



## HEALTHCARE ACCESS MECHANISMS UNDER CHI

Community health insurance (CHI) has two key objectives: to improve financial access to health care services and protect families from catastrophic expenditures on health.

Save For Health Uganda (SHU) promotes CHI in rural districts where families have low and seasonal incomes. Such families are vulnerable to various shocks and raising money to pay premiums for CHI is many times a challenge.

CHI works in such a way that community members are organised into a scheme (group) usually at parish level under which they contribute money to a pool which forms their health care fund. The fund covers their health care bills up to a certain amount agreed upon by members basing on the amount of money they are able to contribute as premium.

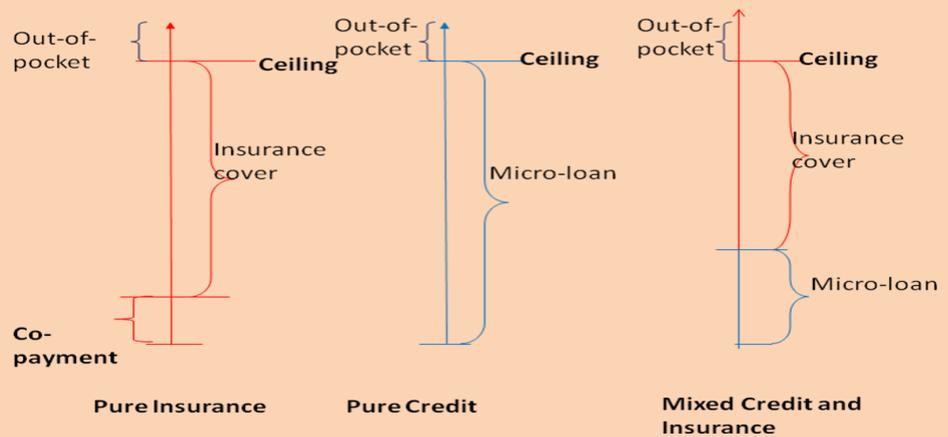
There are three major ways of sustaining the health care fund throughout the year without charging scheme members high premiums. These include introducing a ceiling, a co-payment, and out-of-pocket payment.

### What is a ceiling?

In SHU context, a ceiling is a limit on the total amount of medical bills or number of episodes of illness covered during the insured period.

SHU services focus more on the limit on the amount of money consumed per episode. However, in SHU managed CHI in Masaka, there is a limit on episodes of illness covered for chronic care.

A ceiling is applied to control the amount of money to be paid by schemes in medical bills so that the health care fund is not depleted before the insured period expires. Secondly, a ceiling helps to set an affordable premium for scheme members.



Health care access mechanisms promoted by Save for Health Uganda under CHI

### What is a co-payment?

In SHU context, this is a contribution CHI members make towards their medical bills. It is payable at the time of accessing health care at the contracted health care provider. A co-payment is usually introduced for three reasons: 1) to control misuse of health care services; 2) to control health care fund utilization; 3) to set an affordable premium for members.

### What is out-of-pocket payment?

This is the amount of money above the scheme's ceiling for medical bills which a member pays in cash to the health care provider.

### Health care access mechanisms

SHU devised different ways of enabling families to access health care services by choosing a mechanism that fits within their income and level of solidarity in the wider community. The three CHI mechanisms SHU promotes include: Pure insurance, pure credit and mixed credit and insurance. All these mechanisms are guided by three principles namely community participation, solidarity/mutual help, and not-for-profit.

#### 1. Pure insurance mechanism

Members of CHI schemes contribute an annual premium which qualifies them to access health care services. Medical bills are paid by the scheme up to an agreed amount

per episode of illness. Members may be required to make a co-payment to the health facility for every episode of illness. There are 49 pure insurance schemes with 8,542 members.

#### 2. Pure credit mechanism

Members of a scheme contribute money once into a pool from which their medical bills are paid. The amount of money used to pay a member's medical bill is considered as a microloan which must be paid back within three months. The loan does not attract interest because the money is for the members themselves.

