the SHU partner health facilities from CBHF schemes members



Our partner health facilities embraced and institutionalized Clients Relations Desks which increased satisfaction of clients from 95.3% to 96% and health facility managers from 79% to 90%

SHU has continued to strive for improvement of the reception at the partner healthcare facilities through advocacy for the establishment of Clients Relations Desks (CRDs). Out of the 25 facilities which have established CRDs, 22 have institutionalized them and the other 3 are operational.



A client being handled by a Clients Relations Agent at Mushanga

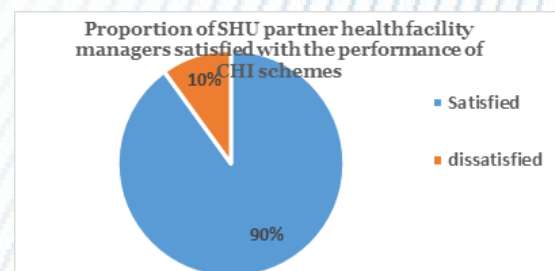
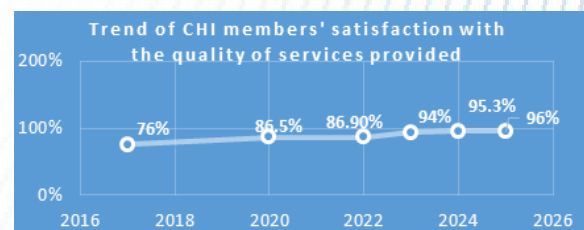
SHU partner facilities where Clients Relations Desks have been embraced

1. Kiwoko Hospital	14. St. Gabriel Mirembe Maria
2. Bishop C. Asili Hospital	15. Kitovu hospital
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. Holy Cross Kikyusa Health Centre	25. Musana Health Centre
13. St Jerome – Cove Health Unit	

As a result of establishing CRDs, the level of client's and health facility managers' satisfaction has increased.

According to the Client Satisfaction Survey conducted in September 2025, the proportion of CBHF schemes clients who were satisfied with the quality of services provided by partner health facilities has been increasing from 76% in 2016 in to 96% in 2025.

In December 2025, another satisfaction survey revealed that 90% of contracted health facility managers were satisfied with the performance of CBHF scheme in their areas, up from 79.9% in 2024.



The SHU board engaged with some stakeholders to increase their confidence in SHU programs and together developed strategies for future projects

SHU board conducted its annual support supervision mission in Masaka city, Bushenyi, and Mitooma districts. The visit targeted various stakeholders including managers of the Community Based Health Financing Schemes, sub scheme, and partner health care facilities. The engagements involved discussing the performance of the CHF program and its prospects.

While in Bushenyi and Sheema districts, the board had engagements with the management teams of Western Ankore Tweragurize Schemes Association (WATSA), leaders of Busheregyenyi sub scheme, and Nyakatsiro health center.

In Masaka city, they engaged the management teams of the Central Region Urban Munno mu Bulwade Scheme (CRUMBS), River of life church (one of the corporate groups), and Kitovu Hospital.



SHU board members with managers of Nyakatsiro Health Centre and WATSA



SHU board members with managers of Kitovu Hospital and CRUMBS.

Among the ideas that came up include our partner health facilities directly participating in managing CBHF schemes, and bringing on board new corporate groups into the schemes.

In addition to building confidence among the stakeholders about SHU activities in their areas, the visit generated proposals and strategies to direct the future of the current project.



SHU board members with the management team of River of Life church and the CRUMBS manager

THE KEY ACTIVITIES WE DID DURING THE YEAR

The support we gave to CHI schemes

SHU provided health insurance education and sensitization about Community Based Health Financing to families and local leaders in communities targeted by the CBHF schemes.

