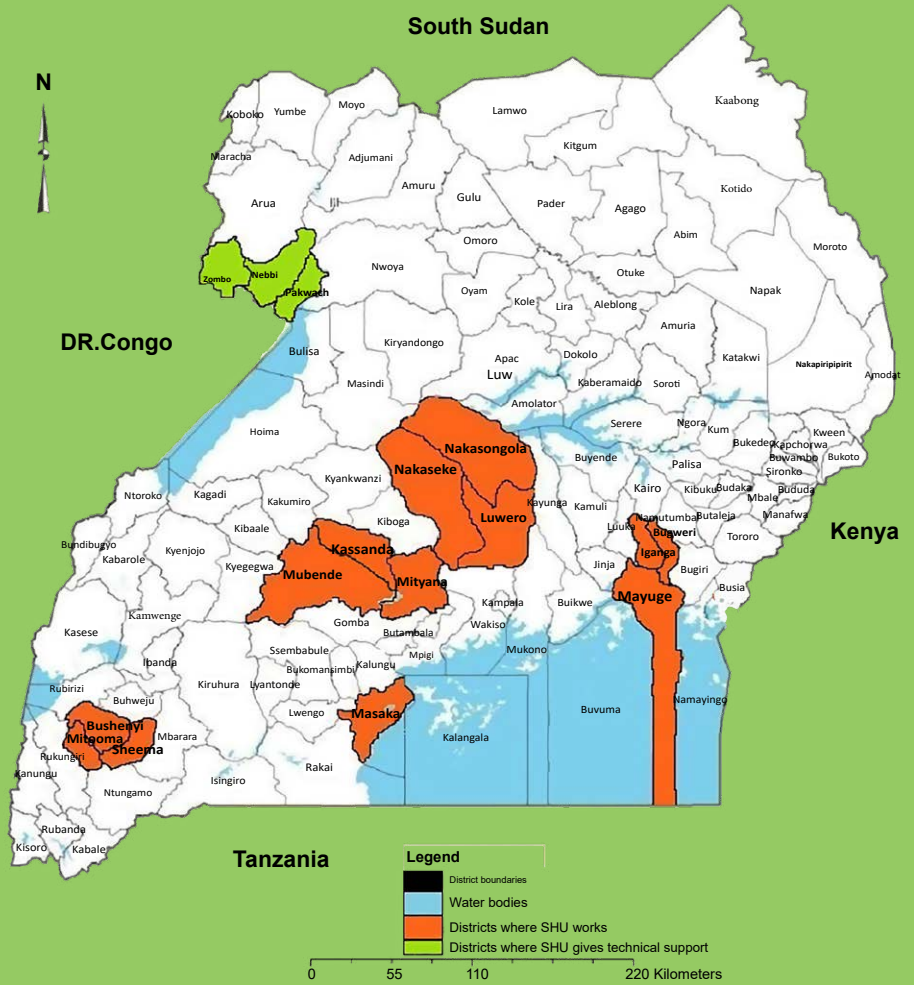




# SAVE FOR HEALTH UGANDA

*Community Solidarity for Quality Health*



## ORGANIZATION PROFILE



2021

# HOW TO CONTACT US

## Head Office

Plot 580, Ssekabaka Kintu Road, Mengo-Rubaga, Kampala - Uganda.

P.O. Box 8228 Kampala.

Tel: +256 414 271 841

Email: [shu@shu.org.ug](mailto:shu@shu.org.ug)

Website: [www.shu.org.ug](http://www.shu.org.ug)

Facebook: [@saveforhealthuganda](https://www.facebook.com/saveforhealthuganda)

Twitter: [@SHUorg](https://twitter.com/SHUorg)

YouTube: [saveforhealthuganda](https://www.youtube.com/saveforhealthuganda)

## Luwero Field Office

Kasoma zone, Luwero Town council off Kampala- Gulu highway;

P.O. Box 123 Luwero

Tel: +256 778 578 677 / 0706 680 466

Email: [shu-luwero@shu.org.ug](mailto:shu-luwero@shu.org.ug)

## Mityana Field Office

Mityana Community Centre Building,  
Thoban Road Central Zone, Mityana Municipality

P.O.Box 285, Mityana

Tel: +256 414 271 841

Email: [shu-mubende@shu.org.ug](mailto:shu-mubende@shu.org.ug)

