

UGANDA COMMUNITY BASED HEALTH FINANCING ASSOCIATION (UCBHFA)



SECRETARIAT REPORT

2012

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LIST OF ACRONYMS:

APRM	African Peer Review Mechanism
CBHF	Community Based Healthcare Financing
CHeFA-EA	Community Health Financing Association for eastern Africa
CHF	Community Healthcare Financing
CHI	Community Health Insurance
CHIS	Community Health Insurance Scheme
EC	Executive Committee
GDP	Gross domestic product
ICObI	Integrated community based initiatives
MDGs	Millennium Development Goals
MOH	Ugandan Ministry of Health
MOV	Means of Verification
NC	National Coordinator
NGO	Non Government Organization
OVI	Objectively Verifiable Indicators
PEAP	Poverty Eradication Action Plan
SHU	Save for Health Uganda
UCBHFA	Uganda Community Based Health-Financing Association
UCMB	Uganda Catholic Medical Bureau
UPMB	Uganda Protestant Medical Bureau
UMU	Uganda Martyrs University
KCBHFA	Kenya Community Based Health Financing Association

INTRODUCTION:

An Overview of Programming in 2012

In 2012, UCBHFA was in its last year of implementing its 5 year Strategic Plan (2009/2013) as well as finalizing the 3 year project that was being funded by CORDAID.

UCBHFA based its operation mainly on four Objectives:

- Improve the coordination of the CHF stakeholders in Uganda in a professional way.
- Strengthen UCBHFA in information sharing and advocacy to lobby government, MOH and public on CHF.
- Improve performance of CHF schemes in the country through action research, documentation and training.
- Strengthen the institutional capacity of UCBHFA.

All the objectives aimed at contributing to the improvement of Uganda's health outcomes through promoting and supporting sustainable CHF initiatives that enhance equitable access to quality health care.

What we set out to do in 2012 and what we achieved

In 2012 UCBHFA set up a number of key activities that it intended to achieve, these were set according to each objective:

1. Objective one: Improve the coordination of the CHF stakeholders in Uganda in a professional way

Under this objective, UCBHFA set to achieve the following

- ✚ Improve reporting among UCBHFA and its stakeholders (members, government ministries, academia, donors and other partners).
- ✚ Formalize promotion partnerships with MOH and medical bureaus and academia used to guide in promoting CHI in Uganda.
- ✚ Increased membership of UCBHFA

ACCOMPLISHMENTS

- A member reporting format and guidelines that was designed at the beginning of the project was being used for reporting annually to the association, although the format had some challenges, reporting to the secretariat remained regular and good. The members' reports show the benefit package provided by the scheme in the period, the funds and resources available and utilized by the scheme, membership enrolment and drop outs, the challenges faced, the mobilization activities done among others. On average 98% of the members sent reports to the secretariat in the year 2012.

- UCBHFA shared its reports with key partners: the bureaus, MOH, CORDAID, CHEFA-EA and other funding partners. In 2012, over 50 hardcopies of the Annual reports were disseminated to both partners and stakeholders; soft copies were sent on members email and also placed at the secretariat's website. UCBHFA's annual report and financial report was shared with members and partners during the annual general meeting of 2012 which was attended by over 40 participants
- UCBHFA together with the MOH continued to share widely on the CHIS in the country in this financial year, representatives from UCBHFA and MOH held a country wide visit to districts with schemes and during these visits sensitization on CHI was done as well as support supervision. Because of this, the level of awareness about CHIs in the public especially the policy makers have increased.
- UCBHFA also worked with the MOH to sensitize policy makers and development partners about CHIS. This was done through presentations at 2 MOH workshops. One presentation was made to the social committee of parliament and one to different development partners
- In the last quarter of 2012, UCBHFA held various meetings with various partners like International Health Sciences University, Uganda Protestant Medical Bureau to formalise relations, as a result of the meetings UPMB has included CHI as a major aspect of their new strategic plan which will be officially launched in June, the MOU will be concluded upon after June. On the other hand, International Health science University and UCBHFA agreed on the MOU which will be signed any time, UCBHFA sought for this relationship in order to to promote Community Health Financing through research, publication and capacity building.