More focus was in Iganga area which included the districts of Iganga, Bugweri and Mayuge where SHU recently introduced its activities targeting the parishes of Nsale, Nawansega, Buluba, Lukone, and Makuutu. Overall, a total of 1,500 people were reached where participants were exposed to benefits of health insurance, CBHF schemes functioning, and procedures of coverage while at the partner health facilities. On the side of local leaders, 38 local parish level sensitization workshops were conducted to create awareness and mobilize their support for CBHF interventions in Iganga, Bugweri, and Mayuge districts. We also updated local leaders of Nondwe and Busembatia in Bugweri district about the plan to extend the CBHF initiative to those new areas.



Members of Makuutu CHI sub scheme are attending their General Assembly



The SHU-ED after handing over promotion T-shirts to leaders of Buwoya Sub scheme

In addition, SHU supported 108 sub scheme leaders, managers and agents in all the 5 schemes to perform their roles. A total of 95 sub scheme agents and 2 scheme managers were trained on their roles, best practices for mobilizing, pooling, and managing scheme funds through organizing centralized and scheme based training sessions. This was done at 36 centralized quarterly planning meetings where they were guided to set up strategies for carrying out promotion campaigns, collecting premiums and processing medical bills. We also shared feedback about their respective schemes progress and performance.



Scheme agents from WATSA learning to fill the schemes' management tools in one of the training sessions

Following these meetings, the scheme managers and agents successfully collected premiums using various methods, including mobile money, cash payments, and following up transfers from microfinance partners to the scheme's accounts.

All the five CHF schemes were provided technical support supervision focusing on capacity building, product and promotion tools development, strategy review, and performance monitoring. In Iganga area, we involved 162 local leaders in developing promotion tools for the CHF schemes. Following the development of CHF products and promotion tools, at least



A staff from SHU (standing in front) introducing new CHF products to members of Bitooma-Katenga sub scheme

two meetings in each of the 38 running sub-schemes were held reaching 4,536 people to communicate the scheme products and new changes for the coming year 2026.

Families were able to choose among the developed products to enroll into their respective sub schemes and access health care services.

All schemes were also supported to manage the identification of their beneficiaries and medical benefits on the electronic information management system using Quick Response (QR) codes.



Members of Kibazi Sub-scheme after receiving their quick Response (QR) cards to enable them access healthcare services

Our engagement with stakeholders

During the year, we participated in stakeholders and government Ministries' meetings, specifically the Ministry of Gender, Labour, and Social Development. During this forum, we presented the draft CHF schemes guidelines, seeking their input regarding gender consideration in the implementation of CHF in Uganda. In addition, we also participated in a National Dialogue on social protection on the 28th October 2025 at Serena Hotel organize by the Ministry of Gender, Labour and Social protection. SHU was selected among the key exhibitors



A staff from SHU explaining SHU products to a participant during the national dialogue on social protection

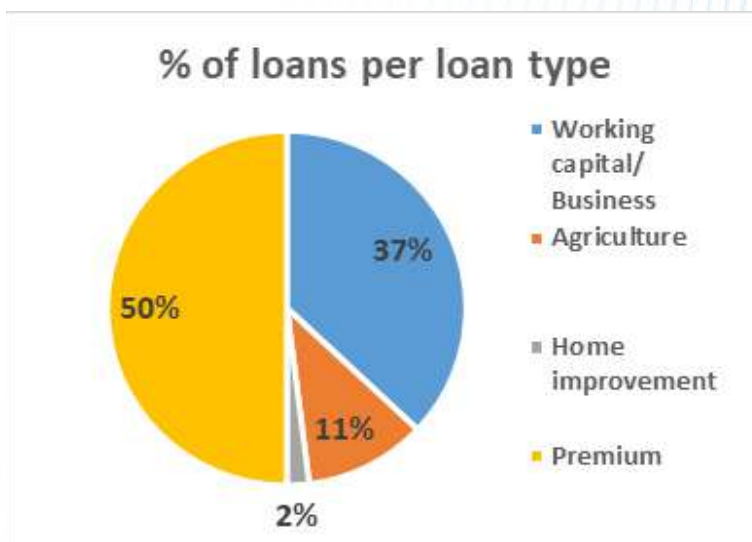
Linking families to Partner Micro Finance Institutions

We supported families to access low interest loans and financial literacy with the aim of improving their livelihood through our partner Micro Finance Institutions.

