



“Life in all its fullness” John 10:10

KISIIZI HOSPITAL HEALTH INSURANCE SCHEME

Affordable Access to Quality Health Care



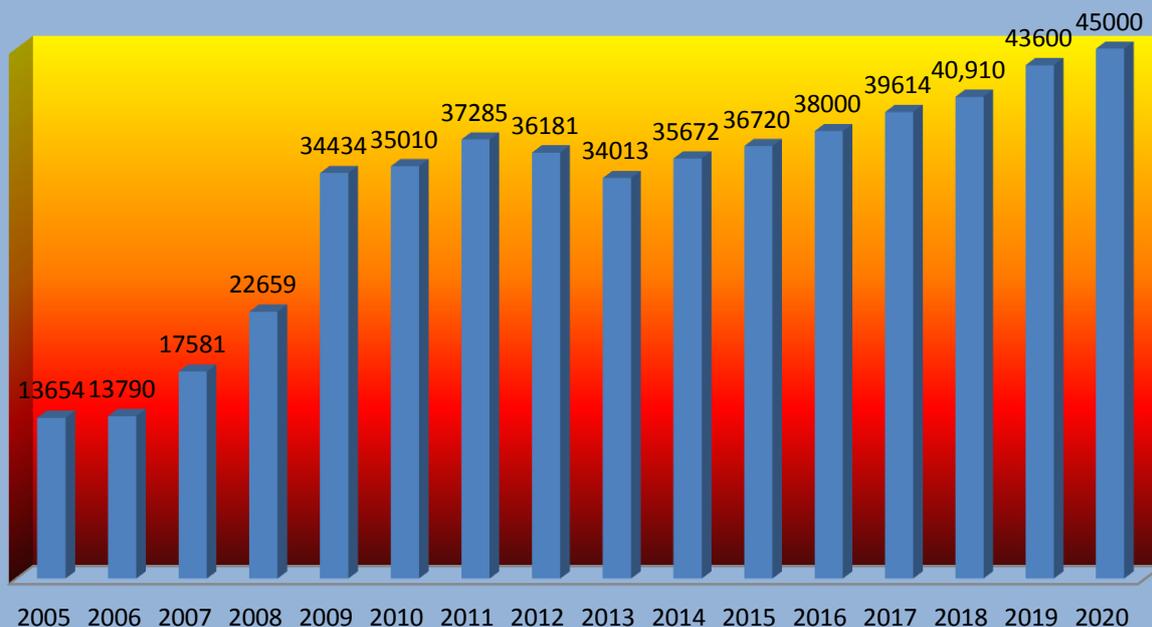
KISIIZI HOSPITAL
HEALTH INSURANCE SCHEME

Affordable Access to quality Health care

- * The oldest (1996) & largest non-profit community health insurance scheme in Uganda
- * In 6 Districts
- * 226 Community Groups up to 60km from Kisiizi
- * over 45,000 members registered
- * The scheme does not receive any direct support from donors
- * At present health care for scheme members may only be obtained at Kisiizi Hospital & Hope Clinic Rwentobo
- * The Scheme offers a significant contribution towards the goal of achieving Universal Health Coverage

**LIFE-THREATENING EMERGENCY &
ACUTE MEDICAL CARE COVERED**

Kisiizi Hospital Community Health Insurance Scheme Membership



OVERVIEW

Kisiizi Hospital Health Insurance Scheme is the oldest in Uganda and currently has over **45,000** members. The Scheme offers quality 24-hour acute medical and surgical care at COU Kisiizi Hospital at very low cost. It covers all emergency problems and acute diseases up to a maximum of **2,000,000 Uganda shillings (UGX)**.

The Scheme has grown progressively as shown in the graph but in April – June 2020 showed some reduction from around 43,000 to just over 40,000 as communities struggling with the financial impact of the lock-down due to Covid-19 disease but this has now bounced back and we are around 45,000 in 226 groups in 6 districts.

The key elements of its success are

- **Community trust in the provider of services**
- **Community involvement**
- **Not-for-profit basis**

Annual Premiums: Members join in groups with a minimum of 20 households and pay **12 – 19,000 UGX** per person per year collected by the group leader

Co-payments: If a member attends out-patients they then pay a co-payment (currently **only 4,000 UGX**) and this covers the examination by a clinician, common investigations and medicines.

If the member needs to be admitted then the co-payment is 30,000 – 50,000 UGX for Children’s Ward and 40,000 to other wards or up to 200,000 UGX if surgery is needed. This co-payment will cover all the costs including the stay on the ward, any tests, anaesthetic, intravenous fluids, surgery, dressings etc.