There are only two credit schemes with 277 members because they are preferred in areas where solidarity is very low.

#### 3. Mixed credit and insurance mechanism

Scheme members pay money into a pool which is used as revolving fund. On top of that, members pay premium for health insurance every year but it is lower than in pure insurance. Part of a member's medical bill is considered as a loan to a member while the remaining part is paid under insurance up to the ceiling. Insurance covers the biggest part of the bill. There are 40 mixed schemes with 15,626 members.

# WORKERS WANT THREE SOCIAL SECURITY LAWS IN ONE

**By Proscovia Nnamulondo**

Trade unions want Parliament to enact one comprehensive social security law to cover pension, retirement benefits and health insurance for workers.

In their latest position on the draft National Health Insurance (NHI) Scheme Bill, trade unions call for one draft law called the 'Reform of the Social Security and Pension Sector and Health Insurance Scheme Bill' instead of enacting separate laws on the three issues.

They propose creation of one pool of contributions at the National Social Security Fund for social security, pension and health insurance to which employees and employers

will contribute 7% and 13% respectively to make a total of 20% of the employee's monthly salary.

The proposed distribution of the 20% is as follows:

- ❖ 5% for National Health Insurance Scheme;
- ❖ 5% as gratuity for premature retirement;
- ❖ 10% for old age retirement, housing and other products under the National Pension Scheme.

The draft NHI Bill in its current form requires every employee and employer in the formal sector to each contribute 4% of the employee's monthly salary to make a total contribution of 8% to the NHI scheme.

"We recommend the merger of a public service contributory pension scheme with the parliamentary pension scheme and NSSF of the private sector to form one National Pension Scheme which will retain the 10%," reads the position paper in part.

Trade unions also demand that the provision for representation on the Board of Directors of the proposed National Health Insurance Scheme be revised to include a slot for a workers' representative.

The Bill currently provides for a representative of scheme members on the Board of Directors who is referred to as a member of the public.

## St Gabriel health centre expands maternity ward

**By Kitenda Samuel**

The management of St Gabriel Mirembe Maria HCIII in Kassanda sub-county, Mubende district has embarked on renovating and expanding the maternity ward to be able to handle more deliveries.

Currently, the facility can handle only two deliveries at a time due to limited space.

The health centre founded by the Catholic Church is one of the facilities contracted to provide services to members of CHI schemes in Kassanda and Bukuya sub-counties. There are currently 2,566 beneficia-



**Sister Nalubowa, a Nurse at the health centre shows SHU's Juliet Nazibanja and an officer from PACE the ongoing works in the maternity ward. PACE is SHU's funding partner in Mubende district.**

ries in 10 CHI schemes in the area. These have caused an increase in the number of patients visiting the health centre for services including delivery. The health facility management decided to construct a bigger maternity ward to accommodate at least ten beds. On the same ward, there will be a rest room for midwives and nurses on duty so that they can attend to patients on time.

SHU is working to improve maternal health in Mubende district with support from Program for Accessible Health Communication and Education (PACE).



**Otunga addresses members of Furuma community health insurance scheme in Mitooma district.**

## Scheme members' corner

My name is Otunga Willy, the chairman of Kyeibanga West Tweragurize (CHI) scheme in Kitagata Sub-county, Sheema district which was formed in 2012. Apart from accessing quality and timely health care with my family, I have benefitted a lot from the leadership skills Save for Health Uganda (SHU) imparts to scheme leaders and members. I have gained skills in forming, coordinating and managing a CHI scheme. With support from SHU, I have been able to create four schemes namely Isingiro and Karera South in Sheema district, and Nyabubare-Kabira and Furuma in Mitooma district.

I am an ordinary man who derives livelihood from farming but I have been able to mobilise 1,136 people in the four schemes. I thank SHU for sharing knowledge and skills with community members on management and coordination of CHI schemes. SHU has made it possible for schemes to be run and sustained by their members.

**Compiled by Fridav Moses**