



Savings Groups can Play a key Role in Promoting Health: Results from the “Groups for Health” Pilot Intervention in Luwero, Uganda

By Denis Muhangi, PhD Post-doctoral Researcher, CoHeRe

Background

Savings and loans groups are a common feature in Uganda, found in almost every village, bringing together men and women to make savings, borrow and contribute funds to meet member's social welfare needs. Specifically, such groups often pool money for events such as burials, wedding ceremonies, and small business ventures but infrequently for health related concerns. CoHeRe undertook a pilot intervention in Dekabusa village, Luwero District as a proof of concept to answer the question: Since groups promote other objectives such as savings, investment, and social support during bereavement, can they be used to promote health?

Ethnographic research identified poor sanitation as a key problem in this community. Most homes had no latrines, proper kitchens or other recommended sanitation facilities such as drying racks. CoHeRe motivated one of the savings groups, Bajja Basaaga, to work through their group to improve their domestic sanitation.



A savings group and a kitchen that was constructed from group savings

Why the focus on savings groups?

Savings groups already have an institutional structure consisting of a leadership committee, rules, record keeping systems, bank accounts and other organizational feature. The groups also have strong social norms to influence or regulate members' behavior. They are already doing a lot to promote savings, business, investment, and social welfare.

Methods

The CoHeRe team engaged with the group and discussed with members to work within their group to promote improvement of domestic sanitation among their households. Members chose to contribute cash rounds handed to a different member every week (known as Kagwirawo – meaning “instant cash”). Members chose the improvement to implement in their homes. Members agreed to visit each other’s homes after a few weeks to monitor member’s implementation of agreed change and to learn from them. CoHeRe researchers attended group meetings and documented the processes. They also made home visits, and conducted follow up interviews and focus group discussions to generate information on the results and people’s views about the Kagwirawo initiative.

Results

- Groups members embraced the idea of improving their domestic sanitation with group support
- All members implemented some improvement in their homes. Two members including the Chairman of the Village Local Council constructed kitchens, saving them the troubles of cooking from open spaces. Other members also implemented different improvements (see Table 1).
- Other community members who came to know about the group initiative requested to join in.

Table1: Types of improvements made by group members

Improvements Undertaken	Number of members (N=16)
Improved or built new kitchen	2
Bought dish racks	5
Bought kitchen utensils (pans, kettles, flasks, dishes, jelly cans etc)	6
Bought display shelf for grocery kiosk	1
Bought basins and water fetching containers	1
Bought lunch packing boxes for schooling children	1

“Before I built this kitchen we had challenges in terms of cooking because whenever it rained we would delay to cook and find difficulties in cooking because we were cooking in open space; firewood would get wet, the fire place too, and we would eat half cooked food or eat very late because of those reasons. Firewood would get used up very fast because wind would blow it and we would use a lot of firewood. ...Now that I have a kitchen such things no longer happen. We are able to keep our firewood dry and we eat in time” (Chairman, LCI).

- Members reported that they were able to address sanitation and hygiene needs that they would otherwise have never given priority.
- Members realized a range of benefits from the improvements they made.
- Female members were happy that they were able to meet their priority needs in the home without having to beg for money from their husbands.
- Members attached a lot of value to the initiative and agreed to continue it after the first year of pilot.
 - Some members got support to improve kitchens, but also used their money to make additional improvements e.g. drying racks and improved cooking stoves.

Lessons learned and implications

- *Social groups can be an important vehicle for contributing to health improvements through group norms and social support.*
- *Support from social groups can help members to prioritize health improvements hitherto they did not pay attention to.*
- *Existing community resources can be harnessed successfully for health improvement, without waiting for external donor support.*
- *Community engagement can change the discourse from that of poor communities needing donor or government support to focus on what potentials and resources exist in a community and how can they be leveraged to address their health and other problems.*
- *Social groups can help to meet gendered needs or indeed to alter gender dynamics in homes.*

Acknowledgements

This work was made possible by support from "Developing Sustainable Community Health Resources in Poor Settings in Uganda (CoHeRe) project at the Centre for Social Science Research on AIDS (CeSSRA), Makerere University School of Social Science and University of Amsterdam grant number W07.45.2009.014 from The Netherlands Science Organization (NWO), WOTRO Science for Global Development office.

Additional Information:

For additional information, please contact Dr. Denis Muhangi, denmuhangi@yahoo.com or Dr. David Kaawa – Mafigiri, mafigiridk@yahoo.com