The aim of the scheme is to provide “*affordable access to quality health care*” particularly for life-threatening emergencies. To keep the annual premiums as low as possible, the scheme does not cover the cost of long term treatment for chronic diseases such as diabetes, asthma and hypertension.

Mothers on the scheme pay a co-payment of 50,000 UGX for admission to the Maternity Department for delivery. If the mother requires a Caesarian Section she pays an extra 330,000UGX, considerably less than the standard cost of the procedure and admission costs.

TYPES OF GROUPS COVERED INCLUDE:

- Womens groups
- Orphans
- Engozi groups
- Schools
- Credit & Savings groups and other associations



ADMISSION FOR PATIENTS WITH CHRONIC DISEASES COVERED

subject to regular attendance at special clinics

ACUTE DENTAL CARE AND EYE PROBLEMS COVERED

SCHEME MEMBERS RECEIVE 50% DISCOUNT FOR ELECTIVE SURGERY

SERVICES NOT COVERED:

- All treatment and prophylaxis lasting more than two weeks as outpatient treatment.
- All outpatient medications for chronic conditions such as: Asthma, deep vein Thrombosis, Diabetes Mellitus & Complications, Epilepsy, HIV & AIDS, Hypertension and it’s complications etc.

Each person in the photo is a group leader representing 20 – 200 households. The leaders elect an Executive Committee to run the Scheme in liaison with the hospital management.

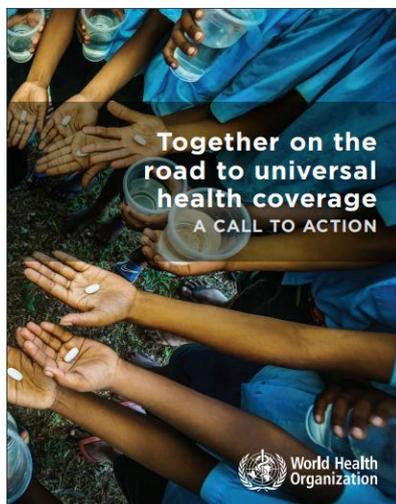
MONITORING & ANALYSIS

All members of the Scheme are registered on the *Stre@mline* IT programme developed in Kisiizi Hospital that provides an integrated system across all hospital departments. In addition to tracking premiums and finances, all clinical contacts are captured allowing analysis of usage of clinical services by members. (www.streamlinehealth.org)



CLINICAL IMPACT OF MEMBERSHIP OF KISIIZI HOSPITAL INSURANCE SCHEME

As well as the economic benefits to members of the Scheme and the avoidance of catastrophic health expenditure in the case of severe illness, there is evidence that those on the Scheme attend earlier in the course of illness and so have better outcomes. In contrast, those without insurance may delay and try traditional cures and medicines from the market and only come when there has been significant deterioration at which point prognosis may be poor. Research in the scheme demonstrates significant reduction in childhood stunting for each year the family is in the Scheme.



Out-Patient Attendance: In FY 2019-20 21,262 members of the Kisiizi Hospital Insurance Scheme attended out-patients and 2,319 Scheme patients were admitted as In-Patients.

Use of Scheme Community Groups to facilitate health screening and education:

As Kisiizi has 224 community groups in 6 districts there is a tremendous network and opportunity for screening, health education and prevention of disease.

Groups have received treated mosquito nets to reduce malaria and a project issuing low-smoke wood-burning stoves to some groups is underway in the hope that these will help families economically as they use less wood and health wise as the incidence of respiratory problems especially in young children may be reduced as many infants are carried on the backs of their mothers who may be cooking in a smoky environment.

Kisiizi recently ran nutritional screening programmes in specific insurance groups to identify malnourished children who have then been supported with *KisiiziNut*, a ready-to-use therapeutic food prepared in Kisiizi based on a WHO formula. It is hoped that this will prevent them deteriorating and then requiring admission, hence it is a “win-win” situation as the Scheme will reduce costs if these children are not admitted.

Recent research in the Scheme has shown that each year a household participated in Community-Based Health Insurance was associated with a 5.7 percentage point reduction in the probability of stunting representing a dramatic reduction in the probability of stunting during the child’s under-5 lifespan.

These approaches all help us to move to an integrated Health System approach beyond the traditional hospital and community programme model supporting achievement of Universal Health Coverage.

Challenges:

The Scheme serves a very poor population and occasional groups drop out. Costs of treatment continue to rise so keeping the Scheme financially viable needs careful attention by the Executive Committee & Hospital Management.