## Bushenyi Field Office

Bugomora Cell, Ward III, Ishaka Division,  
Bushenyi - Ishaka Municipality, off Ishaka – Kagamba road

P.O. Box 277 Bushenyi

Tel: +256 779 717 761;

Email: [shu-bushenyi@shu.org.ug](mailto:shu-bushenyi@shu.org.ug)

## Iganga Field Office

Lubasi Road, Nkono 1 Cell  
Iganga Municipality Off Kaliro Road

Tel: +256 414 271 841

# CONTENTS

<b>WHO WE ARE AND OUR MANDATE .....</b>	<b>4</b>
---	----------

<b>OUR HISTORY .....</b>	<b>5</b>
--------------------------	----------

<b>WHAT WE DO.....</b>	<b>6</b>
------------------------	----------

1. We promote two types of Community health financing schemes and empower communities to establish and participate in running them. .... 6
2. We advocate for a fair universal National Health Insurance Scheme where CHI schemes play an active role. .... 7
3. We provide vocational skills training and link households to micro finance institutions to improve livelihoods..... 8
4. We advocate for provision of quality health care services at health care facilities contracted by CHF schemes..... 10

<b>WHAT MAKES US TICK.....</b>	<b>11</b>
--------------------------------	-----------

1. Our team..... 11
2. The partners who support us. .... 14
3. Our long-running member managed CHF schemes providing lessons..... 14

## WHO WE ARE AND OUR MANDATE

**S**ave for Health Uganda (SHU) is a Ugandan Non-Governmental Organization (NGO) formed in 2002 and registered in 2003. SHU is registered under the Non-Governmental Organizations Act 2016 with mandate to: (1) carry out activities in the fields of improving access to quality health care facilities; and (2) operate country-wide as a National NGO.

SHU envisions healthier families with simplified access to quality healthcare. Its mission is to enhance the quality of health of Ugandans through Community Health Financing (CHF) approaches. Among the several barriers that limit households' access to health care services of quality, SHU prioritizes financial barriers and has designed interventions that aim to: improve people's financial access to quality and affordable healthcare services; and rationalize healthcare seeking behaviours of the target population. For the period until December 2023, the efforts are to see three key changes: (1) Vulnerable and low income families in the target communities in Uganda accessing quality healthcare services with ease; (2) Low income families in the target communities acquire skills and access affordable loans to meet their healthcare financing and other basic needs; and (3) Families in the catchment areas are satisfied with the quality of services at the healthcare facilities contracted by CHI schemes.

To fulfill our mandate and realize the mission, all actions are guided by the following shared values and principles:

1. We believe in a motivated, committed, harmonious team where participation is valued.
2. We believe that clients are the reason for our existence and we strive to satisfy their needs.
3. We treasure accountability and transparency, and our actions are based on reality.
4. We are a professional organization with a team of special capacities; we deliver quality services / products to our clients.
5. 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.
6. We have faith in our capacities to succeed by the grace of God. We respect the different religions and expressions.
7. We are an economically oriented organization that believes in efficiency and high productivity. We encourage our team members to be creative and innovative.
8. We ensure dignity for stakeholders and have properly stipulated rules and policies that guide it.
9. We recognise that we cannot cause impact alone but by working with key stakeholders in a mutually respecting environment.
10. We empower the target beneficiaries by letting people have control over their own lives and roles in a healthy environment; and by acting on issues they define as important.
11. We proactively seek to develop core skills, management practices, strategies and systems to enhance our effectiveness, sustainability and ability to fulfil our mission.
12. We strive to develop internal and external knowledge, adopt best practices, and apply the knowledge in a way that helps us to be more effective and efficient.
13. We endeavour to make community structures and individuals answerable and accountable.

## OUR HISTORY

SHU was born out of conviction and concern for the people in greater Luwero district, which included Nakaseke and Nakasongola facing real health challenges where community members were dying at home because the health care bills were catastrophic. SHU founders who currently double as trustees were moved by the suffering of people who were facing hardships raising money to pay health care bills. At that time, people who dared to go to a health care facility went very late with serious complications and as a way to cope, some escaped without paying, others offered labour, some accepted to be detained until the family found the cash, some took expensive loans and others sold assets. The community mind-set needed to be changed. SHU founders were convinced that the community health financing (CHF) approach could work and had the vision to see it grow but it required long-term investment. They wanted to see families in the target areas (rural) with improved financial access to quality health care services as well as having rational health care seeking behaviours.