We supported the MFIs mainly through organizing scheme based meetings and outreaches to create awareness about the available loan products. This effort concentrated in a total of 81 parishes from 12 subcounties in the districts of Luwero, Nakaseke, Nakasongola and Kassanda.

In total, 268 loans were accessed by families from the partner MFIs. Out of the total loans, 37% were for working capital, 11% for agriculture, 2% for home improvement, while 50% were for premium payment to join the CBHF schemes.

The Partner MFIs were also used as a point of enrollment for the beneficiary families where they contributed 86% of the total enrollment in CRUMBS and MSCOM



SHU staff capacity enhancement

Through Bread for the world who are our finance partners, our staff were trained on outcome mapping and outcome harvesting. The training which was conducted virtually was facilitated by Development Link Consult (DLC). Participants gained knowledge in documenting, measuring and reporting impact arising from project and program activities focusing in outcome mapping and harvesting.

OUR PRIORITIES FOR 2026

- 1. Pursuing the approval of the CBHF schemes guidelines.**
- 2. Developing our strategic plan.**
- 3. Supporting our partner health facilities to institutionalize the Clients Relations Desks.**
- 4. Promoting and expanding CBHF schemes in the target districts.**
- 5. Strengthen our current partnership with the Micro finance Institutions to CHI member family livelihoods**
- 6. Support CHI schemes to set up Savings and Credit cooperatives**

ANNEXES

Healthcare services utilization at contracted healthcare facility during 2025

Health facility	Out Patient Care			In Patient Care			Total		
	Cases	Scheme bill	Total bill	Cases	Scheme bill	Total bill	Cases	Scheme bill	Total bill
1. Ibulanku HC	19	469,000	659,000	13	803,000	1,273,000	32	1,272,000	1,932,000
2. St Francis Bulububa Hospital	167	10,401,445	12,251,445	3	460,000	578,900	170	10,861,445	12,830,345
3. St Gabriel Mirembe Maria HC	54	540,000	1,294,000	70	4,100,000	5,215,000	124	4,640,000	6,509,000
4. Alebosam Pharmacy	17	530,000	615,000	0	0	0	17	530,000	615,000
5. Ishaka Adventist Hospital	119	5,698,200	10,586,240	12	900,000	3,644,250	131	6,598,200	14,230,490
6. Nyakatsiro HC	21	210,000	509,000	22	730,500	1,260,500	43	940,500	1,769,500
7. Bitooma HC	8	40,000	190,000	13	429,000	960,000	21	469,000	1,150,000
8. Bishop C. Asili Hospital	178	11,551,800	16,232,800	41	5,843,000	8,928,000	219	17,394,800	25,160,800
9. Kiwoko hospital	268	15,184,795	25,598,000	90	15,503,938	26,681,500	358	30,688,733	52,279,500
10. Franciscan health center IV	54	2,853,000	4,448,000	6	725,000	932,000	60	3,578,000	5,380,000
11. St. Mary's Kasala Health center	12	399,000	759,000	11	822,000	1,425,000	23	1,221,000	2,184,000
12. Kaludo Pharmacy	2	60,000	90,000	0	0	0	2	60,000	90,000
13. Our lady of Lourdes	12	413,000	526,500	0	0	0	12	413,000	526,500
14. St Mary mother of Jesus - Kalule	23	1,027,000	1,247,000	8	677,000	1,332,000	31	1,704,000	2,579,000
15. Holy cross Kikyusa	78	4,358,999	5,891,999	17	1,861,000	2,626,000	95	6,219,999	8,517,999
16. Kitovu Hospital	171	11,004,063	11,004,063	4	499,998	499,998	175	11,504,061	11,504,061
17. Good Samaritan HC	2	126,000	186,000	6	449,000	629,000	8	575,000	815,000
18. St. Joseph Natyole	3	151,000	181,000	-	-	-	3	151,000	181,000
19. SOS Medical Centre	153	2,292,000	4,117,750	-	-	-	153	2,292,000	4,117,750
TOTAL	1,361	67,309,302	96,386,797	316	33,803,436	55,985,148	1,677	101,112,738	152,371,945