Another MOU was shared with Uganda Martyrs University

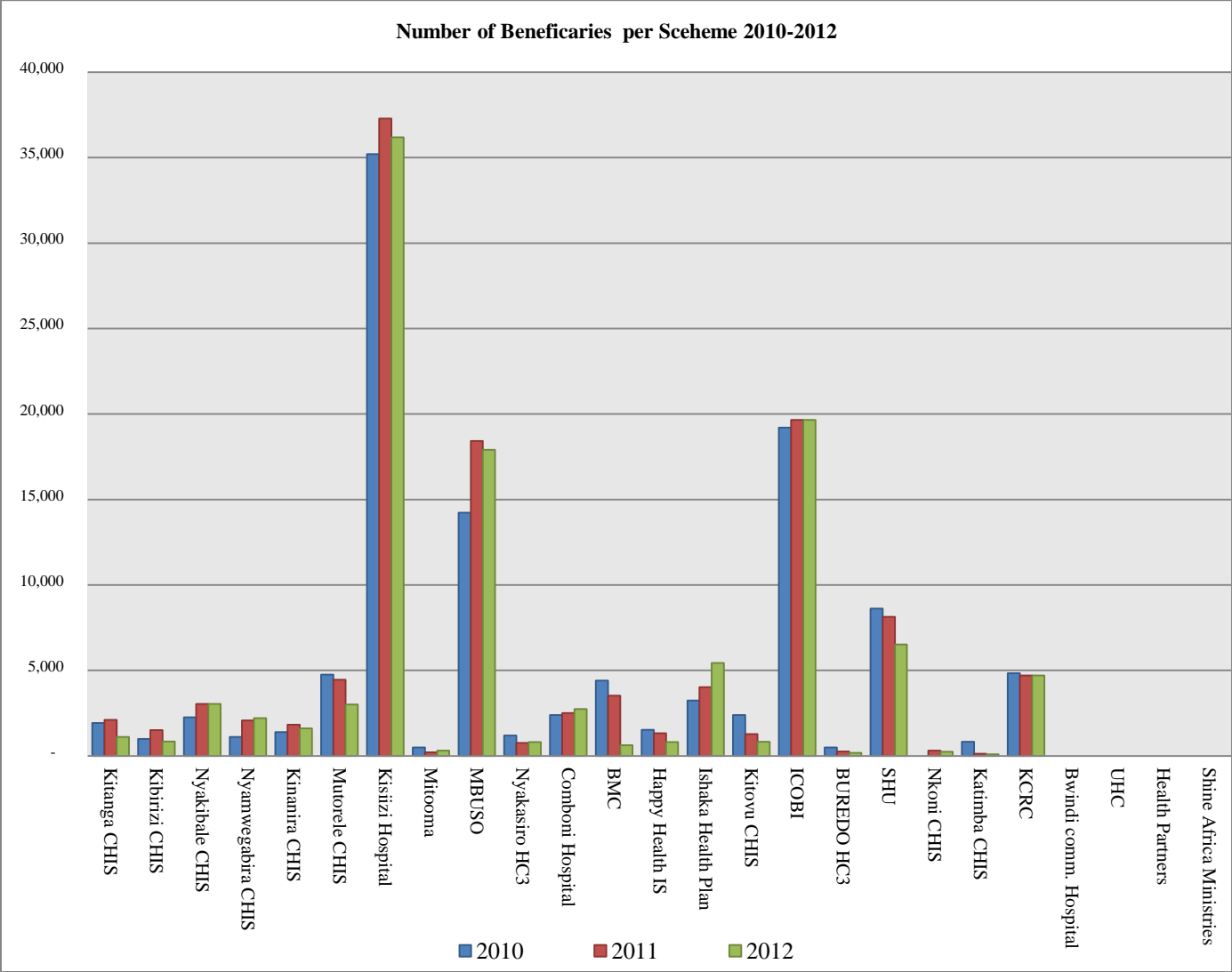
- UCBHFA although without a formal agreement continued to collaborate with UMU, in 2012, UCBHFA encouraged scheme managers and other scheme personnel to apply for the Higher Diploma course in Health Insurance Management, as a result at least five scheme managers managed to sit for the interviews for the course, however the course has not yet been started.
- In the year 2012 UCBHFA remained at 24 with total beneficiaries 108,939 by the end of 2012, leading to a decrease of 7% compared to 2011. This decrease in membership was mainly attributed to the bad economic situation in the country which saw an increase of inflation of up to 30%. This impacted greatly on the beneficiaries who could not manage raising the premiums hence dropouts from these schemes, among