SHU was founded by three former employees of a French international development organization called Centre International de Développement et de Recherche (CIDR). CIDR operated in Uganda for a period of three years starting 1999 and wound up direct implementation of community health financing (CHF) activities in June 2002. During the three years, CIDR had piloted a community based health insurance project in Luwero district. At the end of the pilot phase, the external evaluation recommended a change in the original design of the project since insurance schemes had been rejected by the communities. CIDR- France decided to phase out. The then CIDR local team resolved to continue the project under a new local organization. CIDR and Evangelische Entwicklungsdienste.V. (EED), currently Bread for the World (BftW), gave the founders support leading to the formation and registration of SHU in 2002 and 2003 respectively. The founding members are: Mr. Fredrick Makaanire, Mr. Edward Sebbombo, and Ms. Juliet Nazibanja Kibirige.



**Mr. Makaanire Fredrick**



**Ms. Juliet Nazibanja Kibirige**



**Mr. Edward Sebbombo**

# WHAT WE DO

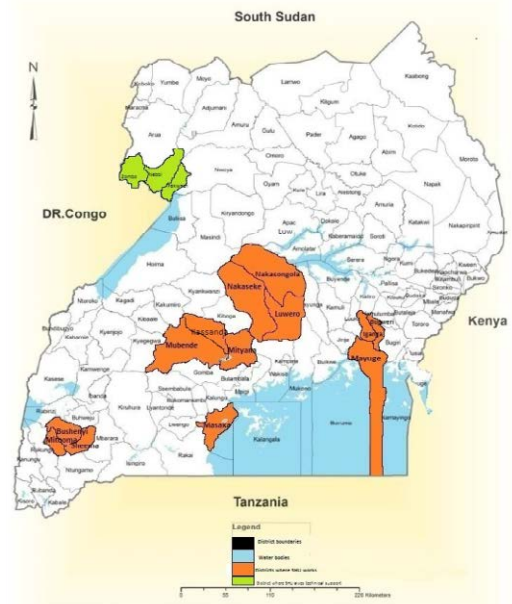
## 1. We promote two types of Community health financing schemes and empower communities to establish and participate in running them.

The community health financing (CHF) schemes are not-for-profit systems that: mobilize families to pay and pool resources; pay the costs of health care for those who are enrolled thus protecting families from incurring catastrophic health expenses; and spread the financial risk among all the members. In rural areas, SHU promotes the member-managed type of CHF scheme because members are more available to actively participate in the day-to-day management while in semi urban areas, it promotes the third party-managed type where SHU supports with fund management. In both, the risks are borne by the members i.e. they keep the losses and surpluses.



The schemes use a logo that emphasizes their key principles of: solidarity amongst communities, genders, age groups; support by working with partners; and family protection as opposed to individual protection. As of March 2021, the schemes are six, each at a different stage of development, located in 15 Districts in four regions of Uganda. The schemes are:

- 1) Munno mu Bulwadne Union of Schemes Organisation (MBUSO) operating in Luweero, Nakaseke and Nakasongola Districts. It was formed in 2000 and registered in 2006. Its current size is 76 sub-schemes covering 21,869 individuals and contracting 17 health care providers.
- 2) Mubende Munno mu Bulwadne Schemes Cooperation Mechanism (MSCOM) operating in Mityana and Kassanda districts. It was formed in 2013 and registered in 2016. Its current size is 12 sub-schemes covering 2,056 individuals and contracting 4 health care providers.
- 3) Western Ankore Tweragurize Schemes Association (WATSA) operating in Bushenyi, Sheema and Mitooma Districts. It was formed in 2006 and registered in 2011. Its current size is 20 sub-schemes covering 2,682 individuals and contracting 6 health care providers.
- 4) SHU-Managed CHF Scheme (SHU-MCHIS) operating in the urban centres of Luweero and Nakasongola Town council, and Masaka municipality. It was formed in 2013 but not yet registered. Its current size is 4 sub-schemes covering 430 individuals and contracting 4 health care providers.
- 5) Busoga Region Association of Tweidhandhabe Schemes (BURATS) currently at its initial stages of formulation will operate in Bugweri, Iganga and Mayuge districts.
- 6) Forum for Development of Greater Nebbi – Managed CHF Scheme (FDGN-MCHFS) currently at its initial stages of formation will operate in Zombo, Nebbi and Pakwach districts.