- **Development of the Kisiizi hospital health insurance scheme: lessons learned and implications for universal health coverage: Sebastian Olikira Baine; Alex Kakama and Moses Mugume**

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BMC Health Services Research

RESEARCH ARTICLE

Open Access

Development of the Kisiizi hospital health insurance scheme: lessons learned and implications for universal health coverage

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Abstract

Background: Kisiizi Hospital Health Insurance scheme started in 1996 to improve access to health services, and provide a stable source of funding and reduce bad debts to Kisiizi hospital. Objectives of this study were; to describe Kisiizi Hospital Health Insurance scheme and to document lessons learned and implications for universal health coverage.

Methods: This was a descriptive cross-sectional study. Data from different sources were triangulated and thematically analysed.

Results: Most households (99%) were organized in Engusi societies (co-operatives), met monthly, and made financial contributions. Cultural solidarity in co-operatives provided a platform for the Kisiizi hospital health insurance scheme.

“Kisiizi Hospital health insurance scheme improved access to health services, provided a stable source of funding and reduced bad debts to the hospital. Internal and external factors to e-Society enforced enrolment and retention of members in Kisiizi hospital health insurance scheme. Good quality health services at Kisiizi hospital demonstrated value for money and offered incentives for enrolment and retention, and coverage expansion. Community sensitization and participation in setting premiums and co-payments rendered Kisiizi hospital health insurance scheme acceptable, affordable and catered for equity. Insured members enjoyed benefits; protection against catastrophic health spending, impoverishment, and easy access to quality health care”

- **BMC Health Services Research 2018 18:455 Published: 15 June 2018**

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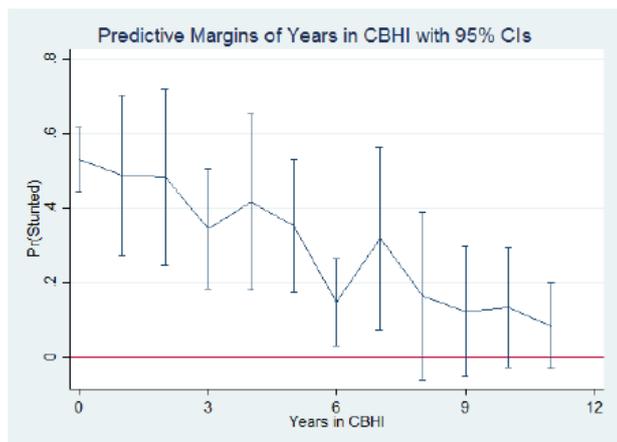
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Page | 3

Appendix:

Extract from research on link between Kisiizi Community Health Insurance Scheme membership and reduction in childhood stunting



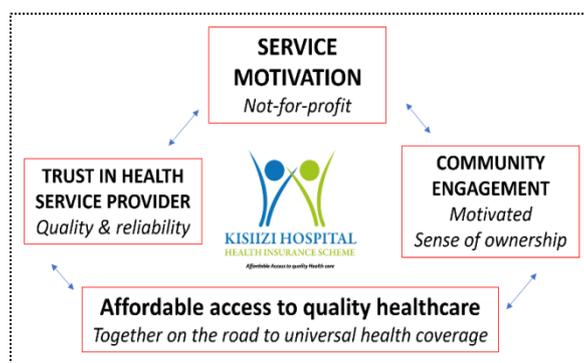
From **“Effects of Community-based Health Insurance on Child Health Outcomes and Utilisation of Preventive Health Services: Evidence from Rural South-Western Uganda”** by Emmanuel Nshakira Rukundo, Kabale, Uganda (PhD thesis, University of Bonn, Germany, 2018)

Graph shows Predictive margins of probability of stunting against the number of years of membership of the scheme

“Results indicate that an extra year in CBHI was associated with reducing the probability of child stunting by 5.7 percentage points.

This implied that for a child’s under-five life span, the probability of stunting could be reduced by 28.5 percentage points due to a household’s enrolment in CBHI.

In addition the poorest households had a higher rate of reducing the probability of child stunting indicating that CBHI was effective in improving health outcomes of the poorest.”



Financial year July 2019 –June 2020

Scheme mothers who delivered = 701 of whom 468 were normal deliveries and 233 Caesarian Sections (33%).
30th July 2020 data: Beneficiaries 40,762 Families 9,468 Groups 224

OPD:

	Adults	Children	Total	Admitted
Insured	16,185	4,533	20,718	1,161 (5.6%)
Non-insured	13,998	3,713	17,711	2,181 (12.3%)



This marked difference in Admission rates follows the trend shown in a previous analysis of 97,000 patients on *Stre@m*line in 2018.



We think this is reflecting health seeking behavior change where patients present earlier in the course of their illness, a practical example of Universal Health Coverage in action.