UCBHFA's scheme, Bushenyi Medical Center had the largest decrease of 82% (i.e. from 3,531 in 2011 to 633 Beneficiaries in 2012)

Below is a table showing scheme beneficiaries trend in the last 3 years (2010 -2012)

Table 1: UCBHFA beneficiaries per scheme for 3 years (2010 to 2012)

	Scheme Name	Total Beneficiaries Yr. 2010	Total Beneficiaries Yr. 2011	Total Beneficiaries Yr. 2012
1	Kitanga CHIS	1,927	2,112	1,114
2	Kibirizi CHIS	1,003	1,517	853
3	Nyakibale CHIS	2,259	3,041	3,040
4	Nyamwegabira CHIS	1,104	2,075	2,218
5	Kinanira CHIS	1,400	1,828	1,604
6	Mutorele CHIS	4,765	4,457	3,008
7	Kisiizi Hospital	35,200	37,285	36,181
8	Mitooma	501	213	305
9	MBUSO	14,228	18,431	17,915
10	Nyakasiro HC3	1,192	769	816
11	Comboni Hospital	2,387	2,502	2,740
12	BMC	4,403	3,531	633
13	Happy Health IS	1,533	1,325	820
14	Ishaka Health Plan	3,250	4,017	5,439
15	Kitovu CHIS	2,396	1,274	837
16	ICOBI	19,200	19,658	19,658
17	BUREDO HC3	493	257	187
18	SHU	8,623	8,135	6,519
19	Nkoni CHIS	-	320	249
20	Katimba CHIS	837	133	100
21	KCRC	4,843	4,703	4,703
	Total	111,544	117,583	108,939



2. Objective 2: Strengthen UCBHFA in information sharing and advocacy to lobby government, MOH and public on CHF.

Under these objectives UCBHFA planned to:

- ✚ Increase participation of UCBHFA in training and promotional activities of the upcoming NHIS Policy.

- ✚ Increase knowledge in CHI management skills among members, schemes and providers.

- ✚ Enhance awareness about CHI among the policy makers and public.

Accomplishments

- UCBHFA together with the task force of NHIS continued to share widely on the CHIS in the country. In 2012, representatives from UCBHFA and MOH held a country wide visit to districts (Luwero and Bushenyi). During these visits, Ministry of Health Sought to understand the mechanisms and Operation with CHIS.As a result of this, the level of awareness about CHIs in the public especially the policy makers have increased.
- In 2012, UCBHFA organised training in Monitoring and evaluation in Bushenyi, 15 scheme managers and data entrants were trained on the use of the data tool that CORDAID had designed for scheme use. UCBHFA also used to platform to organise for the scheme managers meeting.

3. Objective 3: To improve performance of CHF schemes in the country through action research, documentation and training.

- ✚ Under this Objective UCBHFA planned to Enhanced quality of schemes through action research. And collaborate with Nkozi University of graduates in CHI related courses at UMU.