## 2. We advocate for a fair universal National Health Insurance Scheme where CHI schemes play an active role.

Our advocacy work aims to contribute to efforts towards reaching universal health coverage where all Ugandans have access to quality health care regardless of their financial or employment status. Our advocacy engagements with decision makers at community, district and national levels centre around three issues namely:

- (a) Enactment and implementation of a fair universal National Health Insurance Scheme;
- (b) Inclusion of CHF schemes in local and national level systems to enable families enjoy quality health care services without facing financial hardships. We want a specific policy and regulations on community health insurance in Uganda to facilitate scale up countrywide.
- (c) Improvement in the quality of health care services and how health care services are delivered to clients. We pay special attention to improvements in the way clients are received, managed while in the health facility, and discharged.



“National solidarity for equitable access to quality healthcare by all”

*An illustration of a fair NHIS we envision for Uganda.*

The annual National CHF conference, presenting joint position papers to policy makers, organizing learning visits for policy makers and interested parties to CHF schemes, holding media cafes, providing technical support to CHF promoters and conducting public health insurance/ pre-payment education campaigns are some of the key activities we undertake.

On March 31, 2021, the Parliament of Uganda passed the National Health Insurance Bill 2019 that includes a clause recognizing community based health insurance schemes.



3rd National CHF conference 2018

### 3. We provide vocational skills training and link households to micro finance institutions to improve livelihoods.

Our efforts to improve household livelihood focuses on three areas: First is enhancing household capacity to guaranteed income source to ensure family welfare and access to health care. SHU therefore builds household capacity in vocational skills, business management and financial literacy so that low income and vulnerable families in the target communities can engage in appropriate Income Generating Activities (IGAs); second is supporting families access financing for the IGAs. SHU is using two channels to help families access financing including formation of saving and credit cooperatives and mobilization of microfinance institutions to give loans to members at low interest rates; third and lastly is supporting poor families with physical projects for example dairy goats, and farm implements such as hoes.

Over the past five years, 2,233 families acquired vocational and other appropriate skills for income generation including soap making, jerry making, cookery and bakery. 4,714 families acquired skills in finance management and 138 families in business management. 4,714 people associated with CHF schemes received micro loans to boost their businesses, acquire assets and improve their home environment using low interest loans provided by the two partner microfinance institutions.



*Liquid and bar soap training*



*Low interest loan beneficiary*



*Dairy goats given to vulnerable families*



#### 4. We advocate for provision of quality health care services at health care facilities contracted by CHF schemes.

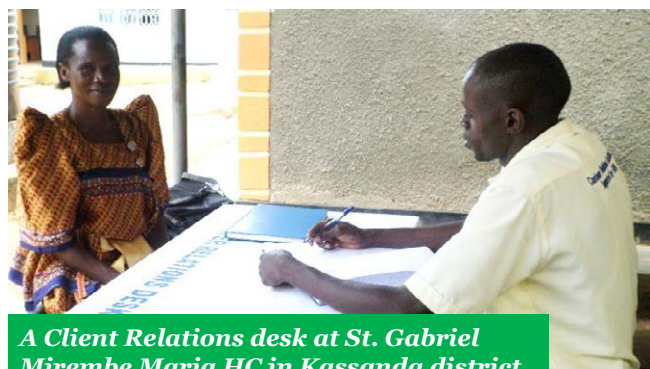
With the vision of healthier families with simplified access to quality health care, we: (1) engage and support partner health care facilities contracted as service providers to the CHF schemes to continuously improve the quality of health care services they offer to their clients; (2) engage, organize and build the capacity of health care consumers to pay for the services provided to them by the health care facilities; and (3) promote an active feedback mechanism for both parties.