CHI schemes and sub schemes which ran in 2025, and their location

Munno mu Bulwade Union of Schemes Organization (MBUSO)

Name of sub-scheme	District	Sub County	Year Formed	Families	People covered	Male	Female
1. Kakinzi	Luwero	Butuntumula	2002	40	272	116	156
2. Kakabala	Luwero	Butuntumula	2001	22	142	69	73
3. Kasala	Luwero	Luwero	2010	22	149	73	76
4. Kakooge	Nakasongola	Kakooge	2001	18	114	46	68
5. Bukambagga	Luwero	Butuntumula	2010	14	104	53	51
6. Kapeke	Nakaseke	Kikamulo	2010	27	183	84	99
7. Kasana	Nakaseke	Kikamulo	2010	31	226	107	119
8. Buyuki - SOS	Luwero	Katikamu	2014	44	286	182	104
9. Katooke	Nakaseke	Wakyato	2008	25	176	88	88
10. Kibose	Nakaseke	Kikamulo	2010	18	114	69	45
11. Kireku	Luwero	Kikyusa	2017	15	98	45	53
12. Kito	Nakaseke	Kito	2012	33	218	97	121
13. Kyeyindula	Nakasongola	Kakooge	2002	16	110	49	61
14. Lutete	Nakaseke	Kikamulo	2011	19	126	53	73
15. Magoma	Nakaseke	Kikamulo	2008	43	288	146	142
16. Kikube	Luwero	Luwero	2010	14	88	44	44
17. Katungo	Luwero	Luwero	2010	20	138	55	83
18. Kiziiba	Luwero	Kikyusa	2017	15	111	59	52
19. Wakayamba	Nakaseke	Kikamulo	2010	23	163	80	83
20. Bubuubi	Luwero	Zitroawe	2018	20	121	75	46
21. Mazzi	Luwero	Kamira	2016	15	91	34	57
22. MBUSO Combined	Luwero,, Nakaseke, Nakasongola		2024	70	460	203	257
TOTAL				564	3,778	1,827	1,951

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	40	218	102	116
2. Busheregyenyi	Mitooma	Biterekero	2016	23	120	59	61
3. Kibazi	Bushenyi	Kyamuhunga	2013	13	73	28	45
TOTAL				76	411	189	222

Munno mu Bulwaddle Schemes Cooperation Mechanism - MSCOM

Name of sub-scheme	District	SubCounty	Year Formed	Families	People covered	Male	Female
1. Namiringa	Kassanda	Kassanda	2014	15	76	40	36
2. Kizibaawo	Kassanda	Bukuya	2014	22	110	53	57
3. Nabugondo	Kassanda	Kassanda	2015	12	67	32	35
TOTAL				49	253	125	128

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. Twesige Katonda	Iganga	Nawandala	2023	28	185	87	98
4. Lukone	Mayuge	Baitambogwe	2024	4	20	10	10
5. Nsale	Bugweri	Buyanga	2024	18	105	47	58
6. St Francis – Buluba	Mayuge	Lukone	2022	27	80	29	51
7. Kigulamo	Bugweri	Makuutu	2025	10	53	27	26
TOTAL				108	567	247	320

Central Region Urban Munno mu Bulwaddle Schemes - CRUMBS

Name of sub-scheme	District	Sub County	Year Formed	Families	People covered	Male	Female
1. Masaka district Corporate	Masaka	Masaka Mun.	2013	17	75	35	40
2. Nakasongola District Corporate	Nakasongola	Nakasongola TC	2024	23	31	9	22
3. Luwero TC Semi Urban	Luwero	Luwero TC	2018	85	521	219	302
TOTAL				125	627	263	364

Overall families and people covered

Families	People covered	Male	Female
922	5,636	2,651	2,985



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