Accomplishments

UCBHFA had earlier conducted training in action research to enhance the quality of schemes and the expected outcome from this training was a Less than 10% membership drops outs in the 5 CHF schemes implementing action research.

Schemes that implemented the set objectives out of their action research had the quality of their schemes enhanced most of these schemes had no drop outs or a less than 10% drop out compared to before implementing the objectives of their action research, examples of such schemes included:

1. Ishaka Health plan with a 35% increase compared to last year's 24%
2. Nyamwegabira scheme had a 7% Increase in membership
3. Munno Mubulwade had 3% Decrease in her membership

4. **Objective 4: To strengthen the institutional capacity of UCBHFA.**

Under this objective, UCBHFA planned to:

- ✚ Improve staffing at the secretariat
- ✚ Promote better governance structures.

Accomplishments

- In the last quarter of 2012 after receiving a 6 months funds from CORDAID, UCBHFA hired a substantive national coordinator and an office assistant, this has made the secretariat grow especially in its operation, UCBHFA has recorded some achievement ever since the coordinator was recruited for example UCBHFA strategic plan for the next 5 years is now in place and also proposals have been developed to seek for funds from various donors
- Good governance, transparency, proper accountability, and democracy are an issue that UCBHFA has always upheld at all levels. In April 2012 during the Annual General meeting which was attended by over 40 people, a new Board of Directors to the association was elected, the old board handed over peacefully and under the new board, the secretariat is being managed effectively and efficiently through visits and regular appraisal of secretariat activities and staff. The newly elected board of Directors also underwent a training in Cooperate governance and management which has made them to lead the association while taking responsibility and ownership and also promoting the association hence moving the association to a level of recognition by other stakeholders and partners.

Other Achievements in 2012

- UCBHFA received funds worth 36,500 Euros to implement her activities for a period of six months; the major activities for the six months were mainly developing a new strategic plan, Build Capacity at the secretariat and Office management.
- UCBHFA Intervened and saved Kitovu Community scheme from collapsing/ closure. It identified a member organisation with technical capacity to take over and restore Kitovu. UCBHFA handed over Kitovu Scheme to save for Health Uganda for restoration. The Formerly Kitovu scheme is now in a transition to move from provider owned to community owned scheme

- UCBHFA has held various meetings with different partners including CHEFA, Health partners, Insurance Regulation Authority Of Uganda , these meetings mainly have a focus on promoting CHI

Summary of Key Achievements of 2012

1. Election of the new UCBHFA Board
2. Recruitment of a substantive National Coordinator
3. Conducting of the end of three year project evaluation
4. Acquiring funds worth 36,500 Euros from CORDAID

Challenges of the Association:

- Despite the presence of Cordaid, UCBHFA still has a very small resource base
- UCBHFA is still dependent on one donor even after submitting proposals to different donors
- Weak Information management systems at the scheme level which hampers and causes delays in reporting from the member organization
- UCBHFA still faces a problem of late and incomplete reporting from her member operation, this has affected the association's reporting as well
- Low coverage of CHIS in the country which is currently at 25 with a total coverage of 108,939 beneficiaries, not even 1% coverage of Ugandan's 34 million population
- Lack of adequate publicity. UCBHFA is not known country wide and hence it lacks a National appeal which hampers development of community based health financing initiatives country wide.

Priorities for 2013

Basing on our strategic plan of 2013/2017 and the proposal that the secretariat most recently developed, the following are the major Objectives that the association shall focus on

1. To enhance UCBHFA secretariat capacity for effective coordination.
2. To advocate and make CHF recognized by government, other stakeholders and general public, as a viable alternative to health care financing in Uganda
3. To generate, analyse, utilize and share information that is critical for decision making, planning and advocacy
4. To strengthen UCBHFA institutional capacity and development
5. To Establish CBHF schemes in the Eastern and Northern parts of Uganda