We carry out a number of activities to realize the three desired changes: 1) annually, we conduct a health facility accreditation exercise and advise the schemes on which health facilities to contract; 2) we promote patient centered care practices at the partner health facilities and conduct trainings for both parties in this subject; 3) we promote and organize partner health facilities in a formal referral arrangement for CHF scheme beneficiaries; 4) we support and facilitate the CHF schemes and health care facilities to formalize their collaboration through a service and partnership agreement; 5) we promote and support the health care facilities contracted by CHF schemes to establish a client's relations desk at the facility and operate it sustainably; 6) We conduct annual medical audits and client satisfaction surveys; 7) we provide technical support to CHF schemes to enable them pay for all services consumed by their members in time; and 8) we support and enhance the capacity of both parties to maintain and strengthen their established feedback mechanisms.

Todate, we have maintained good working relationships with 27 healthcare facilities of different levels, all of them organized in functional referral networks per region. Up to 20 of the 27 partner health facilities have set up customer relations desks (CRDs) with 11 fully institutionalized. And up to 88.6% of CHF scheme members are satisfied with the quality of healthcare services they receive.



*Feedback meeting at Kasaala HC*



*A Client Relations desk at St. Gabriel Mirembe Maria HC in Kassanda district.*



*Patient Centered Care training for health workers*

# WHAT MAKES US TICK

## 1. Our team

### Board of Directors



**Nakimuli Leticia Irumba (Mrs)**  
**CHAIRPERSON**



**Mr. Douglas Opio**  
**TREASURER**



**Dr. Martin Ruhweza**  
**MEMBER**

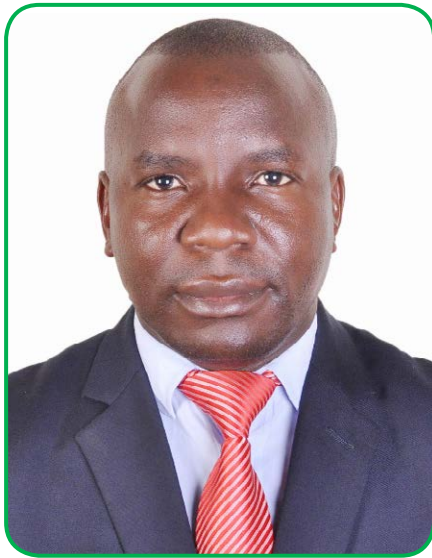


**Mr. Paul Waigolo**  
**MEMBER**



**Mr. Makaire Fredrick**  
**SECRETARY**

# Management Team



**Mr. Makaire Fredrick**  
**EXECUTIVE DIRECTOR**



**Ms. Nazibanja Juliet Kibirige**  
**PROGRAMS MANAGER**



**Ms. Asio Veronica**  
**FINANCE AND**  
**ADMINISTRATION OFFICER**



**Ms. Nnamulondo Proscovia**  
**COMMUNICATION AND**  
**ADVOCACY OFFICER**



**Mr. Kabaale Robert**  
**PROJECTS MONITORING AND**  
**EVALUATION OFFICER**



**Mr. Waiswa M. Kenneth**  
**PROJECTS MARKETING AND**  
**PROMOTIONS OFFICER**



**Mr. Friday Moses**  
**PROJECT COORDINATOR**

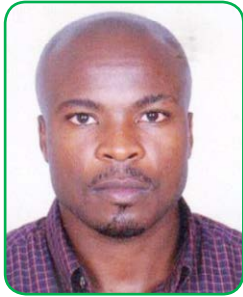


**Mr. Kitenda Samuel**  
**PROJECT COORDINATOR**

## Other Team Members



**Ms. Nansubuga Dorothy,**  
TEAM LEADER



**Mr. Mujuni Wilfred,**  
TEAM LEADER



**Ms. Kemigisha Josephine,**  
OFFICE ADMINISTRATOR



**Mr. Juuko Isaac,**  
FIELD OFFICER



**Mr. Arinaitwe Everest**  
FIELD OFFICER



**Mr. Nsubuga Samuel  
Kambazza,**  
FIELD OFFICER



**Ms. Namugenyi Josephine,**  
OFFICE ADMINISTRATOR



**Mr. Mwondha Ronald**  
FIELD OFFICER



**Ms. Akatukwatsa Sonia**  
ADMINISTRATIVE  
ASSISTANT



**Mr. Sekyanzi Badru**  
DRIVER



**Mr. Ssaku Geoffrey,**  
FIELD OFFICER



**Mr. Luutu Douglas Richard,**  
FIELD OFFICER



