



MANIFEST

ISSUE BRIEF

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Supporting Local Saving groups improves financial management and their savings

KEY MESSAGE

- *The support provided by community development officers to saving groups helped the groups improve the management of their finances and contributed to increased savings by the saving group.*
- *Local saving groups are a valuable source of financial support for expectant women seeking maternal care.*



A saving group meeting at Bugulumbya in Kamuli District (Image Credit: Kakaire Kirunda)

Introduction

Women in resource constrained settings often fail to seek care because of inadequate money even though they often belong to small financial social networks where they save to help each other during funerals, buy meat during festive days, and contribute to wedding preparations among many other things. The Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) study implemented in the districts of Kamuli, Kibuku and Pallisa exploited this opportunity by encouraging households to join existing financial social networks where households can save money, such as women's saving groups, burial groups and financial circles, for maternal health.

However many existing groups were small, poorly managed and hardly known by the communities. The project engaged community development officers (CDOs) to provide technical support to these saving groups. The CDO's provided training on record keeping, management of groups, the importance of having a constitution.

The number of saving groups in the intervention area numbered 1006 as we entered the final year of implementation and many of them had saving for maternal and newborn health as one of their objectives.

How saving groups were established

The communities were encouraged to join saving groups through radio spots, during community dialogues and during home visits by the village health teams. Each CDO was instructed to visit at least 3 saving groups each month and to ensure there was a model group in each parish that adhered to recommended good practises outlined below:

Good practices promoted by CDOs:

- Encouraged each saving group to maintain a size of not more than 30 members
- Encouraged registration at sub county and district level
- Supported development of a constitution
- Encouraged groups to invest some of their savings.

Key messages

- Saving Group constitutions with clear rules of payment reduce cases of non-payment
- Having a group registered at district level enables it to seek legal redress should the need arise and enables it to get the recognition needed to have access to banking services.
- Groups should seek more secure mechanism for taking care of their resources. Commonly the funds were kept in a box, locked using two padlocks and the keys were kept by separate officials.
- Investment of generated funds helps groups multiply their savings and generate more income, allowing group members to access funds for maternal and newborn care.

Recommendations

- The community development officers should work with the District Community development Officers (DCDO) to streamline the processes for registration of saving groups at district and sub county level to ensure that registration is acceptable and easy to use.
- The DCDO should actively monitor how CDOs provide support to saving groups and this should be included in the appraisal systems for CDOs.
- CDOs should work with local partners who are already involved in income generation activities to promote the involvement of saving groups in such activities.
- All local saving groups should be encouraged to use some of their savings for maternal and newborn care.

Conclusion:

The support provided by community development officers to saving groups helped the groups improve financial management, and contributed to increased earnings by the saving group. Belonging to a savings group provides social protection and ultimately access to resources for maternal and newborn health.

About MANIFEST

MANIFEST was a 4 year study (2012-2015) involving the Makerere University School of Public Health and the districts of Kamuli, Pallisa and Kibuku. The study was funded by Comic Relief with technical assistance from the Future Health Systems Research Consortium. We used a participatory action research approach, in which the different stakeholders worked as partners rather than study subjects. In 2012, we engaged various stakeholders in the design of a sustainable and scalable intervention aimed at improving maternal and newborn health outcomes. The resulting design had three major components, with district health teams leading on their implementation. The components included:

- Community Mobilization and Sensitization
- Savings and Transport
- Health Systems Strengthening

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