Progress of planned activities of 2012

Code	Planned Activities	Progress
1	Objective One: To improve the coordination of the CHF stakeholders in Uganda in a professional way.	
1.1	Strategy 1: MIS framework and strategy	
1.1.1	Follow up on UCBHFA software tool Use	Follow up on the software tool was done through telephone calls and emails,
1.1.2	Training of scheme managers in the M&E tool	15 scheme managers were trained in the use M&E tool, softcopies of the tool was disseminated
1.1.3	Staff meetings to develop annual work plans and strategies	6 staff meetings were held, budgets , work plans and strategies to implement the activities were drawn
1.1.4	Support supervision visits	Support supervision was given to 5 schemes in the Bushenyi area
1.1.5	Evaluate the program/ Project	An end of project was carried out by a team from UMU Nkozi
1.1.6	Conduct an Organizational Scan	One organizational scan was carried out by both UCBHFA and CORDAID
1.1.7	1 Scheme Manager's meeting	1 scheme managers meeting was held and was attended by 15 scheme managers
1.2	Strategy 2: Partnership with relevant stakeholders	
1.2.1	Hold regular meetings with partners for fundraising purposes	Four meetings with different partners like Health partners, CIDR were held for fundraising purposes
1.2.2	Participate in CHEFA –EA meetings	UCBHFA participated in CHEFA’s AGM, national coordinators meetings,1 members meeting held in Bushenyi to discuss CHEFA’s constitution, 3board meetings and two trainings i.e cooperate governance training for board members and 1 advocacy training
1.2.3	Develop proposals to new and old partners	2 Proposals were developed, 1 was submitted to USAID and 1 to health partners
1.3	Strategy 3: membership recruitment and empowerment	
1.3.1	Define members’ roles, responsibilities and Criteria	No members roles and responsibilities were defined, members agreed that this will be done in their next annual general meeting
1.3.2	Update the membership register and directory	An updated membership register is in place.
1.3.3	Recruit new members through assessment using set standards	No new members were recruited this financial year
1.3.4	Organize and mobilizing for orientation meetings for new members	No orientation meeting was held because no recruitment occurred
1.3.5	Train scheme in community ownership model	No training in community ownership model was done, CHEFA was supposed to facilitate this training but did not allocate funds for it
1.3.6	Carry out 3 feasibility studies	A joint feasibility study was done for Kumi and Ngora districts
2	Objective Two: To strengthen UCBHFA in information sharing and advocacy to lobby government,	

	MOH and the public on CHF.	
2.1	Strategy 1: To collaborate with other partners and lobby for government to put in place a favorable bill to regulate CHI in the country.	
2.1.1	Develop an advocacy strategy	An advocacy plan was developed during an advocacy training organized by CHeFA
2.1.2	Planning meetings with partners	7 Planning meetings were held , 3 with CHeFA, 2 Health Partners, 1IRAU(insurance regulation authority of Uganda) 1 CIDR
2.1.3	Lobby meetings	2 lobby meetings were held through meetings with the NHIS
2.1.4	Advocacy Training	1 advocacy training organized by CHeFA was held 9 participants from UCBHFA attended
2.1.5	Disseminate reports to policy makers	1 annual report was disseminated to policy makers, partners and MOs.
2.2	Strategy 2: To promote information sharing among schemes, promoters, providers and other stakeholders.	
2.2.1	Organize exchange sessions for sharing good practices to Kenya, Tanzania and Rwanda	No exchange visit to any country was organized, there was no budget vote for it
2.2.2	Update the website	UCBHFA website was updated, newsletters, annual report was posted to website
2.2.3	Give stakeholders monthly updates via E-Mail	Updates about activities and plans were shared with members through emails and phone conversations
2.2.4	Field meetings with members and stakeholders at the district level	No field visits with stakeholders at district level were held
2.2.5	Hold 1 annual general meetings for all members and invite other special stakeholders	1 annual general meeting was held, and was attended by over 40 stakeholders and partners.
2.2.6	Produce IEC materials	
	Annual newsletter	500 newsletter were printed and distributed to members during the AGM
	Brochures	1000 brochures were printed and distributed to members during the AGM
	Radio talk shows	No radio talk shows were sponsored by UCBHFA this financial year, we have planned to have it next financial year
3	Objective Three: To improve performance of CHF schemes in the country through action research and training	
3.1	Strategy 1: Action research to enhance capacity of schemes.	
3.1.1	Provide technical support and supervision to the implementing schemes	Supervision of 2 implementing schemes were conducted
3.2	Strategy 2: To collaborate with Uganda Martyrs University (Nkozi) to design CHI courses and initiate training to scheme managers and the public.	
3.2.1	Conduct Planning meetings with Nkozi	This is an on going process
4	Objective 4: To strengthen the institutional capacity of UCBHFA	