**Mr. Minjo Peter,**  
FIELD OFFICER



**Ms. Birungi Catherine  
Nakyejjwe,**  
ADMINISTRATIVE ASSISTANT



**Mr. Katende Bartholomew**  
DRIVER



**Ms. Kamagara Imeldah,**  
OFFICE ASSISTANT



**Ms. Dorcus Mubeezi,**  
ADMINISTRATIVE  
ASSISTANT



**Ms. Namusosa Martha,**  
OFFICE ASSISTANT



**Ms. Aseru Viola,**  
OFFICE ASSISTANT



**Ms. Nakimuli Jane Nabajja,**  
OFFICE ASSISTANT



**Mr. Oromchan Samuel,**  
DRIVER



**Ms. Namugwanya Victoria,**  
OFFICE ASSISTANT

## 2. The partners who support us

### A. Financial, technical and regulation

- 1) Ministry of Health
- 2) Ministry of Gender, Labour and Social Development
- 3) Bread for the World

### B. Networks where we have membership

- 1) Uganda National NGO Forum
- 2) Civil Society Budget Advocacy Group
- 3) Federation of Uganda Employers
- 4) Uganda Community Based Health Financing Association
- 5) Western Ankore Civil Society Organizations Forum
- 6) District NGO Forums where we work

### C. Health care facilities which provide services to CHF schemes

Name of health facility	District of location	Name of health facility	District of location
1. Bishop C. Asili Hospital	Luwero	15. Ishaka Adventist Hospital	Bushenyi
2. St Luke Namaliga HCIV	Luwero	16. Bitooma HCIII	Bushenyi
3. St Mary Mother of Jesus HCIV	Luwero	17. Kitagata Hospital	Bushenyi
4. Good Samaritan HCIII	Luwero	18. Hope Medical Centre	Sheema
5. St. Mary's Kasaala HCIII	Luwero	19. Mushanga HCIII	Sheema
6. Holy Cross Kikyusa HCIII	Luwero	20. Nyakatsiro HCIII	Bushenyi
7. St. Matia Mulumba HCIII	Luwero	21. St Francis HCIV	Mityana
8. St. Kizito Nattyoole HCIII	Luwero	22. Holy Family Naluggi HCII	Mityana
9. Kiwoko hospital	Nakaseke	23. St Gabriel Mirembe Maria HCIII	Kassanda
10. Nakaseke Hospital	Nakaseke	24. Kitokolo HCII	Kassanda
11. St Francis Kijaguzo HCIII	Nakaseke	25. Kitovu Hospital	Masaka
12. St Jerome – Cove HC II	Nakaseke	26. Kaludo Pharmacy	Luwero
13. Franciscan HCIV	Nakasongola	27. Yaffe Pharmacy	Nakaseke
14. Our Lady of Lourdes HCIII	Nakasongola		

## 3. Our long-running member managed CHF schemes providing lessons

- 1) Munno mu Bulwadde Union of Schemes Organisation (MBUSO) operating in Luweero, Nakaseke, Nakasongola, Districts. Its first sub-schemes were formed in the year 2000.
- 2) Western Ankore Tweragurize Schemes Association (WATSA) operating in Bushenyi, Sheema and Mitooma Districts. Its first sub-schemes were formed in the year 2006.
- 3) SHU-Managed CHF Scheme (SHU-MCHIS) operating in the urban centres of Luweero and Nakasongola Town council, and Masaka municipality. It was formed in 2013.
- 4) Mubende Munno mu Bulwadde Schemes Cooperation Mechanism (MSCOM) operating in Mityana and Kassanda districts. It was formed in 2013.



## SAVE FOR HEALTH UGANDA

Plot 580, Ssekabaka Kintu Road, Mengo-Rubaga, Kampala - Uganda.

P.O. Box 8228 Kampala. **Tel:** +256 414 271 841

**Email:** [shu@shu.org.ug](mailto:shu@shu.org.ug) **Website:** [www.shu.org.ug](http://www.shu.org.ug)

**Facebook:** [@saveforhealthuganda](https://www.facebook.com/saveforhealthuganda) **Twitter:** [@SHUorg](https://twitter.com/SHUorg)

**YouTube:** [saveforhealthuganda](https://www.youtube.com/saveforhealthuganda)