

# Saving money, saving lives: community saving groups lead to improvements in maternal and newborn health care in Uganda

Future Health Systems (FHS) work on maternal and newborn health in the poorest districts of eastern Uganda has contributed to a story of community empowerment where people have learnt to prioritise, prepare and save money for childbirth. This increases the likelihood of delivery in a health facility, and therefore the chances of a healthy pregnancy and safe childbirth under skilled care.

## Background

Six thousand Ugandan women die every year from preventable pregnancy and child birth related complications. Yet, if women delivered under skilled care, about 80 percent of these deaths could be prevented. Many women do not deliver in a health facility as they are unable to afford the financial costs associated with seeking health care during pregnancy and labour.

Phase One of the FHS Uganda 'Safe Deliveries Project' implemented a project with demand-side (vouchers for transport and maternal services) and supply-side initiatives (training health workers and provision of essential equipment, drugs and supplies), resulting in a significant increase in facility delivery. However, sustainability of these initiatives was a challenge. The second phase built on this work, and had three components: increasing birth preparedness; facility staff supervision, mentorship and training; and a focus on exploring different methods of mobilising resources – community financial, social and human – for maternal and newborn health.

To support this work, in 2013 a baseline study was undertaken by FHS Uganda researchers in the districts of Kamuli, Kibuku and Pallisa – situated in rural Uganda. It found that 27 percent of women did not deliver in a facility because the facility was too far, there was no transport, or the cost of seeking care was too high. Across Uganda, many households save money to help each other during funerals, buy meat during festive days, and contribute to wedding preparations, among many other things. However, the survey revealed that households

rarely saved for pregnancy and birth, and women were often not delivering in a facility or with skilled care, contributing to the high rate of preventable pregnancy- and childbirth-related complications.

## What changes took place?

The FHS Uganda team based at Makerere University witnessed and documented an increase in saving for maternal and newborn health services across all three districts, achieved through women's saving groups and individual household level saving. Comparing the baseline and endline data, women saving for maternal and newborn services in the intervention area increased from 10 percent to 69 percent. Women in the intervention area were more likely to access money for meeting their maternal and newborn health needs (10 percent) from savings groups than those in the control (4 percent). The endline survey for the study revealed that saving for maternal and newborn health had a direct effect on health facility delivery: women who saved for maternal and newborn health in the intervention area were more likely to deliver from the health facility.

At household level, there is better birth preparedness than before the intervention. Increasingly, women can easily arrange for transport to and from hospital without worrying about waiting. Many men are equally relieved that even when they are not at home their spouses can secure transport to health facilities. Using savings, women can now buy baby clothing and supplies to facilitate a safe birth.

The involvement of Community Development Officers (CDOs) has also assisted development

efforts in the districts by bringing together the health and community departments. For the Local Government Authorities, evidence of improved maternal and newborn health outcomes was key to their engagement, with more women delivering in health facilities proving most significant.

Improvements have even extended beyond the intervention areas. For example, in the control area, the percentage of women saving for maternal and newborn health services rose from 7 percent to 64 percent. This could be attributed to the radio spot messages and talk shows that promoted saving for maternal and newborn health services, which were also listened to in the control areas, as well as the district health teams and CDOs promoting lessons learned from intervention sites to control areas. Additionally, other groups of people – for example, coffee farmers, transporters and community health workers – are now also saving due to the general trend in saving.

## How did FHS contribute to the changes?

FHS Uganda worked in partnership with district health teams in Kamuli, Kibuku and Pallisa using existing structures such as the Village Health Teams (VHTs) and the CDOs. The VHTs were instrumental in knowledge sharing through home visits and community dialogues, while the CDOs were key in nurturing the saving groups. Both encouraged participation in existing financial social networks where households can save

money, such as women's saving groups, burial groups and financial circles, in addition to other saving methods. This activity was featured on radio and in community dialogues to enhance financial knowledge.

FHS Uganda also promoted methods that would help avail money when needed for health care – for example the early purchase and sale of easily convertible assets such as livestock, depositing money with transporters and buying required items ahead of birth for a safe delivery.

The sub-counties and the FHS Uganda team also mobilised local transporters to form partnerships with saving groups to provide transport services for mothers who were part of the saving groups. However, mothers could also use their savings to contract riders who were not part of this partnership. In addition, the team mobilised resources to purchase tricycle motorbike ambulances. These initiatives enabled local "boda-boda" taxi drivers, who were not previously interested or involved, to help with referral transport from lower level health facilities to health centres and district hospitals.

## What next?

Saving groups have the potential to extend beyond maternal and newborn health into other welfare issues. These groups could also be used as a stepping stone into community health insurance, since money saved can be used to pay for insurance premium. Nurturing these groups is therefore critical given that Uganda is preparing to implement a national health insurance scheme.

## CREDITS

This Story of Change was prepared by the Future Health Systems team at Makerere University School of Public Health in Uganda.

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