4.1	Strategy1: To set up ,equip and maintain UCBHFA own independent office premises	
4.1.1	Furnish and equip office	2 power backups for office were purchased
4.1.2	Develop quarterly, annual work plans and strategies	3 work plans, one for each quarter were developed.
4.2	Strategy 2 To increase human resources from 1 to 3 staff and enhance internal and external image to retain caliber staff	
4.2.1	Pay Secretariat staff	Three secretariat staff were given salary for the 12 months
4.2.2	Conduct Regular staff appraisal	One staff appraisal for staffs was conducted
4.3	To improve UCBHFA's capacity for financial management and resource mobilization to raise its annual income	
4.3.1	Develop and implement a fundraising strategy	A formalized fundraising strategy has not been developed yet but draft fundraising strategy is in place
4.3.1	Produce regular financial reports and conduct annual audits	Monthly financial reports were produced , one annual audit has been conducted
4.4	To establish strategies for enhanced institutional memory and leadership succession through holding regular board meetings and creating knowledge and skills Database	
4.4.1	Elect new Board	New board members were elected during the annual general meeting, the new board members are 7 in total
4.4.2	Train new board members in cooperate governance and management	7 new board members were trained in cooperate Governance and management

Below are UCBHFA Financial Statements for the year ended 30th/09/2012

Current Members of UCBHFA

SCHEME	LOCATION	REGION
Bushenyi Medical centre (BMC)	Bushenyi area	Western
Kabale Diocese	Kibirizi	South West
	Kinanira	
	Kitanga	
	Mutolere	
	Nyakibare	
Kisiizi Hospital	Hospital area	South West
Ishaka Health plan	Bushenyi	Western
Comboni Hospital	Bushenyi	Western
Save for Health Uganda	Bushenyi	Western
	Sheema	
Munnomumbulwadde Union of Schemes	Luwero	Central
	Nakasongola	
	Nakaseke	
Kitovu hospital	Masaka	
Katimba	Sembabule	Central
Nkoni	Rwengo	Central
Happy health insurance	Ntungamo	Western
Nyakasiro HC III	Bushenyi	Western
IntergratedCommuinty Based Initiative (ICOB I)	Sheema, Bushenyi	Western
BUREDO HC III	Buhweju	Western
Mitooma central clinic and nursing home	Mitooma	Western
Kabohwe Clinical Research centre (KCRC)	Sheema	Western
Shine Africa Ministries	Soroti Area	Eastern
Uganda Health Coperatives	Bushenyi Areas	Western
Health Partners, Uganda	Bushenyi Areas	Western
Bwindi Community Hospital (<i>in the process of registration</i>)	Kanungu	Western

Other UCBHFA Partners

Partners Organization	Relationship
CORDAID	Donor Partner
Uganda Catholic Medical Bureau	Promoters
Uganda Protestant Medical Bureau	Promoters
Ministry of Health	Policy guidance

Community Health Financing Association for Eastern Africa	Promoter at regional level
Uganda Martyrs University - Nkozi	Technical Partner
International Health Sciences University	Technical partner